







NHS Fife Staff Governance Committee

Thu 02 September 2021, 10:00 - 12:00

via MS Teams

Agenda

| | |
|-------------------------|--|
| 10:00 - 10:05 5 min | 1. Apologies for Absence |
| 10:05 - 10:10 5 min | 2. Declaration of Members' Interests <i>Sinead Braiden</i> |
| 10:10 - 10:15 5 min | 3. Minutes of the last Meeting held on Thursday 1 July 2021 <i>Enclosed</i> <i>Sinead Braiden</i>  Item 03 Minutes of Meeting Held on 01.07.21 Unconfirmed.pdf (10 pages) |
| 10:15 - 10:25 10 min | 4. Matters Arising / Action List <i>Enclosed</i> <i>Sinead Braiden</i>  Item 04 Table of Actions From Meeting Held on 01.07.21.pdf (2 pages) 4.1. Role of Whistleblowing Champion <i>Verbal</i> <i>Kirstie Macdonald</i> |
| 10:25 - 11:00 35 min | 5. GOVERNANCE & ASSURANCE 5.1. Whistleblowing Data Quarterly Report <i>Enclosed</i> <i>Sandra Raynor</i>  Item 5.1 - Whistleblowing Data Quarterly Report - 2.9.21.pdf (5 pages) 5.2. Board Assurance Framework – Workforce Sustainability and Linked Operational Risks Update <i>Enclosed</i> <i>Linda Douglas</i>  Item 5.2 Staff Governance Committee Board Assurance Framework - Workforce Sustainability 2.9.21.pdf (4 pages)  Item 5.2 Staff Governance Committee Board Assurance Framework - Appendix 1 NHS Fife Board Assurance Framework - Workforce Sustainability 2.9.21.pdf (3 pages)  Item 5.2 Staff Governance Committee Board Assurance Framework - Appendix 2 - BAF Risks - Workforce Sustainability - Linked Operational Risks as at 3.8.21.pdf (2 pages) 5.2.1. Workforce Pressures in Radiology Services <i>Enclosed</i> <i>Claire Dobson</i> |

 Item 5.2.1 Workforce Pressures in Radiology Services - 2.9.21.pdf (6 pages)

5.3. Corporate Calendar – Proposed Committee Dates 2022/23

Enclosed Gillian MacIntosh

 Item 5.3 Staff Governance Committee Schedule of Future Meeting Dates 2022-23.pdf (1 pages)

5.4. Staff Governance Standards

Presentation Workforce Leadership Team

5.5. Staff Governance Annual Monitoring Return 2020/2021

Enclosed Sandra Raynor

 Item 5.5 Staff Governance Annual Monitoring Return 2020-2021 First Draft - 2.9.21.pdf (15 pages)

11:00 - 11:20
20 min

6. STRATEGY / PLANNING

6.1. NHS Fife Interim Joint Workforce Plan 2021/22 – Scottish Government Feedback

Enclosed Kevin Reith

 Item 6.1 NHS Fife Interim Joint Workforce Plan 2021-2022 - Scottish Government Feedback - 2.9.21.pdf (10 pages)

6.2. NHS Fife Population Health and Wellbeing Progress

Enclosed Maxine Michie

 Item 6.2 NHS Fife Population Health and Wellbeing Progress.pdf (4 pages)

6.3. Joint Remobilisation Plan (RMP3/RMP4)

Enclosed Maxine Michie


 Item 6.3 Joint Remobilisation Plan (RMP3 RMP4).pdf (4 pages)

11:20 - 11:40
20 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed Linda Douglas

 Item 7.1 IPQR Covering Paper 2.9.21.pdf (3 pages)

 Item 7.1 IPQR Report August 2021.pdf (49 pages)

7.2. NHS Fife Workforce Information Overview

Enclosed Kevin Reith

 Item 7.2 NHS Fife Workforce Information Overview - 2.9.21.pdf (8 pages)

7.3. Staff Health and Wellbeing Update

Enclosed Rhona Waugh


 Item 7.3 Staff Health and Wellbeing Update 2.9.21.pdf (34 pages)

11:40 - 11:45
5 min

8. LINKED COMMITTEE MINUTES AND REPORTS

8.1. Minutes of the Area Partnership Forum dated 21 July 2021 (unconfirmed)

Enclosed

 Item 8.1 Area Partnership Forum Minutes 21.7.21 (unconfirmed).pdf (13 pages)


8.2. Minutes of the Health & Social Care Partnership Local Partnership Forum held on 6 June 2021 (unconfirmed)

Enclosed

 Item 8.2 H&SCP LPF Minute 9.6.21 (Confirmed).pdf (5 pages)

8.3. Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 24 June 2021 (unconfirmed)

Enclosed

 Item 8.3 ASD&CD Local Partnership Forum Minutes 24.6.21 (Unconfirmed).pdf (10 pages)

8.4. Health and Social Care Partnership Local Partnership Forum Annual Report 2020-21

Enclosed

 Item 8.4 H&SCP LPF Annual Report 2020-21.pdf (23 pages)

8.5. Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2020-21

Enclosed

 Item 8.5 ASD&CD LPF Annual Report 2020-21.pdf (15 pages)

11:45 - 11:50 9. ISSUES TO BE ESCALATED

5 min

11:50 - 11:55 10. ANY OTHER BUSINESS

5 min

11:55 - 12:00 11. Date of Next Meeting: Thursday 28 October 2021 at 10.00 am via MS Teams

5 min

**(UNCONFIRMED) MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON
01 JULY 2021 AT 10AM VIA MS TEAMS**

Margaret Wells

Chair

Present:

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| Margaret Wells, Non-Executive Director (Chair) | Christina Cooper, Non-Executive Director |
| Alistair Morris, Non-Executive Director | Carol Potter, Chief Executive |
| 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 |
| Kirstie MacDonald, Whistleblowing Champion | |

In Attendance:

Kirsty Berchtenbreiter, Head of Workforce Development
Nicky Connor, Director of Health & Social Care
Helen Denholm, Head of Payroll Services (Agenda Item 6.4 only)
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:

Hazel Thomson, Board Committee Support Officer

01. Apologies for Absence

Apologies were received from Margo McGurk, Director of Finance & Strategy. Helen Denholm, Head of Payroll Services, deputised for the South East Payroll Services Consortium Update item only.

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 Hazel Thomson who was observing in her new role as Board Committee Support Officer. The Chair formally welcomed Kirstie MacDonald, Whistleblowing Champion for NHS Fife, who was attending her first meeting as a member and requested an agenda item be added to the September 2021 Staff Governance Committee agenda to enable K MacDonald to speak to her role and provide an update.

Action: R Waugh

The Chair reminded members that the Echo pen will be used to record the meeting and acknowledged the Emergency Footing which continues across NHS Scotland until 30 September 2021

The Chair advised members that Helen Bailey, PA to Director of Workforce, has decided to return to her native Northern Ireland following her recent ill health. Helen leaves NHS Fife on 16 July 2021. The Chair thanked Helen for her contribution to the Staff Governance Committee over the years and offered the Committee's best wishes for her move and future in Northern Ireland. A collection is taking place for Helen and details will be circulated for those wishing to contribute.

The Chair also advised members that Gillian Westbrook, Interim PA to Director of Workforce, has secured a permanent role in the private sector. Gillian leaves on 23 July 2021. The Chair thanked Gillian for her contribution to the Staff Governance Committee over the last few months and wished her well in her new job.

03. Minutes of Previous Meeting held on 29 April 2021

The minutes of the meeting held on 29 April 2021 were formally approved as an accurate record.

04. Matters Arising / Action List

The Chair noted that all outstanding actions on the Action List are covered in the meeting's agenda items, except for Item 0.8, which the Chair invited Linda Douglas to provide a verbal update on.

Item 0.8: Linked Committee Minutes and Annual Reports and Escalation - L Douglas informed the Committee there is no formal connection of escalation from the LPFs to APF then APF to Staff Governance with regards to the Terms of Reference. The LPF Co-chairs on this Committee escalate appropriate items to either APF or Staff Governance Committee. The Secretariat of this Committee as a matter of course will ensure points of escalation, should there be any, are noted. There is also the opportunity via this Committee for Co-Chairs of LPF or APF to propose for consideration any items to be included routinely in the Staff Governance Committee Workplan. L Douglas confirmed to the Committee that there are therefore several different mechanisms which allow the assurance of the connection between other committees and the Staff Governance Committee.

This confirmation was **noted** by the Committee.

Item 6.2: S Fevre highlighted an error on this action item, it should read September 2021 not September 2001. This correction was noted.

4.1 Staff Governance Committee Annual Statement of Assurance 2020/2021

G MacIntosh confirmed there were no requests for additions or changes to the paper presented following the April 2021 meeting. The Staff Governance Committee Annual Statement of Assurance 2020/2021 will be signed by the Chair of the Staff Governance Committee and be presented to the Audit Committee and Board.

The Committee **noted** that these items are now complete and can therefore be closed on the Action List.

05. GOVERNANCE

5.1 Board Assurance Framework – Workforce Sustainability

L Douglas informed the Committee that there were no significant changes or additions to the content of the BAF or the appendices provided covering the linked operational risks. The development of the Workforce Strategy 2022-2025 will provide the opportunity for a thorough review of the BAF. Apart from an update from C Dobson on Community Paediatrics, the paper is presented for noting to the Committee.

C Dobson provided a staffing update on Community Paediatrics. A Consultant Paediatrician started in March 2021, replacement for a Consultant who retired in 2020. There are currently 1.7 WTE Consultants in post and a further 1.6 WTE Locum Consultants in post, with the aim to recruit a further two new Consultants in early 2022. At present there are 0.6 WTE Locum Consultant for Child Protection, 0.6 WTE Associate Specialist for Adoption, 2.6 WTE Specialty Doctors who work across the service and a further 1.0 WTE Specialty Doctor will join the service in August 2021. Recruitment for an Advanced Nurse Practitioner will also take place over the summer.

C Potter highlighted for awareness, within the context of these workforce risks, ongoing discussions which are taking place between Board Chief Executives and Scottish Government colleagues regarding the current workforce pressures and staff availability.

A Morris welcomed the plan for a thorough review of the BAF with staff recruitment and retention being critical and requested that further reports are brought to this Committee.

W Brown emphasised the delicate situation at present around nurse staffing, with vacancies across all areas. The pressures from much sicker patients presenting, not always in the correct location due to capacity, are causing concern amongst staff looking after patients outwith their specialities. These same staff have been through a pandemic and are struggling to take much needed annual leave due to filling gaps in rotas. W Brown has recently met with C Dobson and L Douglas for further discussions regarding staff wellbeing.

K MacDonald referred to A Morris's previous comment, noting the BAF doesn't necessarily give a complete overview of how staff are affected on the ground. With reference to Linked Operational Risk ID 90: Radiology, with such a long-term issue, could assurance be provided that this is being managed and how staff are impacted, requesting more hands-on reporting with a higher level of operational detail. The Chair highlighted that despite previous in-depth reports, these are ongoing issues and continue to appear on the BAF.

J Owens provided feedback in respect of nurse recruitment, noting approximately 200 students have been recruited and will be in post by September 2021, possibly earlier but is dependent on NMC registration. Students have been offered posts aligned to their final placements to provide continuity. There are currently 7.1% nursing vacancies in NHS Fife, which is a similar position to that within other Boards. Work is also progressing around International recruitment. A paper will be presented at EDG in early July 2021, highlighting the current staffing issues and proposed solutions.

A Verrecchia informed the Committee that the number of presentations to the Emergency Department is higher now than at any other time, the focus should be on why people are presenting and reducing this number, as solely increasing staffing will not resolve this issue. The Chair highlighted the link to the Clinical Governance Committee agenda and the critical issue of the routes individuals are having to take to access services due to waiting times, criteria and access to GPs.

C Cooper informed Committee that other Health Boards are now using recruitment platforms to recruit staff. Following an example provided by W Brown in respect of recent recruitment to a Band 6 nursing post, L Douglas advised that if a candidate was unsuccessful in a particular role due to their current skill set, alternative placements matching their experience would be considered. There is a fundamental supply issue and work will continue to recruit and develop staff. L Douglas will take on board the comments regarding additional reporting and review future reporting to provide the Committee with the assurance and oversight required.

Action: R Waugh

The Chair asked where the pressure is coming from and to what extent is the Remobilisation Plan adding to this? C Dobson advised that the Remobilisation Plan will be reviewed based on the current unprecedented pressures. Patients are presenting from a number of sources, including those who have been unwell for some time and are now acutely ill, resulting in increased hospital admissions and additional support at discharge. The number of patients now in delayed discharge is higher than during the pandemic. Staff may need to be remobilised into different areas to ease pressure, however, these are the same group of staff who have worked throughout the pandemic and to move staff again will be challenging.

N Connor advised that this is recognised as a whole system issue, with pressures in Primary Care and the Social Care system not unique to NHS Fife. It is essential that public messaging and communications, both locally and nationally, are informing public where to go for the correct support.

C Potter assured the Committee that everything possible is being done, however, there is no easy solution. This issue has been escalated through the Civil Service within the Scottish Government and highlighted to the Cabinet Secretary. Pressures are not solely due to the Remobilisation Plan, but also due to the current health of the population.

The Chair said it is not enough to depend on staff resilience and there is a requirement to look at solutions within the current resources, re-assessing the Remobilisation Plan and entry points to the system and requested a summary report should be presented to Board.

The Committee noted the report and approved the current risk ratings and Workforce Sustainability elements of the Board Assurance Framework. In addition, the Committee requested that the current staffing pressures, issues around recruitment and retention and steps being taken locally and nationally be addressed and taken to the Board, recognising this as a whole system issue across NHS Fife, the Health and Social Care Partnership and the Integrated Joint Board.

Action: L Douglas

5.2 Staff Governance Annual Monitoring Return 2020/2021

S Raynor provided an update on the Staff Governance Annual Monitoring Return for 2020/2021 (referred to as the Return). The Scottish Government wrote to all Boards on 28 May 2021, with a return date of 24 September 2021. The template differs this year as the Scottish Government have already reviewed the range of information already provided by NHS Fife and the template reflects receipt of the NHS Fife Interim Joint Workforce Plan for 2021/2022.

The Return has been shared with APF, Staff Side members and other key individuals. The Health and Social Care Partnership and Acute Services LPFs have shared the work around producing their annual reports for 2021; the information which sits within these will feed into the overall return to Scottish Government. SG colleagues have yet to indicate the revised timescales for feedback to Boards from later receipt of the Return, but a second stage

analysis will involve a review of Board Returns. Board feedback conversations which will replace the existing paper mechanism for providing feedback and receiving further information are expected in Quarter 3. Finally, later in 2021 an overview is likely to be presented to the Scottish Workforce & Staff Governance (SWAG) group, in the form of a thematic paper for discussion.

S Raynor highlighted that the Return focuses on the five individual strands of Staff Governance, as well as staff experience and culture. The return covers areas around appraisals during the pandemic, partnership working and remobilisation, pre-existing equality issues regarding the BAME group and the new Whistleblowing standards. The population of the template is underway and will be presented to APF in July, EDG in August and circulated to this Committee for comment, prior to formal submission to the Staff Governance Committee meeting on 2 September 2021.

W Brown welcomed the new layout of the Return compared to the previous Staff Governance Action Plan. W Brown advised the Committee that an Interim Partnership Group has been created predominantly looking at issues around Agenda for Change. Both S Fevre and A Verrecchia as Co-Chairs of LPF sit on this group, as well as W Brown, as Chair of APF and Employee Director. The group will also review the completed Return to ensure inclusion of all necessary information. S Fevre and A Verrecchia have discussed producing LPF Annual Reports which will assist with the completion of this Return.

K Reith highlighted that the process of SG colleagues analysing existing data before submitting their requests to Boards has been welcome. While similar information has been requested nationally with slight variations between Boards, requests have been specifically tailored to each Board.

The Committee **noted** the content of the paper and the Staff Governance Annual Monitoring Return for 2020/2021.

5.3 Corporate Objectives 2021/2022

C Potter presented the Corporate Objectives for 2021/2022, highlighting that these build on previous verbal updates given to the Committee and conversations within Board Development Sessions. The report will be presented to all Governance Committees in advance of going to Board. Slight changes have been made to the format of the 2021/2022 Corporate Objectives (Appendix 2), each objective is directly aligned to an Executive Director in terms of their leadership roles and also identifies Directors with a contributory or supportive role. C Potter advised that an exercise is taking place to ensure alignment of individual Directors personal objectives and all corporate objectives.

S Fevre raised concerns in respect of the objective “Ensure effective staff engagement and communication”, how is this measured given that issues have been raised by staff concerning StaffLink? W Brown highlighted that the quality and quantity of staff communications are excellent, however, the delivery platform via StaffLink means communications are lost if not seen within a few days of posting. Printing of comms for staff who don’t have digital access has not been taking place on a regular basis. This was raised at the APF and there was a request for a workgroup to be set-up, however, this has yet to be established.

L Douglas highlighted to Committee that this was a review of a previous 2020/2021 corporate objective, but building on this work options for what can be measured to ensure effectiveness of communication can be explored. L Douglas took the opportunity to thank Kirsty MacGregor and her team for the delivery and development of these communications and will discuss the request for a working group with K MacGregor.

S Fevre advised the Committee that he has received feedback from staff that they don't find StaffLink effective and there is difficulty finding information, as there has been reinvestment in this system, it is important that the working group takes place to ensure it delivers what is required by staff.

C Potter emphasised the importance of the Staff Side and Communications Team meeting taking place and requested any comments or feedback be based around evidence and data. Given that there are no other system alternatives to StaffLink at present, the Committee needs the assurance from the proposed working group in respect of the effectiveness of all staff communication tools, if there are alternative approaches, these should be considered and implemented.

Action: L Douglas

The Committee **noted** the report and that the Corporate Objectives for 2021/2022 will be considered by the Board at their next meeting.

06 STRATEGY / PLANNING

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

K Reith advised the Committee that the extant Workforce Strategy is in its final year and the process of reviewing the delivery of strategy for the period 2022 onwards has begun. The work will be informed by the development of the Population Health & Wellbeing Strategy, which will build on the work of the Clinical Strategy 2016-2021. All Boards are required to develop and submit a 3 year Workforce Plan by 31 March 2022, which links in with the 3 year Financial Plan. In terms of the review of the existing strategy, the Operational Workforce Planning Group is reviewing the action plans, with oversight from the Strategic Workforce Planning Group. The 3 year Workforce Plan will be presented to Committee prior to publication in March 2022 and an overview of and update on 2019-22 actions will be provided at a future Staff Governance Committee meeting.

A Morris referenced the Workforce Strategies which are still extant and asked for confirmation of what percentage of existing action plans are still to be fulfilled, given the feedback on current workforce pressures and therefore the likelihood of there being capacity to fulfil the strategies? K Reith advised that extant action plans are currently being reviewed and will be used as the basis for a future report to the Committee. The strategies will direct attention to the longer term needs for workforce supply and demand and it is key to keep these at a high strategic delivery level. A Morris emphasised that it is essential staff don't perceive the senior management team as being remote, which is the danger with new strategies when staff are already feeling overwhelmed. K Reith agreed and recognised the balance needed to support staff.

L Douglas advised that the Workforce Strategy development will be led by the Organisational Population Health and Wellbeing Strategy, with engagement and participation by citizens and employees. Ensuring participation, engagement and communication will enable staff to recognise that it takes account of their experience. The Chair highlighted the importance of this point being considered in respect of the realities our staff are currently facing.

The Committee **noted** the content of this report.

6.2 Development of the Population Health and Wellbeing Strategy

S Fraser provided an update following discussions held at the recent 29 June 2021 Board Development Session, noting points made in respect of the previous agenda item, which are also relevant to the development of the Population Health and Wellbeing Strategy. A good discussion took place at the Board Development session on communication, engagement and participation, confirming the commitment to engage with staff during the development and delivery of the strategy, considering the current pressures staff are experiencing.

The Committee **noted** the Development of the Population Health and Wellbeing Strategy and that further updates will be provided to the Committee on its progress.

6.3 East Region Recruitment Transformation Shared Services Agreement

S Raynor provided an update on the progress of the recruitment transformation services for the East Programme Board and reminded the Committee that the preferred model is a single employer with multiple locations following an employer assessment process, with Lothian appointed as the host board. The model has been approved by the respective Boards, with delivery of the model structure still requiring approval. NHS Fife recruitment team TUPE transferred to NHS Lothian on 1 June 2021 and staff are currently working under a Memorandum of Understanding (attached to the paper). This covers the interim period from TUPE transfer through to the Shared Services Agreement taking effect, which will be subject to an agreed implementation plan. The Agreement was shared with EDG in June 2021 for awareness and will progress through each Board's local governance process during the summer period, with a conclusion by the end of July 2021.

A Morris asked if there had been any concerns raised by staff with regards to losing their NHS Fife identity? S Raynor confirmed this was a topic raised across all Boards involved and a Q&A was developed which covered the issue of identity. NHS Fife staff have been relatively comfortable with the transfer and recognise the service they want to improve and continue to deliver.

S Fevre requested clarification on item 2.3.2 around organisational changes taking place between June and August 2021, along with the content of item 2.3.7 requesting assurance that the Business Case was approved by APF Staff Side members? S Fevre also asked in relation to service users, what difference will they see in terms of the recruitment process and how will performance and accountability be measured within NHS Lothian?

L Douglas apologised for the error in wording on the paper as the APF has an endorsing and engagement role, rather than an approving role, which sits with EDG. All groups have been appropriately engaged within their remit in respect of the Business Case and Staff Side colleagues have been fully engaged on the Programme Board. In respect of service users, L Douglas is currently a recruiting manager and has experienced no change in the recruitment process, or services offered. Once the process is complete recruiting managers will have access to the same services with a wider staffing complement. Development of regional services also allows system updates to be completed in a single instance, rather than within individual Boards. Being part of a larger organisation will also benefit staff in respect of mentoring, coaching, development opportunities and promotion, not always available in a smaller team. Structural organisational changes may take place within the Regional Team, but there will be no detriment to the current post holders. S Raynor confirmed that staff will now participate in the process of organisational change in partnership with local Staff Side representatives.

A Verrecchia expressed concern regarding the TUPE transfer taking place prior to staff transferring having confirmation of any changes to their roles, saying this was raised by staff

members at their 1:1s. L Douglas confirmed that staff were aware that their current roles would continue within the new service and that opportunities for development and promotion would be generated through this process, which NHS Lothian will now progress.

The Chair requested clarification on how recruitment reporting will be brought to this Committee? L Douglas advised that any reporting required will continue to be available via NHS Lothian.

The Committee **noted** the progress in implementing the new model in relation to the East Region Recruitment Service.

6.4 South East Payroll Services Consortium Update

The Chair welcomed Helen Denholm to the Staff Governance Committee, representing Margo McGurk.

H Denholm reported that sustainability and resilience across the region continues to be problematic, due to recruitment and retention. The Regional Consortium has agreed the approach suggested by Directors of Finance with regards to a phased approach. NSS are mindful of staff concerns and have been engaging via workshops, this has been problematic due to current workload, but are ensuring staff are given time to attend and socialise with colleagues from other Boards.

S Fevre raised concerns regarding the loss of NHS Fife identity mentioned in previous papers. S Fevre asked about the workshops taking place, about the plans for these and are Staff Side able to attend alongside staff. H Denholm informed the Committee that the third workshop took place this week and Staff Side members of the Programme Board are attending. Managers are not attending to enable staff to have open discussions.

W Brown raised concerns regarding Payroll Services workload due to the recent AfC pay increase, back pay and staff vacancies, questioning why this model is being implemented when there is currently no capacity for support from other Boards due to workload? S Fevre pointed out that this highlights the staffing issues and pressures in other areas, not only clinical. C Potter requested that we defer a decision on this matter and refer back to M McGurk for further consideration with EDG and Regional colleagues.

Action: M McGurk

The Committee agreed to **defer** this matter for further consideration by M McGurk, EDG and Regional colleagues. In addition, the Committee asked H Denholm to express their thanks to the Payroll Team for their continued hard work.

07. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

L Douglas reported sickness absence levels within NHS Fife covering the period to the end of April 2021. The Board rate is 5.07% and all improvement actions are ongoing. A Morris expressed his disappointment in seeing the change in trend which has been encouraging over the previous months and would be interested to know the contributing factors to this. In terms of the HSCP position, N Connor advised that the top three causes for absence remain the same, including stress with an ongoing focus on what more can be done around staff wellbeing, tiredness and low resilience. Bitesize drop-in sessions have been taking place to ensure direct discussions with staff. C Dobson advised of a similar position within the Acute Service Division, work is taking place with colleagues within the LPF to ensure reviews and

improvement panels are in place. Discussions have also taken place around supporting Managers to ensure they are having positive conversations with colleagues who are experiencing difficulties.

The Chair commented on the absence of COVID-19 related absence figures, and with the sickness absence target never being achieved, why the sickness absence trajectory has been reduced? L Douglas advised the Committee that the COVID related absence data will be contained within the Health and Wellbeing Report which is scheduled for the September 2021 Committee meeting. It was noted that COVID-19 related absence affected approximately 1.52% of the NHS Fife workforce in March, 1.22% in April and 0.62% in May 2021. The trajectory for sickness absence targets was established nationally pre-pandemic in 2018, these figures do not consider the pandemic impact on staff health and wellbeing and absence figures. These will be subject to review, but no national feedback has yet been provided.

The Committee **noted** the IPQR and considered the NHS Fife performance, with reference to the levels of Sickness Absence and the continued caveats around this.

7.2 NHS Fife Workforce Information Overview

K Reith informed the Committee that the NHS Fife Workforce Overview is an improvement journey developing and extending the availability of workforce information for all levels of management decision making. This is the first iteration of a proposed regular report to the Committee looking at the broader workforce issues, working alongside colleagues in other Boards using the Tableau visualisation tool, drawing information out of existing workforce and financial systems to provide the overview within this paper.

S Fevre requested that information around Equality and Diversity is included in future reports, as the Staff Side representative on the newly formed BAME network, part of his role is to raise the profile around Equality and Diversity issues. K Reith confirmed that this information can be extracted from our systems and will look at the possibility of including this in future reports.

The Committee **noted** the content of the NHS Fife Workforce Information Overview report.

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

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

The Committee **noted** the minutes.

09. ISSUES/ ITEMS TO BE ESCALATED TO THE BOARD

The Chair highlighted items to be escalated:

1. Staffing Pressures

- To highlight concerns about the daily pressures staff are currently experiencing, noting the increased demands in terms of service delivery, arising from clinical activity including front door and remobilisation of services and also about staffing levels, including recruitment and retention, and the impact of the requirement for staff to self-isolate.

Noting that this is a very delicate situation at present and that these concerns were highlighted to the Committee by the Executive Team for awareness and are being raised within a number of fora including with SG colleagues, but requesting that an overview paper is provided to the Board, describing the challenges being experienced by staff and within services and the measures available to mitigate these, including those already in place.

- To commend staff for their continued efforts in respect of the pandemic and maintaining services during these challenging times, particularly, but not exclusively, nursing staff.

2. Sickness Absence

- The deterioration of the position in relation to sickness absence from the March 2021% rate of 4.43%, with a rate of 5.07% in April and 5.31% in May 2021.

The average rate for the rolling year to date is 5.11%. This is an improvement of 0.34% from the same period within the previous financial year.

- It was noted that COVID-19 related absence affected approximately 1.52% of the NHS Fife workforce in March 2021, 1.22% in April and 0.62% in May 2021.

10. ANY OTHER BUSINESS

The Chair informed the Committee that this was her final Staff Governance Committee meeting as Chair and thanked members for their support. L Douglas thanked the Chair on behalf of C Potter and all members of the Committee for her contribution to this Committee. W Brown also thanked the Chair on behalf of Staff Side for her support.

11. DATE OF NEXT MEETING

The next meeting will be held on Thursday 2 September 2021 at 10.00am via MS Teams.

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|-------------|--------------------------|
| KEY: | Deadline passed / urgent |
| | In progress / on hold |
| | Closed |

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 2 September 2021



| NO. | DATE OF MEETING | AGENDA ITEM / TOPIC | ACTION | LEAD | TIMESCALE | COMMENTS / PROGRESS | RAG |
|-----|-----------------|---|---|--------------|------------------|---|-------------|
| 1. | 1 July 2021 | Corporate Objectives 2021/2022 | Linked to Appendix 1: Corporate Objectives 2020/21 - Review Ensure effective staff engagement and communication – develop and implement an effective internal communications strategy. Request for a working group on StaffLink / Comms with K MacGregor. | KMacG | 2 September 2021 | A new Internal Communication Officer will take up post on 30 August 2021, working with Head of Comms to finalise NHS Fife's Internal Communications strategy and annual Internal Communications plan. This will include further enhancement and development of Staff Link, including establishing a user group, with an initial meeting by 30 September 2021. | In progress |
| 2. | 1 July 2021 | Board Assurance Framework - Workforce Sustainability | Provide additional reporting on impact on workforce and service delivery of linked operational risks and review future reporting. | RW | 2 September 2021 | Added to agenda. Further update will be provided at meeting on 2 September 2021 (Item 5.2). | In progress |
| 3. | 1 July 2021 | | An overview to be provided to the Board, describing the service pressures, recruitment and retention and challenges being experienced by staff and within services and the measures available to mitigate these, including those already in place. | LD | 27 July 2021 | Closed. July 2021 meeting of NHS Fife Board (Item 11). Led by Carol Potter. | Closed |
| 4. | 1 July 2021 | Whistleblowing Champion | Whistleblowing Champion update to be added to 2 September 2021 Staff Governance Committee agenda. | RW | July 2021 | Closed. Added to September 2021 SGC agenda (Matters Arising). | Closed |

| NO. | DATE OF MEETING | AGENDA ITEM / TOPIC | ACTION | LEAD | TIMESCALE | COMMENTS / PROGRESS | RAG |
|-----|-----------------|---|---|-------------|-------------|---|--------|
| 5. | 1 July 2021 | Escalation to Board | Relevant items to be highlighted to the Board. | MW | 6 July 2021 | Closed. Agreed items from the 1 July 2021 meeting to be escalated to the Board meeting on 27 July 2021. | Closed |
| 6. | 29 April 2021 | Board Assurance Framework - Workforce Sustainability | An update to be provided on the Community Paediatric Service staffing. | CD | 1 July 2021 | Closed. C Dobson provided a verbal update at Agenda Item 5.1 | Closed |
| 7. | 29 April 2021 | Payroll Consortia | Director of Finance will present a paper to the July 2021 SGC meeting. | MM | 1 July 2021 | Closed. On July 2021 Committee Agenda – Item.6.4 | Closed |
| 8. | 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. | GMac | 1 July 2021 | Closed. On July 2021 Committee Agenda – Item 4.1 | Closed |
| 9. | 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 | Closed. On July 2021 Committee Agenda Item 6.3 | Closed |
| 10. | 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 Jul 2021 | Closed. L Douglas provided a verbal update under matters arising on July 2021 Committee Agenda. | Closed |

| | |
|------------------------|---|
| Meeting: | Staff Governance Committee |
| Meeting Date: | Thursday 2 September 2021 |
| Title: | Whistleblowing Data Quarterly Report |
| Responsible Executive: | Linda Douglas, Director of Workforce |
| Report Author: | Sandra Raynor, Head of Workforce Resourcing and Relations |

1. Purpose

This is presented to Staff Governance Members for:

- Assurance

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

With effect from 1 April 2021, all NHS organisations are required to follow the National Whistleblowing Principles and Standards. The application of these statutory requirements is overseen by the new Independent National Whistleblowing Officer (INWO).

2.2 Background

The Standards together with the appointment of the INWO and the appointment of a Non-Executive Whistleblowing Champion in the Board set out the expectations on all NHS service providers to promote a culture of openness and transparency for handling concerns that are raised with them which meet the definition of a 'whistleblowing concern'.

Anyone raising concerns are covered by the new National Whistleblowing Standards. After a concern has been through the local whistleblowing process whistleblowers have the option of raising a concern with the INWO if they are unhappy with the outcome.

2.3 Assessment

Recording and Reporting: Managers will record all whistleblowing concerns into Datix in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using information in this way, the root causes of concerns can be identified and addressed through service improvements or training opportunities.

There is a similar reporting and recording requirement for all NHS service providers, to record cases as they are lodged. NHS Fife have provided our service providers with a reporting format using the Datix headings for consistency of reporting. Providers will review information in relation to concerns raised about their services routinely, provide to NHS Fife their data on both a quarterly and annual basis for reporting purposes. A blank copy of the template, which may be subject to revision, for the reporting of Whistleblowing instances is provided at Appendix 1.

Taking on Learning: One of the main aims of the whistleblowing procedure is to ensure learning from the outcome of any whistleblowing concerns, should they arise, identifying opportunities to improve NHS services.

We will continue to work in collaboration with our Whistleblowing Champion to consider lessons learned from activity data as the new standards become established.

Data - Quarter 1 Report (2021/22): The first quarterly report on the Standards covers the reporting period 1 April to 30 June 2021. During this period, there were no whistleblowing complaints / claims reported within NHS Fife, nor from primary care providers and contracted services.

For assurance and audit purposes, a nil return is provided at Appendix 2.

2.3.1 Quality / Patient Care

Ensuring effective governance oversight is applied across the organisation in terms of any issue of whistleblowing is supportive of enhanced patient care and quality standards.

2.3.2 Workforce

The monitoring of whistleblowing complaints ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing claims is an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2021 / 2022 quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

The Whistleblowing Standards have previously been considered through standard governance routes.

2.4 Recommendation

This paper is provided for **Assurance** and confirms:

- the use of Datix as the system for NHS Fife to record and report Whistleblowing;
- the arrangements to reviewing trends and taking learning from any incident, as appropriate;
- that NHS Service Providers are aware of their responsibilities to record, review and report instances. With early arrangements and reminders in place by NHS Fife to ensure awareness of their obligations;
- the report template to be used for Quarterly reporting; and
- the data for the first quarter post implementation, i.e., 1 April to 30 June 2021. A nil report.

3 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Report Template (Blank)
- Appendix 2 – Whistleblowing Report Q1 2021/22

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
E-mail: sandra.raynor@nhs.scot

Appendix 1 – Whistleblowing Report Template (Blank)

WHISTLEBLOWING CASES REPORT
QUARTERLY REPORT TEMPLATE

| Service Area | Stage 1 (Early Resolution) | Stage 2 (Escalated to Investigation) | What does this Whistleblowing concern relate to? | How was the Whistleblowing concern received? | Was this escalated from Early Resolution? | Outcome | Findings |
|---|-------------------------------|---|--|--|---|---------|----------|
| Corporate Directorate | | | | | | | |
| Finance | | | | | | | |
| Workforce | | | | | | | |
| Property & Asset Management | | | | | | | |
| Digital & Information | | | | | | | |
| Acute Services Division | | | | | | | |
| Planned Care | | | | | | | |
| Emergency Care | | | | | | | |
| Women and Children's Services | | | | | | | |
| Health and Social Care Partnership | | | | | | | |
| Primary Care and Prevention Care Services | | | | | | | |
| Community Care Services | | | | | | | |
| Complex and Critical Care Services | | | | | | | |
| TOTAL | | | | | | | |

Appendix 2 – Whistleblowing Report Q1 2021/22

WHISTLEBLOWING CASES REPORT

QUARTERLY REPORT

Number of Cases 1 April – 30 June 2021

| Service Area | Stage 1 (Early Resolution) | Stage 2 (Escalated to Investigation) | What does this Whistleblowing concern relate to? | How was the Whistleblowing concern received? | Was this escalated from Early Resolution? | Outcome | Findings |
|---|-------------------------------|---|--|--|---|------------|------------|
| Corporate Directorate | | | | | | | |
| Finance | | | | | | | |
| Workforce | | | | | | | |
| Property & Asset Management | | | | | | | |
| Digital & Information | | | | | | | |
| Acute Services Division | | | | | | | |
| Planned Care | | | | | | | |
| Emergency Care | | | | | | | |
| Women and Children's Services | | | | | | | |
| Health and Social Care Partnership | | | | | | | |
| Primary Care and Prevention Care Services | | | | | | | |
| Community Care Services | | | | | | | |
| Complex and Critical Care Services | | | | | | | |
| TOTAL | Nil | Nil | Nil | Nil | Nil | Nil | Nil |

| | |
|-------------------------------|--|
| Meeting: | Staff Governance Committee |
| Meeting Date: | Thursday 2 September 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 Workforce Planning and Staff Wellbeing |

1. Purpose

This is presented to Staff Governance Group 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 July 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.

In addition, following discussion at the July 2021 Staff Governance Committee meeting, arrangements have been made to provide feedback on the impact of each of the linked operational high risks, with Community Paediatrics at the July 2021 meeting and Radiology at the September 2021 meeting.

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 NHS Fife Population Health and Wellbeing 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**.

The additional feedback being provided on the linked operational high risks will provide an overview for Staff Governance Committee members on the impact and mitigations of these risks at service level.

The next submission to the Committee, will present a detailed review of the Workforce Sustainability BAF, which will include the following:

- consideration of the risk ratings since addition
- identification of whether there has been a deterioration or improvement of risk over time

- a review of the management actions
- an assessment of the speed at which the risk will impact on NHS Fife
- a management recommendation as to whether the risk should be 'accepted' or 'monitored'

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.

Arrangements are progressing for a review of the BAF, as detailed above, with input from Risk Management Team colleagues.

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 July 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, alongside the additional information being provided from the service on the impact of the linked operational high risks.

2.4 Recommendation

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

3. List of Appendices

The following appendices are included with this report:

Appendix 1: Board Assurance Framework – Workforce Sustainability

Appendix 2: Linked Operational High Risks

Report Contact:

Linda Douglas

Director of Workforce

Email: linda.douglas@nhs.scot

NHS Fife Board Assurance Framework (BAF)

| | | | | | Initial Score | | Current Score | | | | | | | | | | | | | | Target Score | | | | | | |
|--|-------------------------------|--------------------|---------------------|---------------------|----------------------|-----------------------|------------------|-----------------|----------------------|-----------------------|------------------|-----------------|---|----------------------------|--|--|-----------------|---|--|--|--|---|---------------------|----------------------|-----------------|----------------|--|
| Risk ID | Strategic Framework Objective | Date last reviewed | Date of next review | Description of Risk | Likelihood (Initial) | Consequence (Initial) | Rating (Initial) | Level (Initial) | Likelihood (Current) | Consequence (Current) | Rating (Current) | Level (Current) | Rationale for Current Score | Owner (Executive Director) | Assurance Group Standing Committee and Chairperson | Current Controls (What are we currently doing about the risk?) | Gaps in Control | Mitigating actions - what more should we do? | Assurances (How do we know controls are in place and functioning as expected?) | Sources of Positive Assurance on the Effectiveness of Controls | Gaps in Assurance (What additional assurances should we seek?) | Current Performance | Likelihood (Target) | Consequence (Target) | Rating (Target) | Level (Target) | Rationale for Target Score |
| Board Assurance Framework (BAF) - Workforce Sustainability | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 6 | 1 | 8 | 7 | | | | | | | | | 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. | | | <p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>1. • Implementation and revision of the Workforce Strategy to support the Clinical Strategy and Strategic Framework.</p> <p>2. • Implementation and revision of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 - 2022.</p> <p>3. • Implementation of the NHS Fife Strategic Framework particularly the “exemplar employer” and the associated values and behaviours.</p> <p>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.</p> <p>5. • Implementation of eESS as a workforce management system within NHS Fife</p> <p>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.</p> <p>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.</p> <p>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 and Nursing Recruitment campaigns.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>12. • Staff Governance and Partnership working underpins all aspects of workforce activity within NHS Fife and is key to development of the workforce.</p> <p>13. • Development of the Learning and Development Framework strand of the Workforce Strategy.</p> <p>14. • Leadership and Management development provision is constantly under review and updated as appropriate to ensure continuing relevance to support leaders at all levels.</p> <p>15. • Improvement to be achieved in Core Skills compliance to ensure NHS Fife meets its statutory obligations.</p> <p>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.</p> <p>17. • Continue to address the risk of non compliance relating to TURAS Appraisal.</p> <p>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.</p> <p>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.</p> | Nil | <p>(1-3) Implementation of the Workforce Strategy and associated action planning to support the Clinical Strategy and Strategic Framework.</p> <p>Actions are currently being reviewed with a view to updating priorities following the impact of COVID-19.</p> <p>(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.</p> <p>(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.</p> <p>(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.</p> <p>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, down and up again, alongside specific nursing round table sessions, 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.</p> <p>(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.</p> <p>(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</p> | <p>1. Regular performance monitoring and reports to Executive Directors Group, Area Partnership Forum, Local Partnership Forums and Staff Governance Committee</p> <p>2. Delivery of Staff Governance Action Plan is reported to EDG, APF and Staff Governance Committee</p> | <p>1. Use of national data</p> <p>2. Internal Audit reports</p> <p>3. Audit Scotland reports</p> | <p>Full implementation of eESS will provide an integrated workforce system which will capture and facilitate reporting, including all learning and development activity.</p> | <p>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.</p> | | | | | 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. |

| | | | | | |
|------|---|---------------------|------------|----------|------|
| 1846 | Test and Protect | No longer high risk | Moderate 9 | N Connor | 1846 |
| 1858 | Longevity of current situation and impact | Risk Closed | | | 1858 |

| ID | Position of Risk (Risk Register) | Opened | Title | Description | Likelihood (initial) | Consequence (initial) | Risk level (initial) | Rating (initial) | Current Management Actions | Likelihood (current) | Consequence (current) | Risk level (current) | Rating (current) | Likelihood (Target) | Consequence (Target) | Risk level (Target) | Rating (Target) | Risk Owner | Handler | Previous Review Date | Next Review |
|------|---|------------|--|---|--|-----------------------|----------------------|------------------|---|--|-----------------------|----------------------|------------------|---|----------------------|---------------------|-----------------|----------------|-----------------|----------------------|-------------|
| 1652 | Acute Services - Women Children and Clinical Services - Obstetrics, Gynae and Paeds Risk Register | 12/11/2019 | Lack of Medical Capacity in Community Paediatric Service | <p>The Community Paediatric Service staffing has reduced from 14wte in 2014 to 4.25 wte substantive general community paediatricians now in 2020. This is due to the service being unable to fill vacancies following retirements. Permanence and Child Protection specialist posts are delivered by 1.7 wte.</p> <p>The service is unable to meet demand both in terms of new patient and review patient caseloads. There is a risk that care will be compromised and patient safety impacted.</p> <p>Complaints are significant in number and many have been received from MSP's and local councillors.</p> | not | 5 - Extreme | High Risk | 25 | <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> | not | 5 - Extreme | High Risk | 25 | 3 - Possible - May occur occasionally - reasonable chance | 4 - Major | Moderate Risk | 12 | Dobson, Claire | Galloway, Donna | 17/06/2021 | 31/12/2021 |
| 1324 | COMMUNITY SERVICES EAST - RISK REGISTER | 02/12/2016 | Medical staff recruitment and retention | <p>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.</p> | 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. Specialty 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- Specialty Dr plans to return to work after significant absence. Locum will be required to continue as no CDF from end of April. Acute services recruit CDF's and request ahs been made for 2 from August 2020. ANP and NP in place . Medical cover will continue to be required on both sites .</p> <p>20/12/19- Risk now high. CDF only until the end of January, then just 1 CDF for Cameron. Locum extension requested. ANP commences in January 2020. Further review of medical staff and cover for the coming months to be discussed and actioned by HSM and Clinical director. Meeting early January.</p> <p>08/07/19- clinical fellows X2 will commence in August 2019 until February 2020. in Cameron AND Glenrothes, locum cover is still required and in place Unable to recruit fully qualifies ANP, so 2 trainee NP in post as of Oct 2019</p> <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</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 | 02/06/2021 | 02/09/2021 |

| | |
|--|---|
| 90 | |
| Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register | |
| 23/08/2002 | National Shortage of Radiologists |
| | There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales. |
| 5 - Almost Certain - Expected to occur frequently - more likely than not | |
| 4 - Major | |
| High Risk | |
| 20 | |
| May 21 - 2 x 0.5 WTE joint appointments made with NHS Lothian | |
| | |
| 5 - Almost Certain - Expected to occur frequently - more likely than not | |
| 4 - Major | |
| High Risk | |
| 20 | |
| 2 - Unlikely - Not expected to happen - potential exists | |
| 4 - Major | |
| Moderate Risk | |
| 8 | |
| Dobson, Claire | |
| Galloway, Donna | |
| 07/05/2021 | |
| 05/09/2021 | |

| | |
|-------------------------------|--|
| Meeting: | Staff Governance Committee |
| Meeting date: | Thursday 2 September 2021 |
| Title: | Workforce Pressures in Radiology Services |
| Responsible Executive: | Claire Dobson, Director of Acute Services |
| Report Author: | Jane Anderson, Radiology Manager & Professional Head of Service-Radiography |

1. Purpose

This is presented to the committee for:

- Awareness and Discussion

This report relates to an:

- Emerging issue

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

NHS Fife Radiology Services are under significant pressure due to a high level of vacancies within the Radiologist and Radiographer establishment. Recruitment challenges are compounded by well-publicised national shortages.

The combination of continued recruitment challenges and predicted Consultant Radiologist retirement indicates that the situation is unlikely to improve in the short term and may deteriorate if mitigating actions are not put in place.

2.2 Background

There are well-documented pressures on Radiology Services across the UK and in Scotland in particular. Scotland has an establishment of 8 Radiologists per 100,000, one of the lowest ratios in Europe and spends £5.25 million on 'out-sourcing' reporting.

Despite initiatives including a 5 year programme of increasing trainee numbers, attempts at international recruitment and an integrated reporting system the Royal College of Radiologists (RCR) reports that in Scotland the Radiologist workforce is 31% understaffed and needs to recruit another 141 full-time Consultant Radiologists.

In NHS Fife the funded Radiologist establishment is 4.4 Radiologists per 100,000 (this does not include Specialist Interventional or Breast Radiologists*).

Over the last 10 years, for a variety of reasons, there has been a reduction in the number of on-site radiologists in NHS Fife. There are currently 5.2 WTE substantive Consultants in NHS Fife which is 1.48 Radiologists per 100,000 population. This compares to NHS Lothian who have 8.75 substantive radiologists per 100,000. This is a huge discrepancy with no immediate prospect of an appropriate increase in Consultant numbers.

There is a 15% vacancy rate within Radiology AHP workforce. In order to reduce the risk to out of hours Radiology services, numerous management actions and capacity solutions have been introduced. These include the continued use of bank and locum Radiographers, and the current workforce volunteering to pick up additional hours / overtime or volunteering to engage with flexible working models to cover gaps in the out of hours rota.

Workforce challenges have resulted in significant pressures on the Radiology Service in Fife and the team continue to work hard to meet nationally recognised turnaround targets and avoid unacceptable delays in reports being issued.

2.3 Assessment

2.3.1 Quality / Patient Care

With over 50% Consultant vacancy, there is a risk that Radiology in NHS Fife will be unable to provide a full range of diagnostic services for scheduled and unscheduled care within required time scales.

Radiology moved to a model of regional working in 2017, further developments in regional working over the past 2 years has helped to stabilise the service and provided numerous capacity solutions.

These management actions have resulted in a much better position over the past 4 years, however the dependency on regional and outsource solutions presents a significant risk. Arrangements are being formalised through development of SLA's to ensure clinical security.

2.3.2 Workforce

Of a total funded establishment of 17.83 WTE Radiologists NHS Fife have 5.95 WTE Substantive Consultant radiologists in post. This includes 0.75 WTE Breast Radiologist.

The Radiology Department continue to develop plans which will enable NHS Fife to services, including:

- Continued efforts to recruit Consultant Radiologists and Radiographers
- Maximising potential by up skilling and developing the AHP workforce
- Exploring the options to deliver services at a regional and national level

Table 1 outlines the Radiologist workforce changes predicted over the next 6 months

| | WTE AUGUST 2021 | WTE SEPTEMBER 2021 | WTE OCTOBER 2021 | WTE JANUARY 2022 | WTE MARCH 2022 |
|---|-----------------------|--------------------------|------------------------|------------------------|----------------------|
| Substantive in post | 5.95 | 6.95 | 6.95 | 6.95 | 5.95 |
| Locum | 2 | 1.6 | 1.6 | 1.6 | 1 |
| Bank | 0.4 | 0.4 | 0 | 0 | 0 |
| Interventional Radiology NHS Tayside | 0.9 | 0.9 | 0.9 | 0.9 | 0.9 |
| BREAST - NHSFV | 0.3 | 0.3 | 0.3 | 0 | 0 |
| ROSS NHS Lothian | 1.3 | 1.3 | 1.3 | 1.3 | 1.3 |
| PAEDS NHS Lothian | 1.1 | 1.1 | 1.1 | 1.1 | 1.1 |
| Neurology NHS Lothian | 0 | 0.4 | 0.4 | 0.4 | 0.4 |
| Nuclear Medicine NHS Lothian | 0.1 | 0.1 | 0.2 | 0.2 | 0.2 |
| TOTAL | 12.05 | 13.05 | 12.75 | 12.45 | 10.85 |

Recruitment

The recruitment of 2 0.5 WTE Consultant Radiologists, split posts with NHS Lothian will increase the substantive establishment to 6.95 WTE in September 2021.

The retirement of 1.6 WTE Radiologists in March 2022 and the loss of regional breast support in December 2021 will increase the pressure on on-site Radiology service delivery. Radiology continues to be reliant on regional and outsource support to ensure service delivery.

The Registrar rotation with NHS Lothian has recommenced and it is anticipated that there will be opportunities for further joint post appointments in 2022. We continue to explore opportunities for overseas recruitment; unfortunately the international recruitment process in April was unsuccessful.

In terms of the AHP vacancies there are rolling adverts out for band 5 Radiographer and Sonographer positions. Successful recruitment in June 2021 has resulted in 1 Newly Qualified Practitioner commencing in August 2021, with a further 3 overseas candidates awaiting sponsorship/visa completion.

Advanced Practice

NHS Fife has long been associated with making innovative and effective use of the skills of the whole team, starting with encouraging and supporting non-medical staff to take on additional roles that then free up others in the team to spend more time on their 'specialist' tasks. Addressing the workforce shortfalls requires an integrated approach to the use of extended roles and advanced practice, which are now essential and complimentary parts of the overall system.

Locum Support

The daytime rota still has significant gaps and the use of Medical Locums has had to continue. We currently have 2.0 WTE locums, reducing to 1.6 WTE in September 2021.

Locum Radiographer support has been sourced which has enabled the continuation of training Advance Practice Roles.

Radiologists On Site Solution (ROSS)

The medical vacancies led to the implementation of ROSS to help facilitate the day-to-day activity, vetting and face-to-face contact with a Radiologist. NHS Lothian provides a regular on-site presence in Fife, 6.5 clinical sessions per week at a premium charge which equates to 1.3 WTE Radiologists.

South East Regional Reporting Insourcing Solution Radiology (SERRIS)

To reduce the reliance on outsourcing, provide a more cost-effective method of reporting and, remove waiting list initiatives (WLI), the South East Radiology Reporting Insourcing Solution (SERRIS) was developed. This is a partial answer and does not address the acute need for on-site radiology staff. The risk is that the SERRIS model relies on Radiologists volunteering to support reporting capacity. Activity can be sporadic and the availability of specialist radiologists is inconsistent. The contingency for reduced SERRIS capacity is to increase use of outsource services.

Integrated Paediatric Radiology Services

NHS Lothian provide 2 sessions per week direct clinical contact, all paediatric reporting (1yr and under), MDT cover, peer support and on-call support.

Integrated Neuro Radiology Services

NHS Lothian provide 2 sessions per week direct clinical contact, MDT cover, peer support and 2 sessions of OP reporting which equates to 0.4 WTE Equivalent Radiologists.

Emergency / Unscheduled Provision

NHS Lothian provides an emergency and in-patient CT/MR remote reporting service on a Monday and Wednesday morning. Everlight provide an emergency and in-patient reporting service as/when required.

Out of hours CT request authorisation and CT reporting is heavily supported by purchase of healthcare through an outsource reporting company. NHS Fife Radiologists participate in a 1 in 10 on call (9-5 weekends and 5pm-8pm weekdays, no overnight) to ensure that there is sufficient support for day time services. All overnight CT authorisation and reporting services are provided by outsourcing.

Breast Radiology Provision

The transfer of funding from the Radiologist establishment to recruit an Advanced Practice radiographer in a Consultant Mammographer role enables the delivery of in-week breast Radiology services, with 0.75 WTE Consultant radiologist and 1 WTE Consultant Mammographer. Support has been sought from NHS Forth Valley, who provide a Consultant Radiologist for a Friday morning breast clinic. Additional support in the form of a bank Radiologist 0.4 WTE provides additional capacity to support with remobilisation and recovery planning.

Interventional Radiology

NHS Tayside provides Interventional Radiology services in NHS Fife 3 days per week, 42 weeks per year. There is currently no risk to this service; however the service requires to be formalised with a service level agreement.

Nuclear Medicine Provision

The current post holder will retire in March 2022. NHS Lothian provides a Consultant Radiologist 1 day per fortnight to shadow, ensuring succession planning and mitigates risks to service delivery.

2.3.3 Financial

Premium costs for regional support contribute to cost pressures in the service.

To the end of July, private sector reporting, locum Consultant fees and SERRIS cost NHS Fife Radiology around £640k. This is offset by Consultant vacancies but leaves a cost pressure of £88k for the first 4 months of the year. Pro rata, this would add up to a cost pressure of around £264k for 2021/22 although around £100k of this could be offset by AHP vacancies.

2.3.4 Risk Assessment / Management

There remains a risk that NHS Fife will be unable to provide the full range of diagnostic services required to support unscheduled and scheduled care within the required timescales. The mitigating actions described above are heavily dependent on regional support and outsourcing of both elective and unscheduled activity. There is a risk if the regional boards become under pressure within their own radiology service then support to NHS Fife may be withdrawn at short notice. Arrangements with other boards need to be strengthened with robust service level agreements.

Due to gaps on the Radiographer on-call rota, service delivery out of hours is heavily dependent on the current workforce picking up additional hours and overtime duties. Working additional hours over a prolonged period presents a risk to staff health and wellbeing.

2.3.5 Equality and Diversity, including health inequalities

The actions described are taken to ensure that patients have timely and equitable access to Radiology.

2.3.6 Other impact

If NHS Fife is unable to recruit and the status quo is maintained in terms of regional support, Radiology services are stable. However, there would be an inability to demonstrate the level of change and creativity required to match innovative changes across the rest of the Acute Services Division.

2.3.7 Communication, involvement and engagement

The Radiology Service in Fife works collaboratively with other health boards as well as national bodies who are looking at solutions and developments to support workforce challenges.

2.3.8 Route to the Meeting

N/A

2.4 Recommendation

- **Awareness:** The Staff Governance Committee is asked to note the current workforce issues in Radiology and the actions that are underway to manage the risk that this presents.
- **Discussion:** The Staff Governance Committee is asked to discuss the contents of this paper.

3. List of Appendices

N/A

Report Contact:

Jane Anderson

Radiology Manager & Professional Head of Service-Radiography

jane.anderson2@nhs.scot

STAFF GOVERNANCE COMMITTEE

DATES FOR FUTURE MEETINGS

| Date |
|------------------|
| 12 May 2022 |
| 14 July 2022 |
| 1 September 2022 |
| 10 November 2022 |
| 12 January 2023 |
| 9 March 2023 |

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

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

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| Meeting: | Staff Governance Committee |
| Meeting Date: | Thursday 2 September 2021 |
| Title: | Staff Governance Annual Monitoring Return 2020/2021 |
| Responsible Executive: | Linda Douglas, Director of Workforce |
| Report Author: | Sandra Raynor, Head of Workforce Resourcing and Relations |

1. Purpose

This is presented to the Staff Governance Committee members for:

- Discussion

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.

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

This year's return 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 return has been shared with the Area Partnership Forum and other key stakeholders and the return has been produced with their involvement out with the formal governance meetings and there has been continued engagement with staff side colleagues in the populating of the return.

The present draft populated return that will be finalised for submission to the Scottish Government by 24th September 2021 is attached at Appendix 1 to this report.

Once the return has been submitted, Scottish Government colleagues have yet to indicate the revised timescales for feedback. However, 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.

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 has included engagement through the Executive Director's Group, Local Partnership Fora, Area Partnership Forum and Staff Governance Committee.

2.3.8 Route to the Meeting

This paper has been previously considered by the Executive Directors Group and the Area Partnership Forum members as the return has been prepared for NHS Fife for 2020-2021 through the noted governance forum.

2.4 Recommendation

Staff Governance Committee members are asked to **discuss** the content of the draft of the Staff Governance Annual Monitoring Return for 2020/2021 and subject to making any further amendments, the Chair of Staff Governance Committee and the Employee Director will approve the final return prior to submission.

3. List of Appendices

Appendix 1 – Staff Governance Annual Monitoring Return

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
Email: Sandra.raynor@nhs.scot

Appendix 1 – Staff Governance Annual Monitoring Return

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>Action 1: Developing a culture that values and supports our workforce. We are at the early scoping stages of creating a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience in NHS Fife. We will do this by listening and responding to the feedback that we receive through our iMatter process and other feedback that we receive from staff. Everyone contributes to our culture and we hope to improve our experiences, appreciating what we already do well and enabling everyone to feel more valued and involved. We know lots of great achievements are already happening, so with an appreciative enquiry approach we want to make these things happen more of the time across all of the system. We want to be open and converse about how we can work together and collaborate across Health and Care.</p> <p>Action 2: Embed our values in everything that we do. We believe our values are the backbone to what we do and to everyone's working lives. Living and embedding our values is what each and every one of us needs to prioritise in our daily work. We need to create the opportunities to share how we do that and learn from each other; there will be opportunities to do this at the Partnership Event on 20th to 24th September 2021. iMatter helps understand the collective experience within teams, bringing together their day-to-day experiences with the values. It enables team led discussion and action planning in response to the report generated.</p> |

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| OVER-ARCHING STAFF EXPERIENCE AND CULTURE | | <p>This year the iMatter action planning process has extended to Directorate level and all teams will be encouraged to create an action plan. There are a number of tools that can be used with colleagues on an individual or team basis to support and we have created values cards for NHS Fife.</p> <p>The Values cards have been designed to help individuals and teams bring our values alive and enhance how we work together. There are a range of questions for each of the four values. These can be used for conversations at huddles, one to ones, meetings, and handovers or in supervision for example, about strengths team members have in demonstrating our values in everyday actions and how to build on these for the well-being of patients, families, carers and staff alike. The lived experiences which can be shared using these cards helps us understand. Themes can be drawn from these conversations and specific actions which help the team make improvements.</p> <p>We have recently launched an electronic copy of our values cards on our Hub on StaffLink. As we are scoping out the staff experience and engagement framework, we will have the big conversations with people about shared values and behaviours and what they are, not making assumptions.</p> <p>Action 3: Celebrate together and share the successes of our staff. We recognise that celebrating the little things can make a big difference and that is often what matters to staff. Noticing, appreciating, thanking, smiling, and being authentic and honest. We all do extraordinary things every day and should be recognised for doing so. We encourage all staff to recognise their colleagues in a meaningful way. We are currently trialling a test of change in paediatrics where we have introduced GREATix, where if someone notices that one of their colleagues has done something great, they submit a nomination. This would complement our already well established and incredibly successful awards scheme.</p> |
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| OVER-ARCHING STAFF EXPERIENCE AND CULTURE | <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> | <p>Following our letter in July 2019 where we completed the self-assessment, we have continued to make improvements in all areas during the past 24 months.</p> <p>Communication: All but one of the areas where we identified scope to strengthen under the communication theme has now been closed. Work on “Considering appropriate arrangements for face-to-face feedback from staff on values and behaviours” was paused due to the pandemic. Through the early scoping work to create a Staff Experience and Development Framework we are considering the tools that are available to us to stand this work back up via the use of Pulse Surveys. This allows regular data collection so less onerous to analyse and enables more frequent engagements with staff.</p> <p>Culture, including vision and behaviours: We ensure that all training and development offers display our values and behaviours. Additionally, we have strengthened the message around ensuring that support is given to release staff for appropriate training and development opportunities, to ensure staff are trained and developed in their roles.</p> <p>Governance: We have raised awareness of the Bullying and Harassment Policy. Later in the year September 2021 we are running a weeklong partnership event and one of the sessions at the conference presents on Bullying and Harassment (co facilitated by HR and staff side representatives). Additionally, we have arrangements in place for capturing Whistleblowing complaints under the new Whistleblowing Standards launched in April 2021. These standards have been launched in the Board as well as with our Independent Contractors and we continue to promote the INWO training modules and have offered support to enable individuals to record matters of this nature in the Datix system.</p> <p>Staff Engagement and Feedback: We are committed to seeking feedback from staff with regards to values and behaviours and this work will be led by the Workforce Development team as part of the ‘big’ conversations in 2021. Ensuring regular engagement with key stakeholders as this workstream progresses.</p> |
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| OVER-ARCHING STAFF EXPERIENCE AND CULTURE | | Workforce policies, including bullying and harassment and whistleblowing: We raised awareness of the Once for Scotland policies in early 2020 and in 2021 for Whistleblowing (see more detail in the section on “CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT”) and continue to do so. We are currently considering the requirement for additional support e.g. mediation and have started to build in the personal outcomes and good conversations material into the foundation management programme (a locally run programme for newly appointed Line Managers and supervisors that are at the start of their leadership journey) and within other ER settings. |
| WELL INFORMED | <p>We recognise that the pandemic has offered challenges and changes in how we effectively communicate with staff to support positive outcomes.</p> <p>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>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>Appraisals were paused in all areas of our Board. We started to develop a recovery plan in the summer of 2021. Unfortunately, given the impact that COVID continues to have on service delivery we recognised that we would be unable to achieve the 80% target. The percentage of staff that had a signed off appraisal as of 31st March 2021 is 39%.</p> |

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| | <p>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> | |
| 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> | <p>There have been 3 Remobilisation Plan submissions to the Scottish Government with a fourth iteration due at the end of September 2021.</p> <p>The Remobilisation Plans have been developed, in partnership, and over the last 18 months, this can be currently evidenced by staff side representation at:</p> <ul style="list-style-type: none"> • Remobilisation Oversight Group (ROG); • Participation in and Gold Command meetings, Silver and Bronze Command meetings across Acute, Corporate Services and the H&SCP; • More recently, membership of the Remobilisation Plan Forum; • Draft versions of the Remobilisation Plan have been discussed at the Staff Governance Committee prior to submission to the Scottish Government; • Presentation on plans to both the APF and Staff-side APF meetings. <p>All contributions to the Remobilisation Plans describing workforce is collaboratively undertaken with the Workforce Directorate and our partnership colleagues / representatives (staff-side colleagues).</p> |
| TREATED FAIRLY | <p>The NHSScotland Bullying and Harassment Policy was launched in March 2020.</p> <p>1. Please provide the number of formal complaints raised under the NHSScotland Bullying and Harassment Policy between 1 April 2020 and 31 March 2021.</p> | <p>NHS Fife had 9 formal complaints raised under the NHS Scotland Bullying and Harassment Policy during 1 April 2020 to 31 March 2021.</p> |

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| TREATED FAIRLY | <p>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</p> <p>Emerging evidence suggests that COVID-19 has exacerbated many pre-existing inequalities</p> <p>1. What relevant support have staff from minority ethnic backgrounds been provided during the pandemic?</p> <p>2. What signposts / communications were aimed directly at staff from minority ethnic backgrounds (particularly of African and Asian descent) on how to remain safe during the pandemic?</p> <p>3. What support have you provided to staff of all protected characteristics during the pandemic (eg pregnancy/maternity, age, disability, gender identity, etc)</p> <p>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?</p> <p>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 a senior/executive level? Is there visible support for staff networks?)</p> | <p>Roll out of the new policy, provision of supporting documents to managers and staff via access to policy on Stafflink (an application that delivers our local staff communication and engagement.</p> <p>NHS Fife wrote on two occasions during the pandemic to all staff who were recorded within our workforce system as being from a minority ethnic background, offering support and access to OH, local and national resources. Line managers were also pivotal and were included within Communications to support staff, particularly those without regular IT access. Signposting featured within StaffLink (internal intranet) and within the CEO Weekly Communication.</p> <p>Staff who identify with other protected characteristics were supported via the risk assessment process and national guidance.</p> <p>Dedicated “Our Space” staff support sessions, facilitated by an external facilitator and held via MS Teams were offered to all staff who had been shielding or working from home.</p> <p>NHS Fife has a recently formed BAME network and whilst the network is in its infancy, this group along with our Area and Local Partnership fora, have participated in sharing information during the pandemic.</p> <p>The communication and support mentioned at 1&2 has resulted in an improvement in equalities information being captured within our systems. This is also encouraged via pay slip messaging.</p> <p>The Director of Nursing (Executive Lead), Director of Workforce and Employee Director Champion this at Executive level. NHS Fife’s Communication Team continues to promote this via the StaffLink app.</p> |
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| <p>CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT</p> | <p>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.</p> <p>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.</p> <p>2. Please advise how many of these whistleblowing cases included a bullying and harassment element.</p> <p>3. Please describe the training that your Board has undertaken to support implementation of the NHSScotland Whistleblowing Policy.</p> | <p>There were no whistleblowing cases raised during the reporting period (1 April 2020 to 31 March 2021).</p> <p>N/A</p> <p>In the run up to the standards being launched we highlighted the National Whistleblowing training in the Chief Executive weekly briefing and on our (StaffLink) and have continued to do so regularly with links to the National Whistleblowing Training on TURAS Learn. In addition to highlighting the training we have ensured that managers know what to do if they receive a concern (via Desktop Banners and e-mail signatures).</p> <p>We have started to provide data on Whistleblowing Training as part of our Core Training report. Since the standards came into force on the 1st April 21 almost 2000 members of staff have undertaken the National training.</p> <p>We continue to work closely with our colleagues in the communications team to promote the Whistleblowing standards and training and have developed a Whistleblowing Hub on StaffLink with key information including links to the training and confidential contacts. We will continue to promote this hub via updated Desktop Banners, e-mail signatures, and communications updates.</p> |
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| <p>CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT</p> | <p>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.</p> <p>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?</p> | <p>In July 2021 we developed and launched new Induction and Orientation pages on TURAS learn and in addition to the messaging mentioned above we have ensured that information on Whistleblowing is included in the new corporate induction material. Since this was launched it has already been accessed by almost 50 new members of the workforce.</p> <p>In recognition that some of our staff groups e.g. Estates and Facilities do not yet have a TURAS account, and instead attend face to face induction, we are currently developing a presentation to be shared with them so that they are aware of the Whistleblowing standards from the outset of their employment.</p> <p>More recently messaging has gone to the Executive Team of the importance of undertaking the Whistleblowing Turas training and asking for them to strongly encourage their staff groups to do the same.</p> <p>In NHS Fife we support a culture where speaking up is encouraged, staff feel that they can raise concerns before it gets to a formal stage, and managers to listen and learn from staff concerns.</p> <p>Values cards to support our culture work have been developed and after a couple of successful pilots are now available for all services, supporting an open culture and continuing to encourage staff engagement. Open culture and engagement material is also embedded in our Induction to NHS Fife package.</p> <p>Work is currently on-going to refresh NHS Fife's Clinical Governance Framework, a component of this is the review of the adverse event process and procedure. Psychological safety and promotion of a just culture will also feature in this work. Both pieces of work are in the early stages, however, these are essential to the values element of this work and will form part of our 2021/2022 response.</p> |
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| <p>CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT</p> | <p>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.</p> <p>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/</p> <p>Top 3 Absence Reasons:</p> <ol style="list-style-type: none"> 1. Anxiety/stress/depression/other psychiatric illnesses 2. Other musculoskeletal problems 3. Injury, fracture <p>1. Please describe the actions that are planned or underway to address absences in these categories.</p> | <p>While absences in this category tend to be non-work related, relevant support is offered via line managers and Occupational Health to facilitate staff returning to work. In addition to the many Staff Health and Wellbeing activities and support for staff, pre and post pandemic, including Mindfulness training, informal drop in sessions, access to psychology services, “Our Space” staff support sessions, and the Going Beyond Gold programme, NHS Fife has recruited to a second Occupational Health Physician post, additional Occupational Health nursing staff, a Mental Health Occupational Health Nurse and a second Occupational Therapist to support on-going work in this area, noting that many of the issues which contribute to this reason for absence are non-work related.</p> <p>Staff can self-refer to OH, have access to our staff counselling service, staff listening service and are signposted via a range of materials in hard copy, online and via the Access Therapies Fife Website: https://www.accesstherapiesfife.scot.nhs.uk</p> <p>Staff can access Psychology support via this route https://www.moodcafe.co.uk In addition, we offer Healthy Working Lives accredited training on managing Mental Health in the Workplace to managers and staff and teams can utilise the highly regarded “Live Positive” Toolkit.</p> |
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| <p>CONTINUOUSLY IMPROVING AND SAFE WORKING ENVIRONMENT</p> | <p>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.</p> <p>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?</p> <p>Attainment of Healthy Working Lives has been an aspiration since 2008 (and reinforced as a commitment within CEL 01 2012).</p> <p>Congratulations on achieving the Gold Award</p> | <p>Staff are supported and receive input from practitioners in Occupational Health, Health & Safety and Manual Handling in respect of MSK absence. As well as direct self-referral access to Physiotherapy, we have a specialist Occupational Therapy support, offering staff assessments and a chair clinic. Occupational Health case management is used to identify any trends / clusters.</p> <p>Any staff with injuries or fractures are offered support while off work and on their return; any work related incidences are investigated and remedial action taken.</p> <p>In terms of the facilities for staff detailed above, these have been very much appreciated by staff as evidenced by local survey feedback* and have contributed to staff feeling valued and appreciated. Permanent bases for our Staff Hubs are being established in Acute and within Community Hospital sites, with funding in place for the relevant works. Better use of outside spaces and additional seating for staff to enjoy breaks outdoors has been introduced.</p> <p>An Inspiring Kindness conference, originally planned for May 2020 had to be postponed as a result of the pandemic, was held on 26 May 2021. The approach to staff health and wellbeing is being expanded to include peer support and training of peer supporters is well underway.</p> |
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List of Appendices

N/A

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| Meeting: | Staff Governance Committee |
| Meeting Date: | Thursday 2 September 2021 |
| Title: | Feedback from Scottish Government on Submission of Interim Joint Workforce Plan for 2021/2022 |
| Responsible Executive: | Linda Douglas, Director of Workforce |
| Report Author: | Rhona Waugh, Head of Workforce Planning and Staff Wellbeing |

1. Purpose

This is presented to Staff Governance Committee members for:

- Information

This report relates to a:

- Government Policy / Directive

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

This paper provides an overview for Staff Governance Committee members on the feedback received from Scottish Government on the NHS Fife and Fife Health and Social Care Partnership (H&SCP) Interim Joint Workforce Plan for 2021/2022, which was submitted in April 2021.

The Scottish Government feedback on our plan is attached at **Appendix 1**.

2.2 Background

Staff Governance Committee members will recall that while the formal Workforce Planning arrangements and annual Workforce Projections exercise were paused due to the COVID-19 Pandemic and in recognition of the work of Boards and the commitments detailed within Remobilisation Plans. However, the Scottish Government requested that all NHS Boards and Integration Joint Boards submit an Interim Workforce Plan, regardless of whether an existing Workforce Strategy is currently in place. The intention was to ensure that a national picture of workforce need, as influenced by the current pandemic, could be established.

Following submission of the Board's Interim Workforce Plans, Scottish Government colleagues reviewed the details and provided formal feedback on the content of the NHS Fife and H&SCP Interim Joint Workforce Plan to the Board in July 2021.

2.3 Assessment

The Scottish Government feedback is, in the main, around the inclusion within the Workforce Strategy for 2022–2025, of workforce and population / demographic data aligned to short and medium-term workforce drivers, workforce modelling and analysis of absence data and trends and the impact of support mechanisms. The capability for this is being extended within the Board through the implementation of Tableau and Microstrategy solutions. There was no requirement for the Board to submit detailed data within the Interim Plan. There is also an expectation in respect of consideration of the age profile of the workforce and potential impact of changes to the NHS pension scheme and of staff working longer, to be reflected within the future 3-year plans.

The opportunity for greater consultation and engagement, which was not possible within the time scale for submission of the Interim Plan, was also highlighted and will be taken into account in terms of the development of the future Workforce Strategies.

Other feedback provided related to the design of new roles, use of new technology and changes in models of service delivery, again to be reflected in the next Workforce Strategies.

The commentary on the Board understanding the local employment market, particularly around the options for expanding the young workforce, will also be factored into our future strategy and action plans.

While there was no request from Scottish Government colleagues for a follow-up meeting in respect of the Boards Interim Workforce Plan, there is on-going engagement with relevant Scottish Government colleagues and with regional and national workforce planning networks and groups.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The development of the future Workforce Strategies and associated action plans for 2022–2025, the Board and the Health & Social Care Partnership will take account of the Scottish Government feedback within the content of the Interim Joint Workforce Plan.

2.3.3 Financial

N/A – While there was no requirement for Boards and H&SCP to submit detailed workforce and financial data to accompany the template, relevant details will be included within the future Workforce Strategies and action plans for 2022–2025.

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

For the purposes of the completion of the Interim Joint Workforce Plan and in recognition of the timescale for submission in April 2021, virtual consultation was undertaken with relevant internal and external partners and agencies. The feedback on consultation on the future Strategies and related actions will be considered by relevant NHS Fife and H&SCP groups and fora.

2.3.8 Route to the Meeting

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

2.4 Recommendation

Staff Governance Committee members are asked to:

- **note** the content of the Scottish Government feedback in respect of the Interim Joint Workforce Plan for 2021/2022; and
- **note** that the feedback and related actions will be incorporated within the future Workforce Strategies and Action Plans for 2022–2025.

3. List of Appendices

Appendix 1: Scottish Government Feedback on NHS Fife's Draft Interim Joint Workforce Plan 2021/2022.

Report Contact:

Rhona Waugh
Head of Workforce Planning and Staff Wellbeing
e-mail: rhona.waugh2@nhs.scot

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

Health Workforce Directorate
Gillian Russell, Director



Scottish Government
Riaghaltas na h-Alba
gov.scot

T: 0131-244-3323
E: directorofhealthworkforce@gov.scot

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

09 July 2021

Dear Colleagues,

Interim Workforce Plan 2021/22

Thank you for submitting your Interim Workforce Plan to the Scottish Government's Health and Social Care Workforce Planning Unit, in response to my colleague Sean Neill's email of 3 March, a copy of which is attached here for convenience. I really appreciate the significant effort that has gone into this work at such a challenging time for services.

A review of your Interim Workforce Plan has been undertaken by the Workforce Planning Unit. As part of this review process, we are sharing information and data outlined within the plan with relevant Scottish Government policy teams with involvement in workforce planning in specific circumstances and professions.

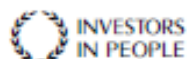
The information you have provided in the plans, along with data and information from other sources, will be used to build and triangulate a developing national picture of workforce demand across the short and medium term, particularly as influenced by the current Covid-19 pandemic and ongoing efforts around mobilisation.

Annex A of this letter sets out some initial feedback from the Workforce Planning Unit on the content of your Interim Plan. We recognise that it is difficult to reflect the complexity of the local workforce planning agenda, and we know that colleagues will welcome the opportunity to engage further as they work towards their 3 year Workforce Plans.

As such, we intend to work with colleagues over the next period to clarify and refine the information provided in Interim Plans – both to inform short term developments in the early part of the new Parliament, and to allow NHS Boards and Integration Joint Boards to develop their 3 year Workforce Plans to fully reflect upcoming workforce planning challenges into the medium term. We anticipate that the content of the three year plans will:

- Align workforce considerations with the organisations strategic direction linking with service and financial planning commitments;
- Identify the key priority service areas across the medium term;

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www.gov.scot



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Until 2020



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- Clearly identify the workforce risks and capacity requirements across these priority areas providing, in some detail, the anticipated whole time equivalent need that has been identified through your workforce modelling exercises

We plan to engage further with workforce planning leads and will be in touch with them in due course. In the meantime, I would be grateful if you could relay my sincere thanks to all those involved in developing your Interim Workforce Plan.

Yours sincerely



Gillian Russell
Director of Workforce

ANNEX A – NHS Fife & Fife HSCP Interim Workforce Plan 2021/22 - Feedback

Please consider the feedback below in final version of your Interim Workforce Plan 2021/22 or in the development of your 2022/25 Workforce Plan.

If you have any questions or would like to further discuss the feedback provided below please get in touch with the Scottish Government Workforce Planning Unit (WFPPMO@gov.scot).

| No. | Feedback | Action Point |
|-----|--|--|
| 1. | <p>Section 1 - Background and Development of the Interim Workforce Plan</p> <p>This Interim plan outlines Fife's priorities for WF Planning. We note that current and future workforce planning is mentioned throughout the plan.</p> <p>Population Demographic Profile</p> <p>We note the plan has not included detail in this section around the size of the NHS Board population served, projected growth and age profiles</p> | <p>It would be beneficial if future plans could make reference to any modelling work that may have been undertaken to assess the potential impact of these demographic changes on workforce capacity needs going forward.</p> |
| 2. | <p>Section 2 - Stakeholder Engagement</p> <p>Existing governance arrangements were addressed in Section 1 of the Interim Plan through the</p> <ul style="list-style-type: none"> Operational Workforce Planning Group General Medical Services Contract Implementation Group <p>We note the plan's collaborative approach at regional and national level in developing actions to mitigate existing and future workforce supply challenges.</p> | <p>We recognise that, given the short timescale for development of the Interim Plan there may not have been time to undertake as comprehensive and engagement process as may have been required.</p> <p>We recognise the work that has already been undertaken to within the Board and HSCP to establish engagement with primary care and independent contract groups</p> <p>Going forward future plans could outline how Board planning activity includes consideration of the needs of the third and independent sectors, as well as primary care contractor groups.</p> |

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| | Also noted is the content regarding cooperation with NES and PHS around the development of workforce modelling activity. | |
| 3. | <p>Section 3 - Supporting Staff Wellbeing</p> <p>We note that a number of developments and actions regarding staff wellbeing have been described in this section.</p> <p>The plan indicates employee wellbeing survey activities well as referencing the Scotland National Digital Wellbeing Hub (ProMIs).</p> <p>Refence to wellbeing in the Independent Sector is welcome.</p> <p>It is encouraging that staff rest and recovery is cited as a key priority. We note that Fife's on-going focus is to allow employees to rest and recover "before planning the remobilisation of services".</p> <p>Sickness Absence, Staff Availability</p> <p>We note that the plan does not contain any specific analysis of patterns of sickness absence and staff availability trends.</p> <p>Turnover</p> <p>Leavers and turnover metrics are not included within the Interim Plan</p> | <p>The details provided have been forwarded to colleagues in the Staff Governance team to consider as examples of good practice.</p> <p>Building in time for staff recovery is essential and we expect that this is factored in as a part of the remobilisation/planning process.</p> <p>It would be useful for future workforce plans to include any analysis of the absence and staff availability metrics for the Board as seen fit.</p> <p>It will be clearly be important for continued monitoring of absence levels to establish whether the staff support mechanisms can mitigate the potential impact of longer term stress related illness and any Long Covid absence.</p> <p>It will be important to monitor the number of leavers as part of your normal workforce data trend analysis</p> |

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| | <p>We note that the age profile of the workforce has been considered in Section 5 Medium Term Drivers.</p> | <p>across the coming year. This will allow the Board to assess any changes arising (and conduct further analysis in order to establish the specific factors which influence these patterns).</p> <p>We are also aware that the end of the NHS Pension Protection period in 2022 and membership of dual pension schemes may change previously observed retiral patterns. It will be important to monitor the workforce age profile going forward and assess any support required for those staff who may be considering working longer.</p> |
| 4. | <p>Short Term Workforce Drivers</p> <p>We note this section lists a number of short term workforce drivers and service planning priorities, including in:</p> <ul style="list-style-type: none"> • Test and Protect • Staff and Patient Testing • COVID-19 Vaccination Programme • Infection Prevention and Control Team Support • Occupational Health Team • Future COVID-19 Surges • Critical Care • Mutual Aid for Care Homes • Safe Provision of Adult Social Care • Mental Health Services • Public Health Workforce • Dental, Eye Care and other Primary Care <p>We note that the plan mentions a 'fundamental supply and demand challenge, locally to nationally'.</p> | <p>Although some headcount figures are provided on staff in post associated with short term drivers, we expect that the three year plans will provide details of specific wte needs across all areas impacted by short term workforce drivers. In some cases, e.g. the CAMHS workforce, it is mentioned that funding is in place to expand the workforce. This should allow detailed wte figures to be provided.</p> <p>We recognise that some of the wte detail may not yet be known, it would be beneficial in future workforce plans to provide any further detail on the overall wte need (e.g. in a summary table).</p> <p>It would also be advantageous to provide an assessment of the success in recruiting to posts which have been advertised as further qualitative detail supporting measures taken to recruit to any new posts.</p> <p>Some illustrative data on the issues experienced at local level would allow Scottish Government to better</p> |

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| | | understand, and respond to, issues at national level. |
| 5. | <p>Medium term workforce drivers</p> <p>We note that this section describes a number of medium-term workforce drivers:</p> <ul style="list-style-type: none"> • Rehabilitation Services • Redesign of Urgent Care • Critical Care • Elective Care and Waiting Lists • Primary and Community Care • Fair Work • Ageing Workforce and Workforce Modelling • Regional Approach in Priority Areas • Community Planning Implications <p>We note and welcome that rehabilitation services have been integrated and reviewed.</p> <p>We note that waiting lists have grown throughout the pandemic and recognise the point made that the full impact on Elective Surgery, Cancer and Mental Health will be realised once services are mobilised.</p> <p>We note that proactive thought has been given to the impact of retireals, once staff who had postponed retirement plans leave the service.</p> | <p>Similarly to feedback for the section above, the three year workforce plan should provide details of specific wte needs across all areas impacted by medium term workforce drivers. Medium term drivers such as Covid-19 backlogs, restart of service and increased service demand should be profiled, with detail offered on the results of workforce planning that has been carried out to consider these.</p> <p>We would be interested to hear more about learning derived from this work in the three year workforce plan.</p> <p>Although service demand won't be fully understood until services are mobilised, we expect that the three year workforce plan will give consideration to the likely staffing requirements associated with waiting lists, based on the evidence available.</p> <p>We anticipate that the three year workforce plan will include metric data on factors such as retirement and the wte staffing requirement to mitigate this.</p> |
| 6. | <p>Supporting staff through transformational change</p> <p>This section describes a number of actions and opportunities for transformation. We note and welcome that Fife are embracing new opportunities for developing, supporting and deploying staff.</p> | <p>We particularly welcome the commitment to design new roles that are based on competencies/skills linked to future care pathways; and would be interested to learn more</p> |

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| | <p>Telecare & Technology</p> <p>The plan indicates work underway to support staff home working and to extend the use of technology enabled care (Near Me).</p> <p>The plan outlines specific activities supporting transformational change such as</p> <ul style="list-style-type: none"> • Flexible working • Shared Services • Integrated Induction processes • Training • Youth Employment Strategies | <p>about this in the three year workforce plan.</p> <p>We recognise that it may take some time to assess whether these new models of service delivery will continue post pandemic and the plan notes that the potential for service redesign will be assessed.</p> <p>It would be useful if any assessment of the impact of the introduction of new technology on workforce demand and capacity could be considered in preparation for the full 3 year workforce plan.</p> <p>We consider that, going forward, it will be increasingly important that the Board understands its local employment market and is able to assess and utilise the local approaches it is describing, to create, where possible, additional sources of workforce supply. E.g.</p> <ul style="list-style-type: none"> • Advanced practice • Modern Apprenticeships; • Supported placements; • Kickstart Scheme; • Young Person's Guarantee • Work Experience <p>Future plans may also look to build upon and provide indications of the work already underway as well as any further work around other approaches to develop a local labour supply pipeline.</p> |
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Meeting: Staff Governance Committee
Meeting date: 2 September 2021
Title: NHS Fife Population Health & Wellbeing Progress
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 the committee for

- Assurance

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

- Safe
- Effective
- Person Centred

2 Report summary

2.1 Situation

This is a progress paper regarding the initial work to support the NHS Fife Population Health and Wellbeing Strategy and Portfolio (PHWP) Board. This will cover both Portfolio work together with the co-ordination of the emerging 5 year strategy.

2.2 Background

NHS Fife is a complex organisation operating in a complex environment with many programme and project-related activities. A portfolio approach will facilitate an efficient, centralised management of the organisation's resources and investment whilst ensuring consistent Fife-wide governance and control standards.

A PHWP Board is being established to deliver the strategic co-ordination of the emerging strategy. It will also enable senior leadership to successfully deliver the entire range of programmes, projects and other related activities across Fife on an ongoing basis.

2.3 Assessment

The following gives a brief overview of the current work being undertaken.

Portfolio Approach to Population Health and Wellbeing

This approach will align existing programmes of work alongside the development of the Population Health and Wellbeing Strategy as well as providing leadership to new prioritised programmes of work.

A PHWP Board is being established to provide leadership and oversight of the programmes across health. The Terms of Reference are being agreed after discussion at the Executive Directors' Group. The first meeting of this Board is planned for September.

Alignment of Strategy and Portfolio to Care Programmes

The PHWP will align the existing key programmes and projects to the 4 national Care Programmes: Integrated Unscheduled Care, Integrated Planned Care, Place and Wellbeing and Preventative and Proactive Care.

In addition, the Fife PHW Strategic Framework will be designed using the 4 national care and wellbeing programmes and strategic direction will focus on these areas. Existing programmes in Fife will be aligned to these 4 programmes.

Proposal for Strategy Development

A detailed Programme Plan is currently being drafted for the development and delivery of the 5 year Strategy.

Given the current COVID restrictions, it is proposed to engage with staff virtually to develop the strategic framework initially to gather the current service position. Once the information is gathered, analysed and themed, the group will convene to agree gaps and recommendations.

EQIA

The EQIA Stage 1 form has been completed and signed off with the agreement to move to Stage 2 of the EQIA. NHS Fife's Equality and Human Rights Lead will lead stage 2 with input from staff, patients and the public engagement network.

Communications and Engagement Proposal to aid strategy development.

To start and maintain the NHS Fife strategy development "conversation" with our internal and external stakeholders, the following communications support is proposed. This work would also underpin and complement the EQIA Stage 2.

Branding for strategic plan and associated engagement campaign

To provide a visual identity for the project, which creates an instantly recognisable visual reference for the programme. This branding would be used across all communications material and across all channels.

Citizens Survey or Poll

NHS Fife is committed to engage with as many citizens living in Fife as we can to help direct and shape our strategic planning.

Given the limitations presented by COVID and the tight timescales we are working to, an online survey or poll might be the most effective way of reaching out to as many citizens across Fife via individuals, community groups and our partners to gain their thoughts and feedback.

There are 3 key strands the survey / poll could explore, which are:

1. What matters to the people in Fife in terms of accessing health care?
2. Capturing their current (including pre-COVID) experience of using our services
3. Building on the lessons learned from COVID and the unique opportunity to capitalise on some of the new ways of working we introduced - e.g. Near Me video consultations, how do they see the future of health care delivery across the kingdom of Fife.

In tandem with this we would look to run an equivalent internal staff survey to complement our citizens survey.

2.3.1 Quality/ Patient Care

PHW Portfolio Board and Strategy are aligned with providing high quality and good patient care.

2.3.2 Workforce

PHW Portfolio Board and Strategy are aligned with workforce development and support

2.3.3 Financial

PHW Portfolio Board and Strategy are aligned with financial implications

2.3.4 Risk Assessment/Management

PHW Portfolio Board and Strategy are aligned to risk management.

2.3.5 Equality and Diversity, including health inequalities

PHW Portfolio Board and Strategy are aligned with equality and diversity. An EQIA is being developed, as detailed above.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

PHW Portfolio Board and Strategy are aligned with engagement and consultation. Further information on the proposed communications strategy is given above.

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 Gold Command, 9 August 2021
- EDG Strategy meeting, 19 August 2021
- All Board Committee meetings during September 2021

2.4 Recommendation

- **Assurance** – Members are asked to note the establishment of the Population Health and Wellbeing Portfolio Board and progress of the development of the strategy.

Report Contact

Susan Fraser
Associate Director of Planning and Performance
25 August 2021

| | |
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| Meeting: | Staff Governance Committee |
| Meeting date: | 2 September 2021 |
| Title: | Joint Remobilisation Plan 2021/22 (RMP3/RMP4) |
| 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 the Committee for:

- Assurance

This report relates to the:

- Joint Remobilisation Plan 2021/22 (RMP3/RMP4)

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The third Joint Remobilisation Plan (RMP3) for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) for the period 2021/22 was submitted and approved by the Scottish Government (SG). An update, known as RMP4, was requested on 20th July 2021 to reflect on progress to date and set out what is expected to be delivered over the remainder of 2020/21.

2.2 Background

The Scottish Government letter dated 20th July 2021 titled *Remobilisation Plans 2021/22: Mid-Year Update (RMP4)* commissioned an update to plans set out in RMP3. RMP4 offers an opportunity to reflect on the impact of the pandemic on the delivery of services, specifically where this might have changed since the RMP3 was submitted including opportunity to revise activity templates.

SG have acknowledged that planning is an ongoing activity throughout the year, therefore a Delivery Planning Template is now required to be completed. This will form the basis of annual plans going forward and will include information on risks (and mitigation) and outcomes. This will include key deliverables identified within RMP3, as well as any additional key actions that have been identified since RMP3 was submitted, such as national projects/programmes that have launched or substantially developments in the last 6 months. Template will also include any actions relating to winter, as SG are not requesting a separate Winter Plan.

2.3 Assessment

RMP3 Action Tracker

An Action Tracker was created following approval from SG of RMP3 with regular 2-monthly updates being provided by services. The Fife Remobilisation Plan Forum was re-established to review and ensure the document is updated regularly. Reports to EDG, Committees and Board was by exception only.

New Templates

The RMP4 documentation included Delivery Planning Templates to be used in the submission of RMP4. Information already collated in the RMP3 Action Tracker has been transferred to Delivery Planning Template with service through the RMP Forum being asked to review, amend and provide additional content in accordance with the RMP4 guidance.

Progress

From previous updates, diagnostic pathway for Children and Young People within Primary/Community Care has been reinstated and activity in Adult Mental Health Day Hospitals has resumed. All other actions from RMP3 are currently in progress, on track or complete so there are no actions to be reported by exception.

Winter Actions

In relation to winter planning, during 2020/21 due to the COVID-19 emergency planning measures being in place, one meeting took place to review winter 2019/20 and plan for winter 2020/21. In 2021, a Winter Review event was held in April 2021. Learning from this event was considered in terms of performance, what went well, what went less well and the key planning priorities for the Winter of 2021/22.

These will be formalised into Winter Actions following the Winter Planning Event on 25th August and will be included in the Winter Planning/Whole System Actions within the RMP4 Delivery Planning Template.

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the heart of the Remobilisation Plan.

2.3.2 Workforce

Oversight to workforce implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process.

2.3.3 Financial

Oversight to financial implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process.

2.3.4 Risk Assessment/Management

Risk Assessment is contained within the Remobilisation Plan.

2.3.5 Equality and Diversity, including health inequalities

Remobilisation Plan included the appropriate equality and diversity impact assessment process as part of the restart process.

2.3.6 Other impact

N/A.

2.3.7 Communication, involvement, engagement and consultation

Appropriate communication, involvement, engagement and consultation within the organisation and with key external stakeholders is integral to the implementation of the Remobilisation Plan.

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.

- Remobilisation Plan Forum on 11th August.
- Integrated Capacity and Flow meeting on 11th August.
- EDG Strategy meeting, 19 August 2021
- All Board Committee meetings during September 2021

2.4 Recommendation

- **Assurance** – The Joint Remobilisation Plan 2021/22 RMP3 and process in place for production of the RMP4

3 List of appendices

N/A

Report Contact

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

| | |
|-------------------------------|---|
| Meeting: | Staff Governance Committee |
| Meeting date: | Thursday 2 September 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 have changed to reflect the additional funding available from the Scottish Government. A further iteration of the plan (RMP4) is to be submitted to the SG by the end of September.

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 (4.00% is the LDP Standard) | 6.17% in June 2021, above planned position at this stage (4.25%) 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.

The August IPQR will be available for discussion at the round of September Standing Committee 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 19 August. 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 Sickness Absence rates and the caveats around this.

3 List of appendices

None

Report Contact

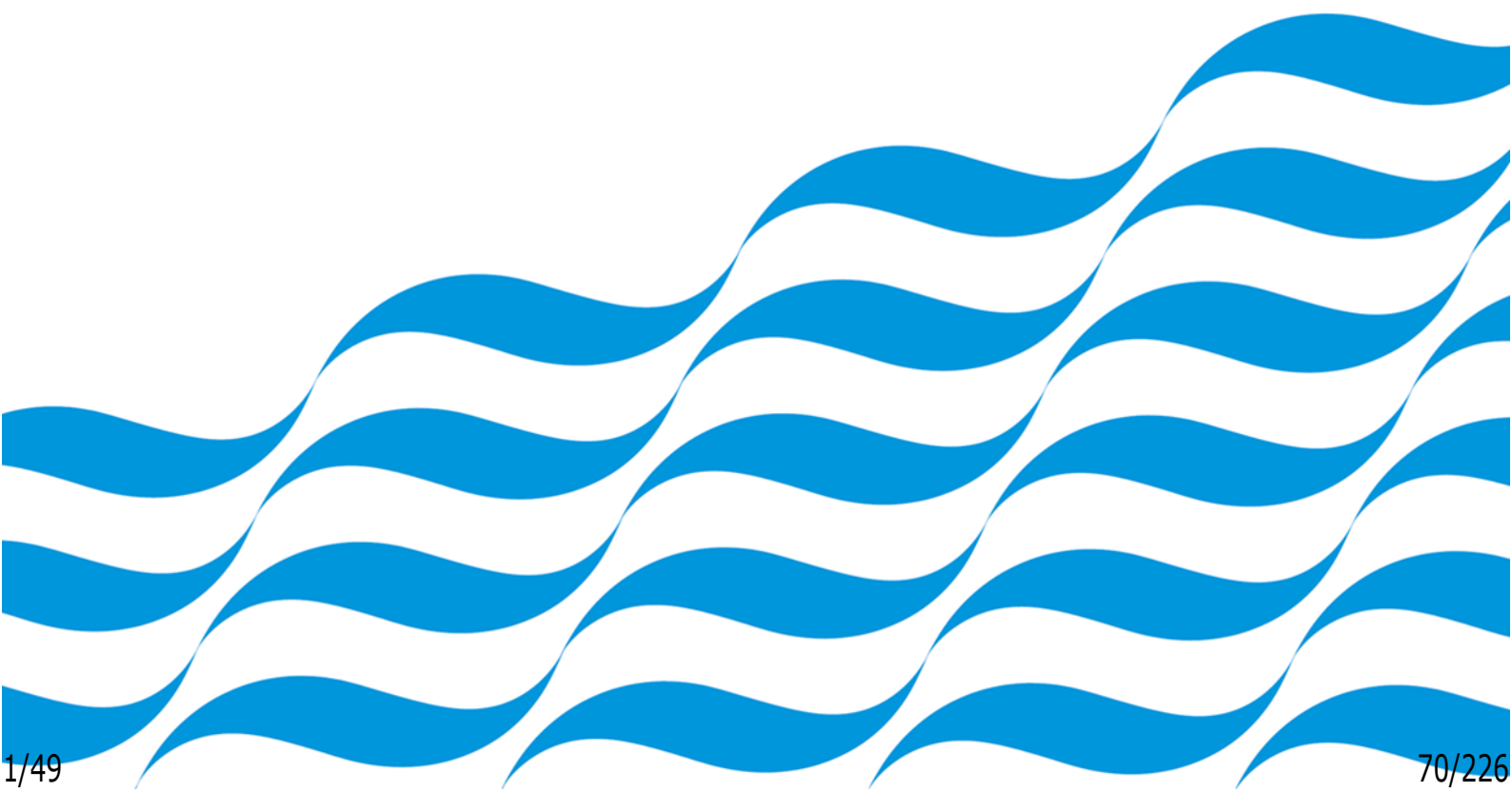
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Fife Integrated Performance & Quality Report

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

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

- Rate of Patient Falls With Harm fell to its lowest level for over 2 years
- Patient TTG – although remaining considerably below the National Standard, the % of patients waiting less than 12 weeks for treatment continued to increase, and the size of the overall waiting list remained stable
- Cancer 31-day DTT – 100% achievement in June, with this being the 14th successive month in which the 95% Standard has been exceeded

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 8 (28%) within upper quartile, 14 (48%) in mid-range and 7 (24%) in lower quartile.

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

c. Indicator Summary

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

| Benchmarking | |
|--------------|----------------|
| ● | Upper Quartile |
| ● | Mid Range |
| ● | Lower Quartile |

| Section | Measure | Target 2021/22 | Reporting Period | Year Previous | | Previous | | Current | | | Trend | Reporting Period | Fife | | Scotland |
|-------------------------|---|----------------|------------------|---------------|-------|----------|-----------|---------|-----------|-----|-------|------------------|-------|-------------|----------|
| Clinical Governance | Major & Extreme Adverse Events | N/A | Month | Jun-20 | 27 | May-21 | 23 | Jun-21 | 20 | ↑ | | N/A | | | |
| | HSMR | N/A | Year Ending | Mar-20 | 1.01 | Dec-20 | 1.01 | Mar-21 | 1.02 | ↓ | | YE Mar-21 | 1.02 | <div></div> | 1.00 |
| | Inpatient Falls | 7.68 | Month | Jun-20 | 8.43 | May-21 | 8.49 | Jun-21 | 6.36 | ↑ | | N/A | | | |
| | Inpatient Falls with Harm | 1.65 | Month | Jun-20 | 1.66 | May-21 | 1.68 | Jun-21 | 0.86 | ↑ | | N/A | | | |
| | Pressure Ulcers | 0.42 | Month | Jun-20 | 0.88 | May-21 | 1.03 | Jun-21 | 0.86 | ↑ | | N/A | | | |
| | Caesarean Section SSI | 2.5% | Quarter Ending | Mar-20 | 1.0% | Dec-20 | 2.4% | Mar-21 | 2.7% | ↓ | | QE Dec-19 | 2.3% | <div></div> | 0.9% |
| | SAB - HAI/HCAI | 18.8 | Quarter Ending | Jun-20 | 6.3 | May-21 | 13.7 | Jun-21 | 6.3 | ↑ | | QE Mar-21 | 17.8 | <div></div> | 18.4 |
| | SAB - Community | N/A | Quarter Ending | Jun-20 | 13.9 | May-21 | 9.5 | Jun-21 | 7.5 | ↑ | | QE Mar-21 | 14.1 | <div></div> | 10.4 |
| | C Diff - HAI/HCAI | 6.5 | Quarter Ending | Jun-20 | 7.9 | May-21 | 14.9 | Jun-21 | 10.0 | ↑ | | QE Mar-21 | 14.0 | <div></div> | 15.6 |
| | C Diff - Community | N/A | Quarter Ending | Jun-20 | 1.1 | May-21 | 5.3 | Jun-21 | 5.4 | ↓ | | QE Mar-21 | 5.4 | <div></div> | 3.8 |
| | ECB - HAI/HCAI | 33.0 | Quarter Ending | Jun-20 | 36.4 | May-21 | 24.9 | Jun-21 | 37.6 | ↓ | | QE Mar-21 | 21.6 | <div></div> | 34.7 |
| | ECB - Community | N/A | Quarter Ending | Jun-20 | 34.3 | May-21 | 29.7 | Jun-21 | 27.9 | ↑ | | QE Mar-21 | 34.7 | <div></div> | 36.6 |
| | Complaints (Stage 1 Closure Rate) | 80% | Quarter Ending | Jun-20 | 78.0% | May-21 | 75.7% | Jun-21 | 74.8% | ↓ | | 2019/20 | 71.5% | <div></div> | 79.9% |
| | Complaints (Stage 2 Closure Rate) | 65% | Quarter Ending | Jun-20 | 21.3% | May-21 | 24.0% | Jun-21 | 28.0% | ↑ | | 2019/20 | 35.7% | <div></div> | 51.8% |
| Operational Performance | IVF Treatment Waiting Times | 90% | Month | Jun-20 | N/A | May-21 | 100.0% | Jun-21 | 100.0% | ↔ | | N/A | | | |
| | 4-Hour Emergency Access | 95% | Month | Jun-20 | 96.8% | May-21 | 87.2% | Jun-21 | 88.2% | ↑ | | Jun-21 | 88.2% | <div></div> | 85.0% |
| | Patient TTG (% of Total Waits <= 12 Weeks) | 100.0% | Month | Jun-20 | 15.4% | May-21 | 62.7% | Jun-21 | 67.9% | ↑ | | Mar-21 | 51.7% | <div></div> | 34.7% |
| | New Outpatients (% of Total Waits <= 12 Weeks) | 95% | Month | Jun-20 | 32.0% | May-21 | 60.3% | Jun-21 | 62.4% | ↑ | | Mar-21 | 52.6% | <div></div> | 48.1% |
| | Diagnostics (% of Total Waits <= 6 Weeks) | 100% | Month | Jun-20 | 37.4% | May-21 | 93.5% | Jun-21 | 90.6% | ↓ | | Mar-21 | 80.7% | <div></div> | 61.4% |
| | 18 Weeks RTT | 90% | Month | Jun-20 | 80.1% | May-21 | 65.9% | Jun-21 | 68.7% | ↑ | | QE Mar-21 | 73.2% | <div></div> | 75.9% |
| | Cancer 31-Day DTT | 95% | Month | Jun-20 | 97.1% | May-21 | 99.1% | Jun-21 | 100.0% | ↑ | | QE Mar-21 | 98.9% | <div></div> | 97.7% |
| | Cancer 62-Day RTT | 95% | Month | Jun-20 | 79.0% | May-21 | 79.4% | Jun-21 | 82.1% | ↑ | | QE Mar-21 | 81.4% | <div></div> | 83.0% |
| | Detect Cancer Early | 29% | Year Ending | Jun-19 | 27.2% | Mar-20 | 24.6% | Jun-20 | 23.5% | ↓ | | 2018, 2019 | 26.1% | <div></div> | 25.6% |
| | Freedom of Information Requests | 85% | Quarter Ending | Jun-20 | 81.9% | May-21 | 94.9% | Jun-21 | 91.2% | ↓ | | N/A | | | |
| | Delayed Discharge (% Bed Days Lost) | 5% | Month | Jun-20 | 4.3% | May-21 | 9.7% | Jun-21 | 9.7% | ↔ | | QE Dec-20 | 5.5% | <div></div> | 4.8% |
| | Delayed Discharge (# Standard Delays) | N/A | Month | Jun-20 | 34 | May-21 | 88 | Jun-21 | 81 | ↑ | | Jun-21 | 21.65 | <div></div> | 16.76 |
| | Antenatal Access | 80% | Month | Apr-20 | 86.7% | Mar-21 | 84.9% | Apr-21 | 86.0% | ↑ | | FY 2019/20 | 89.0% | <div></div> | 88.3% |
| | Smoking Cessation | 473 | YTD | Apr-20 | 15.0% | Mar-21 | 52.2% | Apr-21 | 62.5% | N/A | | FY 2019/20 | 92.8% | <div></div> | 97.2% |
| | CAMHS Waiting Times | 90% | Month | Jun-20 | 62.2% | May-21 | 73.4% | Jun-21 | 79.5% | ↑ | | QE Mar-21 | 76.0% | <div></div> | 65.1% |
| | Psychological Therapies Waiting Times | 90% | Month | Jun-20 | 73.6% | May-21 | 80.0% | Jun-21 | 82.6% | ↑ | | 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% | ↑ | | FY 2019/20 | 79.2% | <div></div> | 83.2% |
| | Drugs & Alcohol Treatment Waiting Times | 90% | Month | Apr-20 | 79.7% | Mar-21 | 90.1% | Apr-21 | 91.0% | ↑ | | QE Mar-21 | 94.5% | <div></div> | 95.6% |
| | Dementia Post-Diagnostic Support | N/A | Annual | 2018/19 | 93.4% | 2019/20 | 92.7% | 2021/21 | 98.4% | ↑ | | 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% | ↓ | | 2018/19 | 60.9% | <div></div> | 43.4% |
| Finance | Revenue Expenditure | (£13.822m) | Month | Jun-20 | N/A | May-21 | (£7.442m) | Jun-21 | (£6.109m) | ↑ | | N/A | | | |
| | Capital Expenditure | £27.335m | Month | Jun-20 | N/A | May-21 | £1.251m | Jun-21 | £3.022m | ↑ | | N/A | | | |
| Staff Governance | Sickness Absence | 3.89% | Month | Jun-20 | 4.96% | May-21 | 5.31% | Jun-21 | 6.17% | ↓ | | YE Mar-21 | 4.77% | <div></div> | 4.67% |

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

Better than Projected | Worse than Projected
(NOTE: Better/Worse may be higher or lower, depending on context)

| | | Quarter End | Month End | | | Quarter End | Quarter End | Quarter End |
|--|-----------|-------------|-----------|--------|--------|-------------|-------------|-------------|
| | | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Sep-21 | Dec-21 | Mar-22 |
| TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart) | Projected | 2,981 | 1,000 | 1,000 | 1,120 | 3,120 | 3,394 | 3,716 |
| | Actual | 3,260 | 985 | | | | | |
| | Variance | 279 | -15 | | | | | |
| New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart) | Projected | 17,100 | 6,227 | 6,259 | 6,639 | 19,125 | 22,925 | 24,441 |
| | Actual | 19,488 | 6,140 | | | | | |
| | Variance | 2,388 | -87 | | | | | |
| Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information) | Projected | 1,801 | 611 | 611 | 611 | 1,833 | 1,833 | 1,833 |
| | Actual | 1,406 | 483 | | | | | |
| | Variance | -395 | -128 | | | | | |
| Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information) | Projected | 10,850 | 3,750 | 3,750 | 3,750 | 11,250 | 11,250 | 11,250 |
| | Actual | 12,971 | 4,324 | | | | | |
| | Variance | 2,121 | 574 | | | | | |
| A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart) | Projected | 17,110 | 6,280 | 6,590 | 6,240 | 19,110 | 18,370 | 18,490 |
| | Actual | 20,728 | 7,052 | | | | | |
| | Variance | 3,618 | 772 | | | | | |
| Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart) | Projected | 8,040 | 2,830 | 2,800 | 2,690 | 8,320 | 8,680 | 8,830 |
| | Actual | 10,088 | 3,375 | | | | | |
| | Variance | 2,048 | 545 | | | | | |
| Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached) | Projected | 5.82 | | | | 5.85 | 5.63 | 5.73 |
| | Actual | 5.50 | | | | | | |
| | Variance | -0.32 | | | | | | |
| Urgent Suspicion of Cancer - Referrals Received (SG Management Information) | Projected | 2,450 | 870 | 870 | 870 | 2,610 | 2,610 | 2,610 |
| | Actual | 2,884 | 996 | | | | | |
| | Variance | 434 | 126 | | | | | |
| 31 Day Cancer - First Treatment, Patients Treated (Definitions as per Published Statistics) | Projected | 415 | 145 | 145 | 145 | 435 | 435 | 435 |
| | Actual | 305 | | | | | | |
| | Variance | -110 | | | | | | |
| CAMHS - First Treatment, Patients Treated (Definitions as per Published Statistics) | Projected | 306 | 84 | 103 | 104 | 291 | 346 | 298 |
| | Actual | 411 | 110 | | | | | |
| | Variance | 105 | 26 | | | | | |
| Psychological Therapies - First Treatment, Patients Treated (Definitions as per Published Statistics) | Projected | 1,369 | 514 | 471 | 437 | 1,422 | 1,905 | 1,780 |
| | Actual | 1,816 | | | | | | |
| | Variance | 447 | | | | | | |

| | | Month End | Month End | | | Month End | Month End | Month End |
|--|-----------|-----------|-----------|--------|--------|-----------|-----------|-----------|
| | | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Sep-21 | Dec-21 | Mar-22 |
| Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹ | Projected | 65 | 64 | 66 | 63 | 63 | 70 | 70 |
| | Actual | 128 | 109 | | | | | |
| | Variance | 63 | 45 | | | | | |
| Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹ | Projected | 28 | 29 | 30 | 27 | 27 | 28 | 27 |
| | Actual | 47 | 46 | | | | | |
| | Variance | 19 | 17 | | | | | |
| Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹ | Projected | 37 | 35 | 36 | 36 | 36 | 42 | 43 |
| | Actual | 81 | 63 | | | | | |
| | Variance | 44 | 28 | | | | | |

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 | 1.02 |
| The HSMR for NHS Fife for the year ending March 2021 rose slightly in comparison to the rate for the year ending December 2020, and was above the Scotland average. The rate for VHK alone was 1.03. | | | |
| 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 | 1.75 |
| As with most areas in Scotland the activity within hospital settings is extremely high and workforce challenges are also reflected nationally, increasing the usage of supplementary staffing. Work continues within this difficult context to focus improvement on areas where falls with harm has increased. As already noted, process, documentation and audit work will align with the national developments in Falls and Excellence in Care. | | | |
| Pressure Ulcers | <i>50% reduction by December 2020, continued for FY 2021/22</i> | 0.42 | 0.86 |
| Acute: Two clinical areas have been identified to participate in the next pressure ulcer improvement project. There was a 4-6 week preparatory study before the project period began, and regular meetings are scheduled throughout the project. | | | |
| HSCP: The rate of pressure ulcers has reduced during the last quarter. At the end of June, it has been 147 days since the last hospital acquired pressure ulcer grade 3 developed, and 8 days since the last grade 3 developed in the community. Within community inpatients wards, there have been no developed/developing grade 4 pressure ulcers since January 2020 (523 days). | | | |
| Caesarean Section SSI | <i>We will reduce the % of post-operation surgical site infections to 2.5%</i> | 2.5% | 2.7% |

All mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the SG. 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 | 6.3 |
|------------------------|---|-------------|------------|

NHS Fife is successfully achieving the trajectory for the 10% reduction target, to be met by March 2022. There have been no ventilator associated pneumonias, PVC or CVC SABs since March.

| | | | |
|---------------|---|------------|-------------|
| C Diff | <i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i> | 6.5 | 10.0 |
|---------------|---|------------|-------------|

NHS Fife is currently above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022, although the incidence rate has markedly improved for June. There has been no recurrence of infection since March, and a total of 6 recurrences in the last year. Reducing the incidence of CDI recurrence is pivotal to achieve the HCAI reduction target, and continues to be addressed.

| | | | |
|------------|---|-------------|-------------|
| ECB | <i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i> | 33.0 | 37.6 |
|------------|---|-------------|-------------|

The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For June, NHS Fife is sat on the trajectory line and on track to achieve this target. However, reducing CAUTI ECBs is essential to achieve the target reduction and there were 7 such infections in June. Reducing CAUTI incidence remains the quality improvement focus.

| | | | |
|-----------------------------|--|------------|--------------|
| Complaints – Stage 2 | <i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i> | 65% | 28.0% |
|-----------------------------|--|------------|--------------|

There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescale. It is noted that there is an increase in the complexity of complaints received. Although reduced slightly, PRD has responded to a high number of concerns and Stage 1 complaints relating to Covid-19 vaccination appointments. We are also starting to receive enquiries relating to Covid-19 vaccine status, as international travel opens up.

e. Assessment (cont.) – Operational Performance

| | | Target | Current |
|--|--|-------------|--------------|
| 4-Hour Emergency Access | <i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i> | 95% | 88.2% |
| <p>Attendances continue to rise, averaging around 200 per day at the ED, which equates to a 45% increase since January. The majority of these are self-presenters. Despite the increased demand, performance against the National Standard improved in June. Several front door initiatives to improve flow, including a new assessment area within AU1, have been implemented and are being tested. The Redesign of Urgent Care (RUC) has supported improvements for GP admissions into AU1 and we are testing this 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) | <i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i> | 100% | 67.9% |
| <p>Performance in June has continued to recover with 69.7% waiting less than 12 weeks compared to 20.2% in July 2020. NHS Fife continues to be the best performing Board in Scotland for TTG. Theatres are now fully remobilised however an increase in unscheduled care activity is impacting on our ability to undertake elective inpatient surgical activity as planned. At the end of June, the waiting list was 11% lower than in July 2020 and has remained stable since February of this year. We continue to focus on clinical priorities whilst reviewing patients who have been waiting greater than 52 weeks. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.</p> | | | |
| New Outpatients | <i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i> | 95% | 62.4% |

Performance in June has continued to recover with 62.4% waiting less than 12 weeks compared to 41.1% in July 2020. At the end of June, the waiting list was 56% higher than at the end of June 2020, but similar to that in April of this year. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those who have been waiting more than 52 weeks. Activity continues to be restricted due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan with the aim of achieving more than 100% of pre-COVID activity by March 2022.

Diagnostics

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

100%**90.6%**

Performance improved in May with 93.5% waiting less than 6 weeks but was under pressure again in June decreasing to 90.6% although this compares favourably to 51.4% in July 2020. At the end of June, the waiting list was 11% higher than at the end of July 2020 with the most significant increase being in waits for imaging. There has been a significant increase in referrals for CT and Ultrasound and particular pressures from unscheduled care activity which along with staffing difficulties have caused routine waits for these modalities to increase in the last month. Particular attention continues to be focused on urgent and urgent suspicious of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.

Cancer 62-Day RTT

95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral

95%**82.1%**

June continued to see challenges in the 62-day performance. An increase in referrals along with consultant annual leave impacted on the Breast service, while delay to referral to CNS and routine staging and investigations resulted in a number of other breaches. Prostate breaches continue to be seen but overall, the pathway has significantly shortened. The range of breaches were 2 to 37 days, with an average breach time of 13 days.

FOI Requests

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

85%**91.2%**

There were 35 FOI requests closed in June, 4 of which were late, so compliance remained above target. There are currently 76 active FOI Requests.

EDG review and sign off of the new Publication Scheme is complete.

Due to staff turnover in the FOI Role, the Information Governance and Security Advisors have been made aware of some data quality issues which are being investigated.

Delayed Discharges

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

5%**9.7%**

The number of bed days lost due to patients in delay rose sharply in April and has remained well above the target 5%. The latest data indicates that there is a continued disruptive impact on NHS Fife and the H&SCP due to the pandemic. Increased hospital activity over the recent months has resulted in people requiring care and support before being safely discharged. There are also compounding factors such as staff absences/annual leave resulting in people waiting longer than normal for health & social care services. Bed days occupied by Code 9 (51X) patients, while not counted in the IPQR measure, accounts for approximately 35-40% of beds days lost.

Smoking Cessation

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

473**25**

Service provision has continued to be delivered remotely by phone and Near Me appointments. Staffing levels are improving, 6 new staff members recruited, with 5 in post and undergoing local training (due to lack of availability of usual national training). Midwife led service staff have returned from deployment/long term absence and are back to full capacity. Plans to remobilise face to face provision have started, but this is in early planning and development and requires an assessment of available venues which initially had been positive but due to increasing COVID cases has been paused. A current challenge and potential risk to LDP Target is that we have received an alert from Pfizer UK warning of a supply shortage of Champix (varenicline tartrate) across all doses and presentations which looks set to continue for several weeks. Until supplies of Champix can resume, we are using alternative treatment

| | | Target | Current |
|---|--|--------|---------|
| options for new patients. We are working with community pharmacies to assess available stock to manage those currently on a course of Champix treatment. | | | |
| CAMHS Waiting Times | 90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral | 90% | 79.5% |
| Due to the majority of the workforce continuing to target those requiring urgent and priority interventions, RTT has remained in the high 70%. Failure to recruit additional staffing to address capacity alongside the resignation of those recently recruited for longest wait work has meant that the trajectory to achieve the RTT and reduction of longest waits over 18 weeks will not be achieved within the time period specified (June 2022). Recalculation, dependent on recruitment by end of September 2021, projects that the target will be achieved by October 2022. Contingencies have been put in place to deploy specific professional groups (Psychology) to work on the longest waits to ensure progress to date is maintained and vacant posts continue to be re-advertised. | | | |
| Psychological Therapies | 90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral | 90% | 82.6% |
| Referrals continue to rise but despite the increase in activity levels, there has been little change in overall numbers waiting since April. There has however been a reduction in the longest waits, with 155 fewer people waiting over 53 weeks in June compared to April. Recruitment to new posts (and current vacancies) is underway but it is too early as yet to see the impact of this increased resource. Some group work also remains suspended (awaiting a return to in-person delivery) which continues to negatively impact capacity. | | | |

e. Assessment (cont.) – Finance

| | | Target | Current |
|--|--|-------------------|------------------|
| Revenue Expenditure | <i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i> | (£13.822m) | (£6.109m) |
| <p><u>Month 3 financial position</u></p> <p>The revenue position for the 3 months to 30 June reflects an overspend of £6.109m. This comprises a run rate overspend position of £1.790m; unmet core savings of £0.905m (to be delivered over the remaining months of the year); and underlying unachieved 'long Covid' savings of £3.414m.</p> <p>The total capital resource limit for 2021/22 is £27.335m. The capital position for the 3 months to June shows spend of £3.022m.</p> | | | |
| Capital Expenditure | <i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i> | £27.335m | £3.022m |
| <p>The overall anticipated capital budget for 2021/22 is £27.335m. The capital position for the period to June records spend of £3.022m. Therefore, 11.06% of the anticipated total capital allocation has been spent to M3.</p> | | | |

e. Assessment (cont.) – Staff Governance

| | | Target | Current |
|---|---|--------------|--------------|
| Sickness Absence | <i>To achieve a sickness absence rate of 4% or less</i> | 3.89% | 6.17% |
| <p>The sickness absence rate in June was 6.17%, an increase of 0.86% from May. The aggregated rate for COVID-19 related special leave, as a percentage of available contracted hours, was 1.1%.</p> | | | |

II. Performance Exception Reports

Clinical Governance

| | |
|----------------------------------|----|
| Adverse Events (Major & Extreme) | 10 |
| HSMR | 11 |
| Inpatient Falls (With Harm) | 12 |
| Pressure Ulcers | 13 |
| Caesarean Section SSI | 14 |
| SAB (HAI/HCAI) | 15 |
| C Diff (HAI/HCAI) | 16 |
| ECB (HAI/HCAI) | 17 |
| Complaints (Stage 2) | 18 |

Finance, Performance & Resources: Operational Performance

| | |
|--|----|
| 4-Hour Emergency Access | 19 |
| Patient Treatment Time Guarantee (TTG) | 20 |
| New Outpatients | 21 |
| Diagnostics | 22 |
| Cancer 62-day Referral to Treatment | 23 |
| Freedom of Information (FOI) Requests | 24 |
| Delayed Discharges | 25 |
| Smoking Cessation | 26 |
| CAMHS 18 Weeks Referral to Treatment | 27 |
| Psychological Therapies 18 Weeks Referral to Treatment | 28 |

Finance, Performance & Resources: Finance

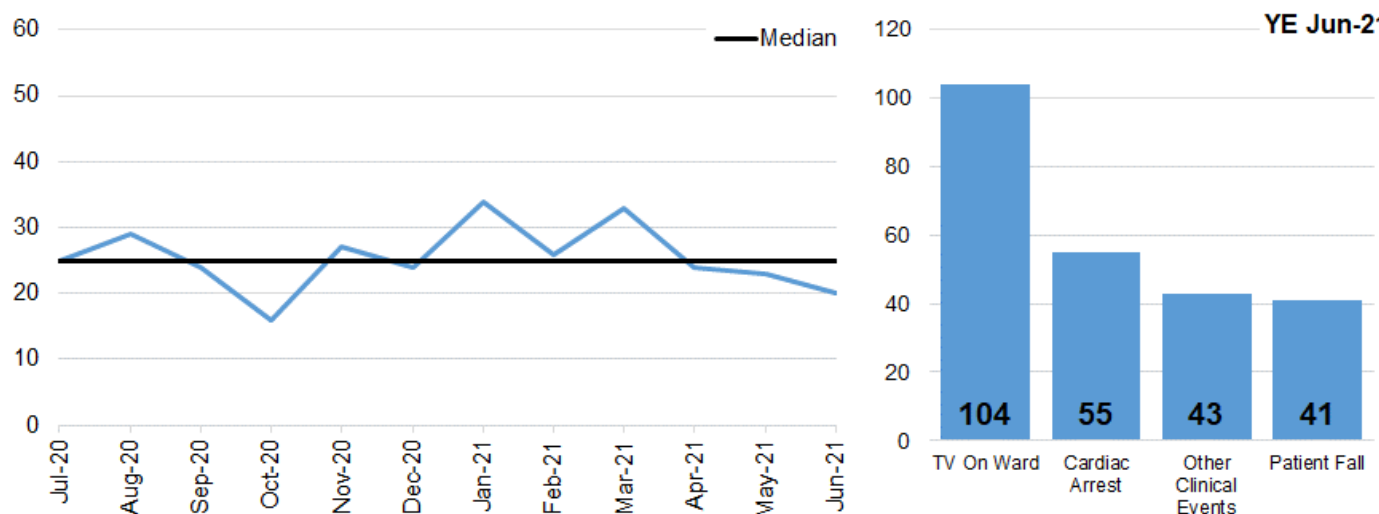
| | |
|---------------------|----|
| Revenue Expenditure | 29 |
| Capital Expenditure | 41 |

Staff Governance

| | |
|------------------|----|
| Sickness Absence | 44 |
|------------------|----|

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

| | Month | 2020/21 | | | | | | | | | | 2021/22 | |
|----------|----------------|---------|------|------|------|------|------|------|------|------|------|---------|------|
| | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| ALL | NHS Fife | 1329 | 1240 | 1288 | 1340 | 1305 | 1249 | 1288 | 1210 | 1363 | 1349 | 1366 | 1318 |
| | Acute Services | 562 | 503 | 607 | 558 | 639 | 603 | 573 | 531 | 630 | 590 | 643 | 588 |
| | HSCP | 729 | 695 | 639 | 748 | 635 | 619 | 694 | 653 | 706 | 720 | 681 | 684 |
| | Corporate | 38 | 42 | 42 | 34 | 31 | 27 | 21 | 26 | 27 | 39 | 42 | 46 |
| CLINICAL | NHS Fife | 909 | 834 | 925 | 903 | 953 | 928 | 904 | 855 | 952 | 928 | 1006 | 907 |
| | Acute Services | 516 | 466 | 559 | 509 | 595 | 560 | 534 | 495 | 588 | 543 | 594 | 530 |
| | HSCP | 372 | 352 | 348 | 378 | 341 | 358 | 359 | 346 | 351 | 367 | 388 | 357 |
| | Corporate | 21 | 16 | 18 | 16 | 17 | 10 | 11 | 14 | 13 | 18 | 24 | 20 |

Commentary

Levels of reporting remain consistent across the organisation, with normal variation.

There has been a sustained reduction in reported major or extreme events in the last quarter, and the number of reported cardiac arrest events is at its lowest since August 2020.

The reported number of tissue viability events (pressure ulcers developing on ward) has increased, and there are systems in place to monitor, review and respond appropriately.

Specific activities are as follows:

- Baseline mapping of the current Adverse Events process is complete
- A Short Life Working Group (SLWG) will start work in September, the aim being to agree future state, capture in a refreshed policy and process, and develop plans for education, training and communication by October
- New policy will be submitted through governance structures in November
- Support from Professor Paul Bowie, NHS Education for Scotland has been secured to support and review the work outlined above
- Funding for 12 months has been agreed to support a secondment for a Lead for Adverse Events which will provide the leadership and focus to take this work forward; interviews are scheduled for mid-August

HSMR

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

Reporting Period; April 2020 to March 2021^P

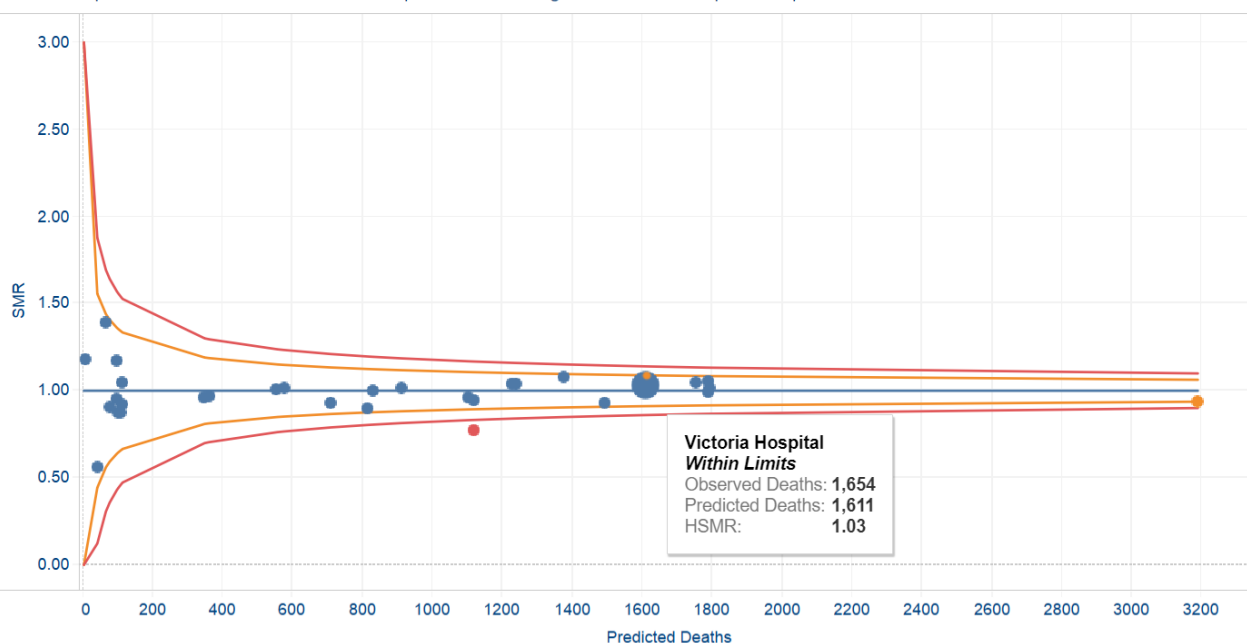
Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

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

| Location | HSMR |
|-------------------|------|
| Scotland | 1.00 |
| NHS Fife | 1.02 |
| Victoria Hospital | 1.03 |

HSMR by Scotland: April 2020 to March 2021

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



Commentary

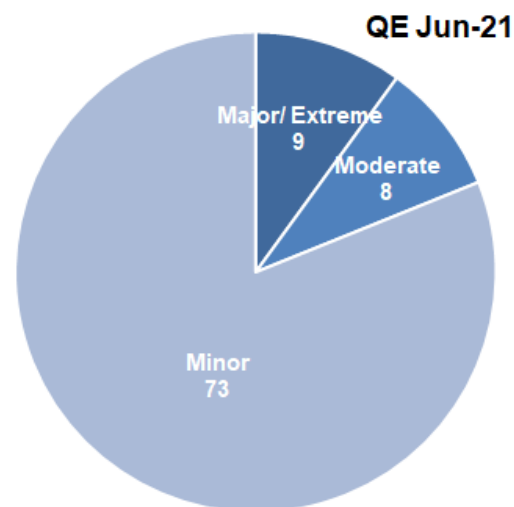
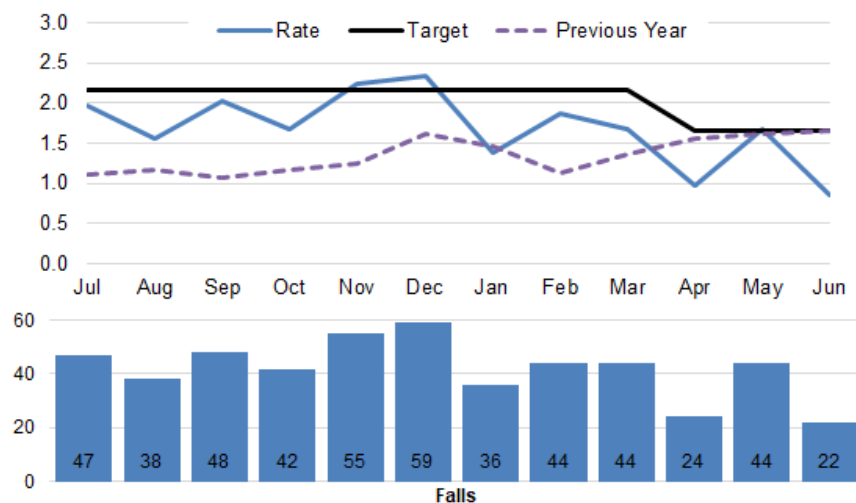
The HSMR for NHS Fife has remained slightly above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending March 2021 produced a ratio of 1.02 9wht VHK alone being 1.03).

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 | | |
|-----------|----------------|---------|------|------|------|------|------|------|------|------|---------|------|------|
| | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| With Harm | NHS Fife | 1.98 | 1.56 | 2.03 | 1.68 | 2.24 | 2.35 | 1.39 | 1.87 | 1.68 | 0.98 | 1.68 | 0.86 |
| | Acute Services | 1.18 | 1.08 | 1.37 | 1.11 | 1.54 | 1.67 | 1.24 | 1.18 | 0.98 | 0.35 | 0.88 | 0.41 |
| | HSCP | 2.67 | 1.96 | 2.62 | 2.17 | 2.88 | 2.96 | 1.53 | 2.47 | 2.29 | 1.54 | 2.40 | 1.27 |

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing
- 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 Nov-21

A new national driver diagram and measurement package are about to be finalised and have been tested in four boards across Scotland in May and June. This has not been concluded as yet and is now expected in the autumn. On completion, NHS Fife documentation will be reviewed (October) and an audit will then follow (October/November).

20.5 Improve effectiveness of Falls Champion Network

By Oct-21

This work has been significantly delayed and opportunities to refresh are further hampered with workforce challenges. This will continue to be an area of focus for the group

21.2 Falls Reduction Initiative

By Sep-21

A Falls Reduction Initiative has taken place in three Mental Health Inpatient wards. QI work commenced in early March with support from CCGT and ongoing tests of change were implemented. Early indication has highlighted that falls have decreased and work will now take place to ensure improved sustainability. The improvement team meet fortnightly to review ongoing tests of change and we continue to evaluate and review the weekly quality data to inform decisions and strategy. A review of outcomes will take place in September.

21.3 Integrated Improvement Collaborative

By Jan-22
(interim report Nov-21)

A Collaborative involving three community inpatient wards was introduced last September but was paused as a result of COVID. The work will now continue until January 2022. A further two wards are participating in the collaborative with the main focus being on reducing patient falls, and identifying further improvement interventions for reducing medication incidents and hospital acquired pressure ulcers.

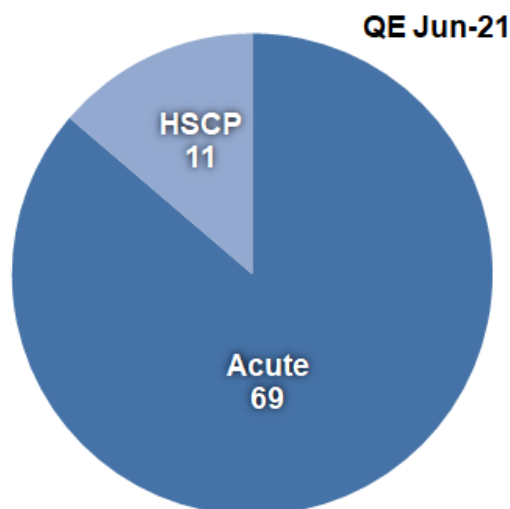
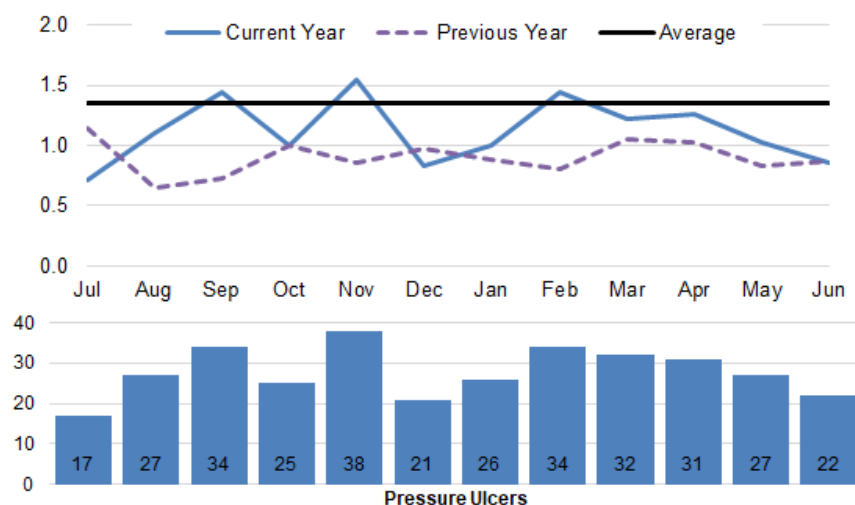
Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting

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

NOTE: CURRENTLY USING THE PREVIOUS TARGET TO CALCULATE RAG STATUS

Local Performance



Performance by Service Area

| | | 2020/21 | | | | | | | | | 2021/22 | | |
|--------------|----------------|---------|------|------|------|------|------|------|------|------|---------|------|------|
| | | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| Grade 2 to 4 | NHS Fife | 0.71 | 1.11 | 1.44 | 1.00 | 1.55 | 0.83 | 1.00 | 1.44 | 1.22 | 1.26 | 1.03 | 0.86 |
| | Acute Services | 1.18 | 1.98 | 2.73 | 1.20 | 2.39 | 1.17 | 2.06 | 2.18 | 2.12 | 2.42 | 1.68 | 1.66 |
| | HSCP | 0.31 | 0.38 | 0.32 | 0.82 | 0.78 | 0.53 | 0.07 | 0.80 | 0.43 | 0.23 | 0.44 | 0.15 |

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

Action Complete June 2021

21.3 Implementation of robust audit programme for audit of documentation

Action Complete June 2021

22.1 Improvement Collaboratives

By Jan-22

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. This work is also aligned to the current Improvement Collaborative across five community inpatient wards. The Improvement Collaborative work is currently under review with the aim of reflecting and establishing SMART objectives for the near future to ensure improvement targets are met.

22.2 Community Nursing QI Work

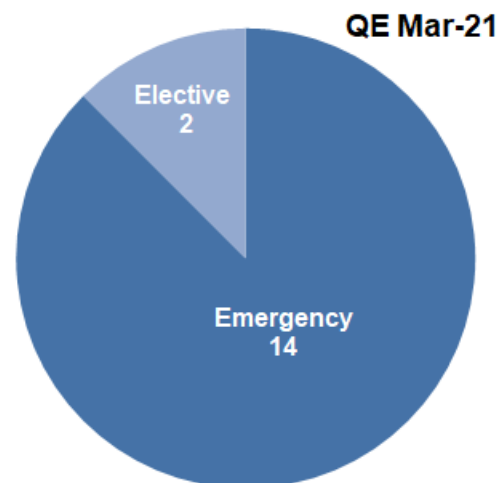
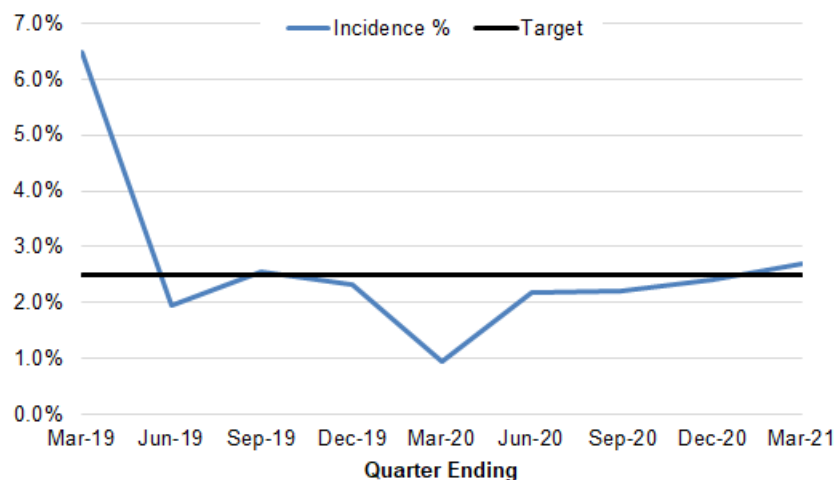
By Sep-21

In response to rising community acquired pressure ulcers, one area within Fife HSCP community nursing teams has implemented a focused piece of work involving a number of improvement initiatives including monthly documentation audit of the MORSE records, targeted education and training for registered staff, group work and revitalising the daily safety huddle to highlight patients at risk. To complement this work, the team have adopted a “back to basics” approach, in order to ensure that all relevant skin and risk assessments are completed, and this is having a positive impact on patient outcomes. Patients at risk or with existing pressure ulcers are discussed at handovers and locality safety huddles and all patients admitted to the service will receive information about prevention and management of pressure ulcers – timescale for implementation is September.

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 instructed/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.

Recent national discussions have been held with ARHAI Scotland, due to the third wave of COVID-19, but there is still no date for resuming the national SSI surveillance programme.

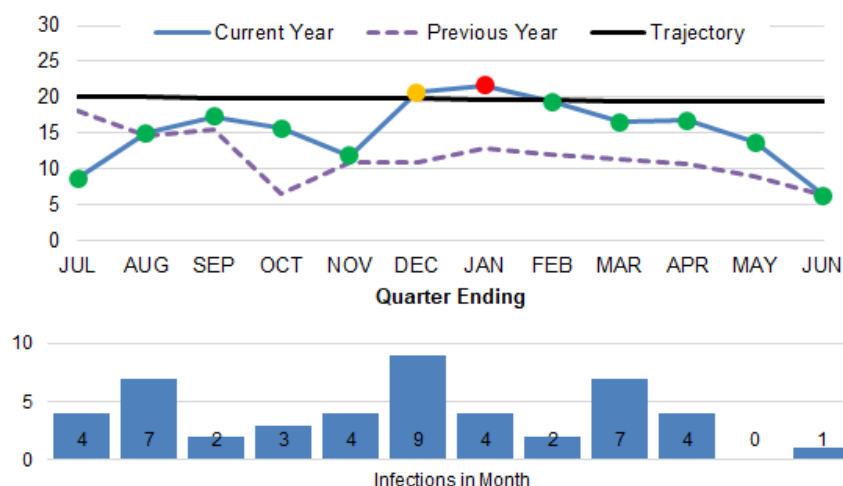
On resumption of the C-section SSI surveillance programme, the IPCT will review the surveillance methodology to capture any practice/patient pathway changes due to the pandemic response and/or any alterations to the case definition. This will ensure that the surveillance methodology remains the most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

The IPCT have updated the C-section SSI training presentation, and maternity induction training on the surveillance methodology and SSI case definitions was delivered by Dr Hadoura in August.

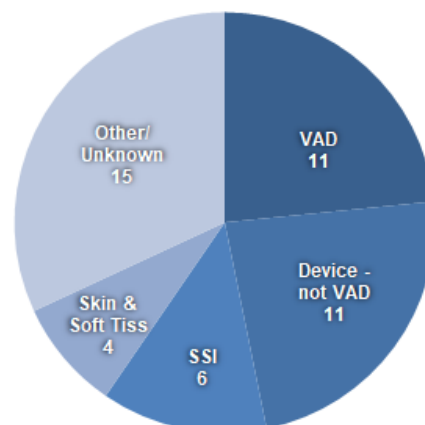
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Jun-21



National Benchmarking

| Quarter Ending | 2019/20 | | | 2020/21 | | | |
|----------------|---------|------|------|---------|------|------|------|
| | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 15.5 | 10.9 | 12.5 | 6.3 | 18.7 | 20.6 | 17.8 |
| Scotland | 17.5 | 15.2 | 16.3 | 20.3 | 17.3 | 18.9 | 18.4 |

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 |
| 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 in May. The Addiction outreach team "We are With You" is available to support PWID. | |
| The rollout of PGDs for non-medical prescribing of antibiotics by ANPs was planned for July, while the IPCT are providing updated wound care training for ANPs. | |
| 20.2 Ongoing surveillance of all VAD-related infections | By Mar-22 |
| 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. | |
| 20.3 Ongoing surveillance of all CAUTI | By Mar-22 |
| 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 July. | |
| This Quality Improvement group is contributed to by the ECB data. | |
| 20.4 Optimise comms with all clinical teams in ASD & the HSCP | By Mar-22 |
| 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. | |
| 22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters | By Mar-22 |
| 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. | |

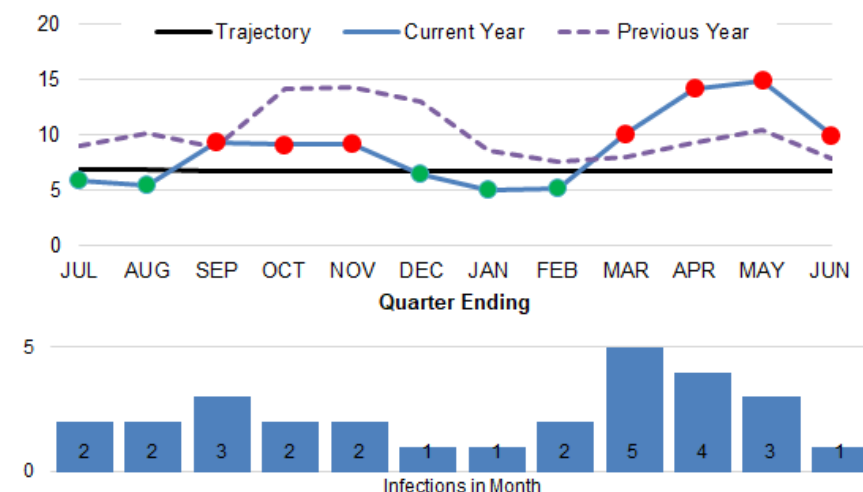
CLINICAL GOVERNANCE

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.

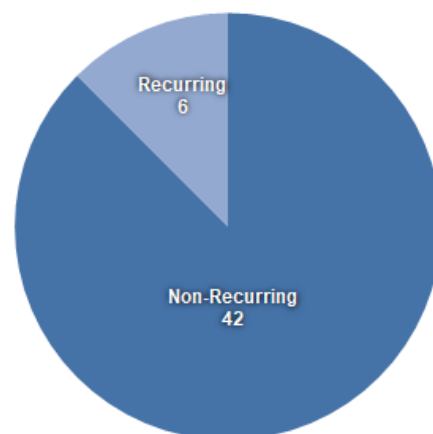
C Diff (HAI/HCAI)

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 Jun-21



National Benchmarking

| Quarter Ending | 2019/20 | | | 2020/21 | | | |
|----------------|---------|------|------|---------|------|------|------|
| | Sep | Dec | Mar | Jun | Sep | Dec | |
| NHS Fife | 8.9 | 13.1 | 8.0 | 7.9 | 9.3 | 7.7 | 14.0 |
| Scotland | 13.7 | 15.1 | 13.6 | 15.4 | 17.4 | 16.4 | 15.6 |

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.

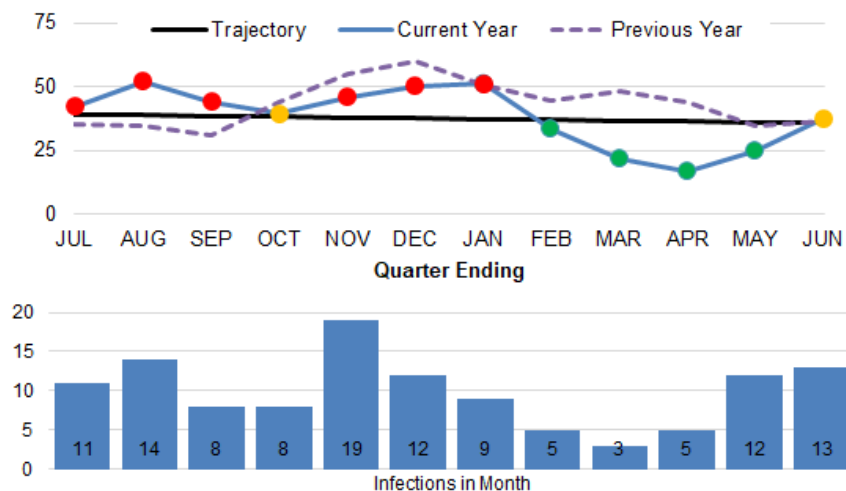
ICN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.

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

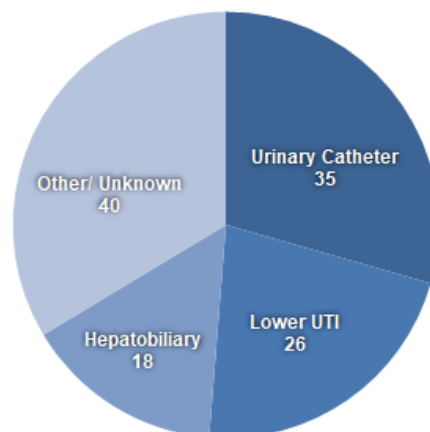
ECB (HAI/HCAI)

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 Jun-21



National Benchmarking

| Quarter Ending | 2019/20 | | | 2020/21 | | | |
|----------------|---------|------|------|---------|------|------|------|
| | Sep | Dec | Mar | Jun | Sep | Dec | Mar |
| NHS Fife | 31.0 | 60.0 | 47.9 | 36.4 | 45.3 | 50.3 | 21.6 |
| Scotland | 40.3 | 40.8 | 36.4 | 39.7 | 42.0 | 40.9 | 34.7 |

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

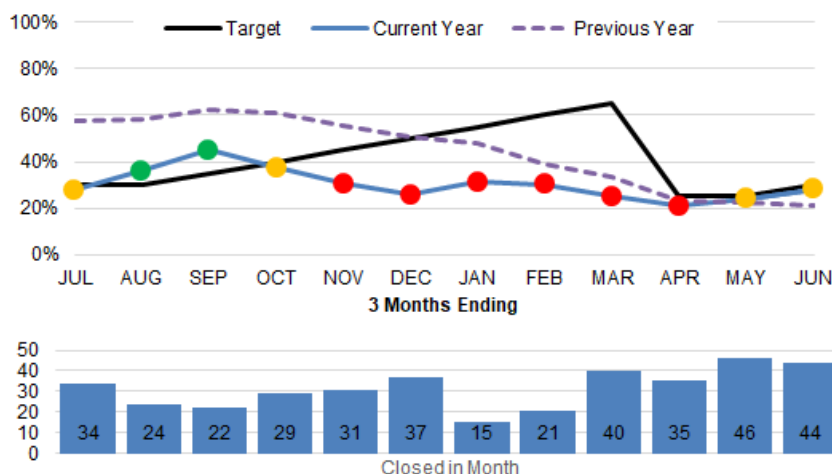
IMPROVEMENT ACTIONS

| | |
|---|------------------|
| 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 undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding & learning. Consideration has been proposed to the ICC for all catheter associated ECB (including without trauma) to be DATIX'd for a LAER to be undertaken by the patients clinical team. | |
| 20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG) | By Mar-22 |
| The UCIG meeting last met in July. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves a GP practice, the district nursing service and staff in both private and NHS care homes. | |

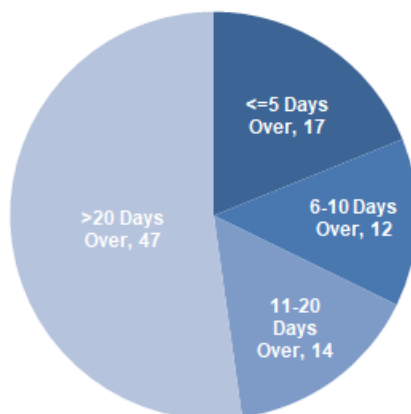
Complaints | Stage 2

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

Local Performance



Closure Breaches; QE Jun-21



Performance by Service Area

| 3-Month Ending | 2020/21 | | | | | | | | | 2021/22 | | |
|-------------------------|---------|--------|-------|-------|--------|--------|-------|-------|-------|---------|-------|--------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| NHS Fife | 27.8% | 36.1% | 45.0% | 37.3% | 30.5% | 25.8% | 31.3% | 30.1% | 25.0% | 20.8% | 24.0% | 28.0% |
| Ack <= 3 Days (Monthly) | 97.1% | 100.0% | 95.5% | 93.1% | 100.0% | 100.0% | 93.3% | 95.2% | 95.0% | 100.0% | 93.5% | 100.0% |
| ASD | 35.9% | 44.1% | 52.8% | 39.6% | 34.0% | 30.5% | 36.5% | 34.0% | 17.5% | 14.5% | 15.5% | 22.5% |
| HSCP | 14.3% | 20.6% | 26.1% | 26.1% | 15.4% | 13.9% | 20.0% | 18.2% | 50.0% | 38.1% | 48.3% | 31.4% |

KEY CHALLENGE(S) IN 2021/22

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

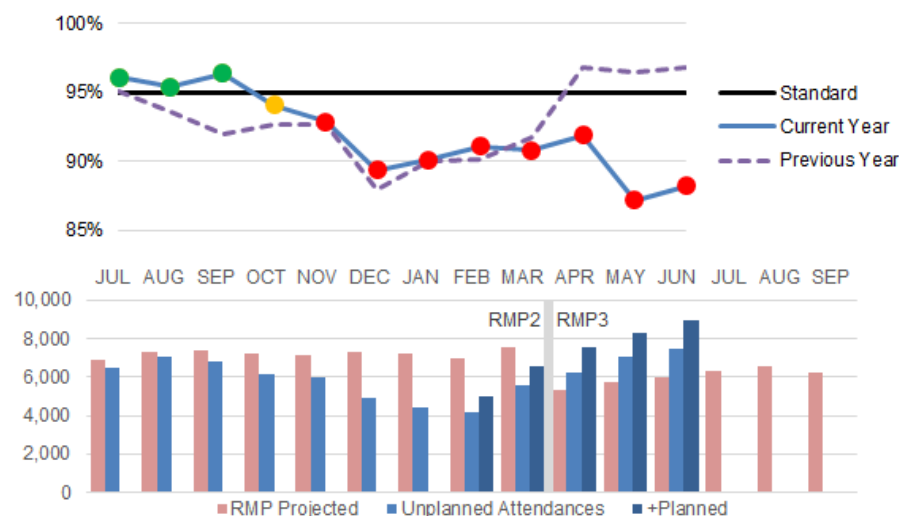
IMPROVEMENT ACTIONS

| 22.1 Review complaint handling process and agree measures to ensure quality | By Dec-21 |
|---|-----------|
| <p>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.</p> <p>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.</p> | |
| 22.2 Improve education of complaint handling | By Dec-21 |
| <p>This will be by the delivery of education programmes at induction and bespoke training sessions across the Clinical Services.</p> <p>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 took place in May and June, and the aim is that this will continue throughout the remainder of 2021.</p> | |

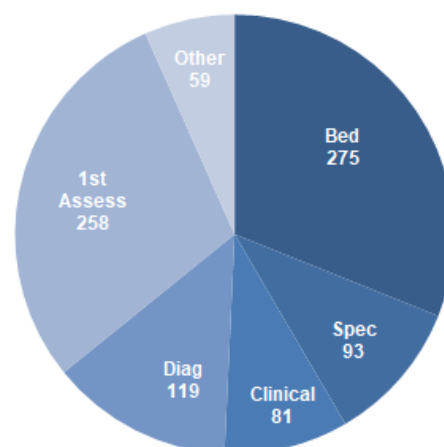
4-Hour Emergency Access

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; Jun-21



National Benchmarking

| Month | 2020/21 | | | | | | 2021/22 | | | | | |
|----------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 96.1% | 95.4% | 96.4% | 94.1% | 92.9% | 89.4% | 90.1% | 91.1% | 90.8% | 91.9% | 87.2% | 88.2% |
| Scotland | 95.1% | 92.9% | 92.1% | 89.6% | 89.8% | 86.4% | 86.0% | 86.2% | 88.5% | 88.7% | 87.2% | 85.0% |

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

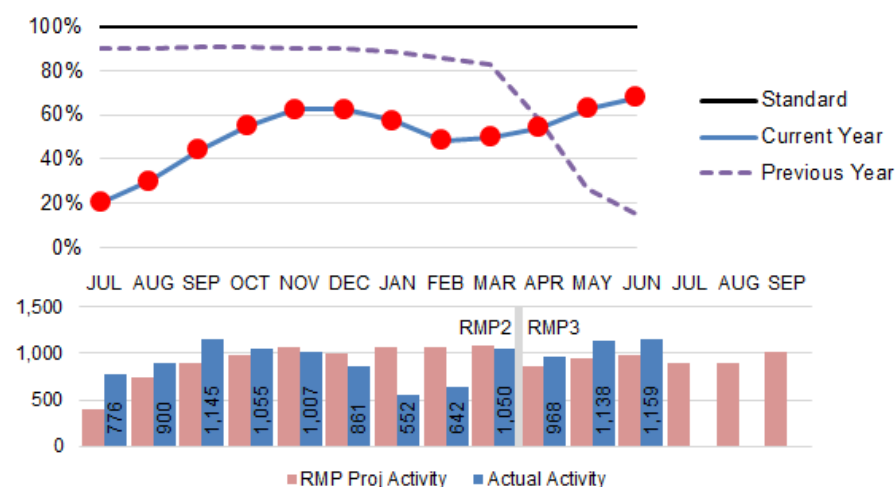
IMPROVEMENT ACTIONS

| | |
|--|------------------|
| 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 though 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. | |

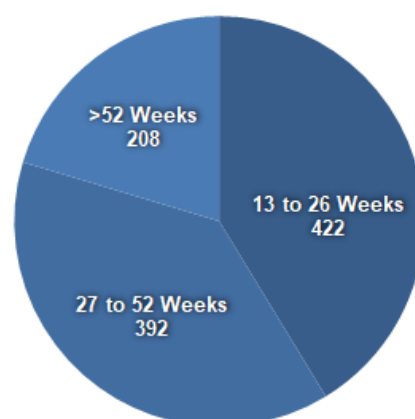
Patient TTG

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

Local Performance



Breaches Breakdown Jun-21



National Benchmarking

| | 2020/21 | | | | | | | | | 2021/22 | | |
|----------|---------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 20.2% | 30.0% | 44.1% | 54.9% | 62.3% | 62.3% | 57.4% | 48.6% | 49.7% | 54.1% | 62.7% | 67.9% |
| Scotland | 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

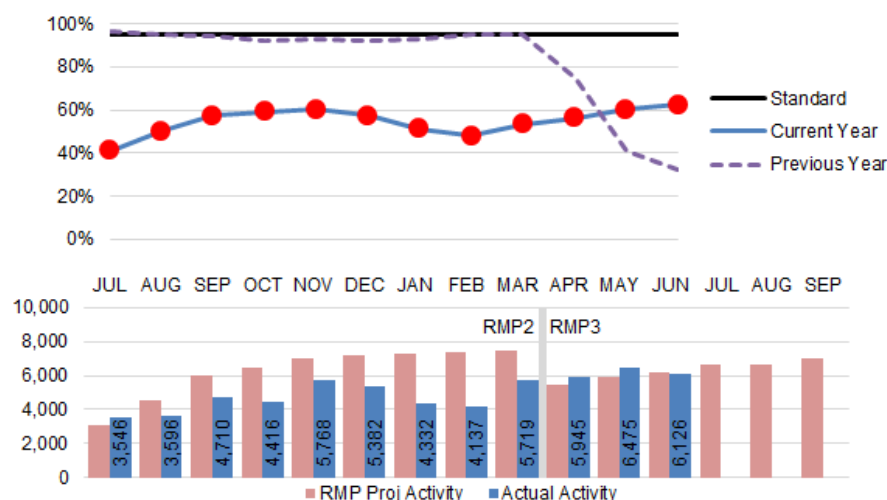
IMPROVEMENT ACTIONS

| | |
|--|------------------|
| 22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September | By Sep-21 |
| Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway | |
| 22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling | By Mar-22 |
| Options appraisal to support a digital solution is being finalised prior to publication | |
| 22.3 Undertake waiting list validation against agreed criteria | By Sep-21 |
| Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly | |

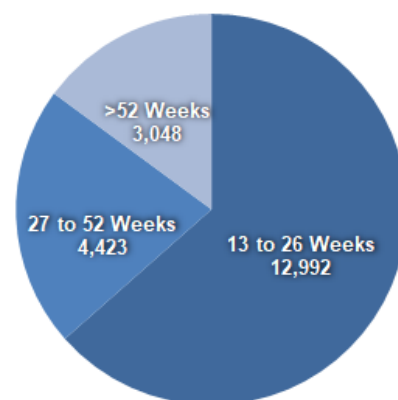
New Outpatients

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

Local Performance



Breaches Breakdown Jun-21



National Benchmarking

| | 2020/21 | | | | | | 2021/22 | | | | | |
|----------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 41.1% | 50.0% | 57.4% | 59.3% | 60.3% | 57.5% | 51.2% | 48.0% | 53.4% | 56.4% | 60.3% | 62.4% |
| Scotland | | | 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

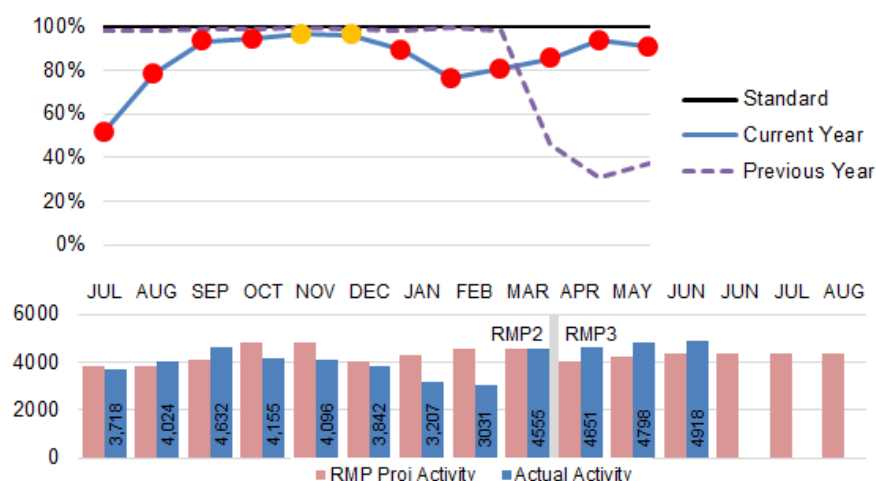
IMPROVEMENT ACTIONS

| | |
|--|------------------|
| 22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September | By Sep-21 |
| Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway | |
| 22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity | By Mar-22 |
| 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 | |
| 22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement | By Sep-21 |
| Remodelling work complete and shared with clinic staff, awaiting further guidance to be issued | |

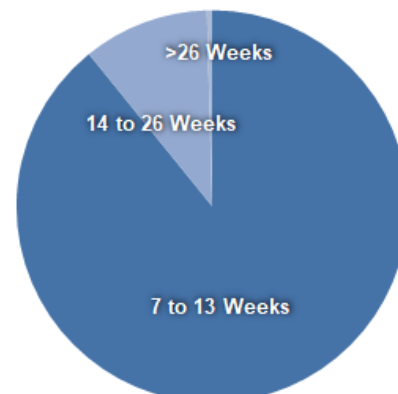
Diagnostics Waiting Times

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

Local Performance



Breach Breakdown Jun-21



National Benchmarking

| 2020/21 | | | | | | | | | | 2021/22 | | |
|----------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 51.4% | 78.3% | 93.1% | 94.3% | 96.5% | 95.9% | 89.2% | 76.2% | 80.6% | 85.3% | 93.5% | 90.6% |
| Scotland | 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

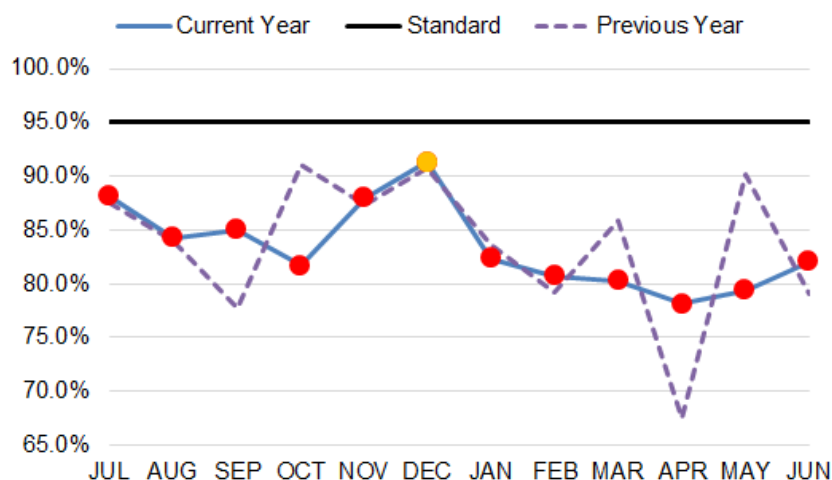
IMPROVEMENT ACTIONS

| | |
|--|------------------|
| 22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September | By Sep-21 |
| Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review of deliverables underway | |
| 22.2 Explore implementation of point of care testing in endoscopy | By Mar-22 |
| Testing platform chosen, governance processes to support implementation underway | |
| 22.3 Actively promote and support staff wellbeing initiatives within the acute division | By Mar-22 |
| Directorates promoting and supporting initiatives | |

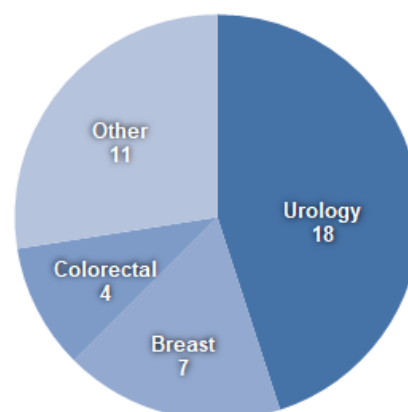
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: Apr to Jun 21



National Benchmarking

| Month | 2020/21 | | | | | | | | | 2021/22 | | |
|----------|---------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 88.2% | 84.3% | 85.0% | 81.7% | 88.0% | 91.3% | 82.4% | 80.7% | 80.3% | 78.1% | 79.4% | 82.1% |
| Scotland | 87.1% | 86.6% | 86.5% | 84.9% | 84.8% | 85.3% | 81.6% | 81.9% | 83.0% | 84.5% | 83.0% | 83.6% |

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

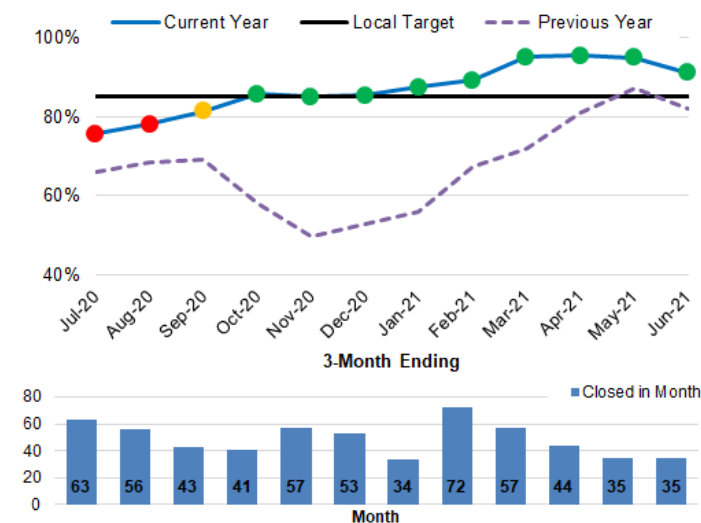
IMPROVEMENT ACTIONS

| | |
|---|------------------|
| 20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points | By Mar-22 |
| 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 Oct-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 will be completed by September. The recommendations from the review will be addressed as part of the improvement process. | |

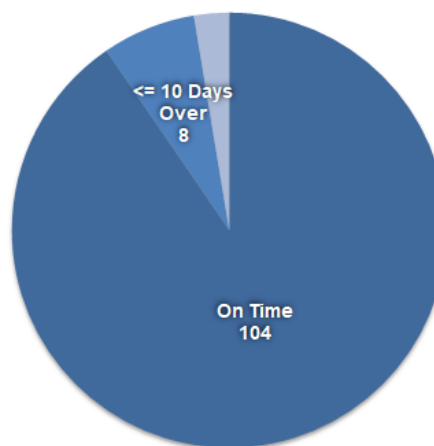
Freedom of Information Requests

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

Local Performance



Closure Period, QE Jun-21



Performance by Service Area

| Monthly | 2020/21 | | | | | | | | | 2021/22 | | |
|--------------|---------|-------|-------|-------|-------|-------|-------|-------|--------|---------|--------|--------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| Health Board | 72.0% | 93.6% | 82.1% | 96.8% | 87.5% | 93.5% | 93.5% | 91.0% | 100.0% | 94.7% | 84.4% | 90.3% |
| IJB | 84.6% | 66.7% | 75.0% | 50.0% | 88.9% | 14.3% | 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 | Complete |
| The revised Model Publications Scheme has been signed off after review by EDG | |
| 21.2 Improve communications relating to FOISA work | By Dec-21 |

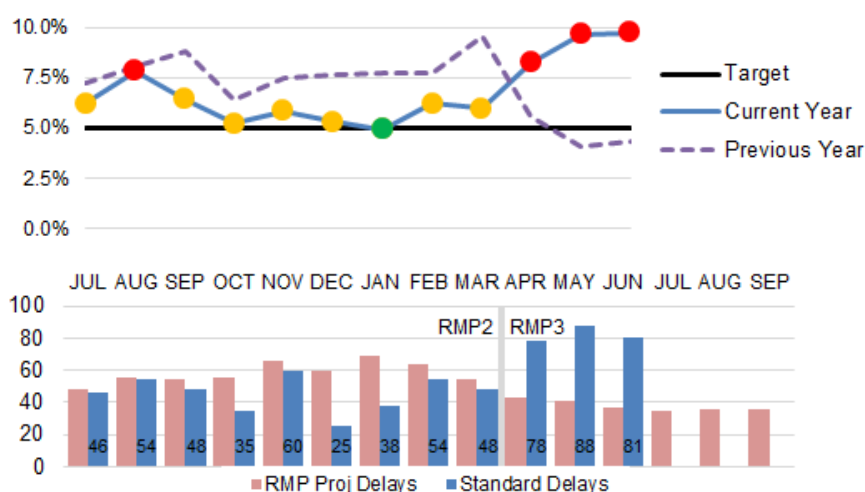
The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office has commended the work NHS Fife has undertaken so far to remedy the Board's previous low level of FOISA compliance.

FOI Training in both AXLR8 and legislation was undertaken by the FOI Officer which can be evidenced in the overall compliance within the organisation.

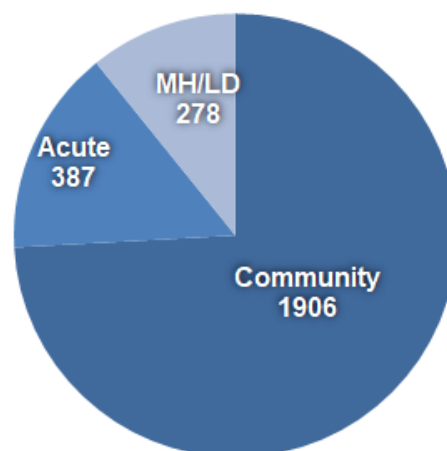
Delayed Discharges (Bed Days Lost)

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 | Jun-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

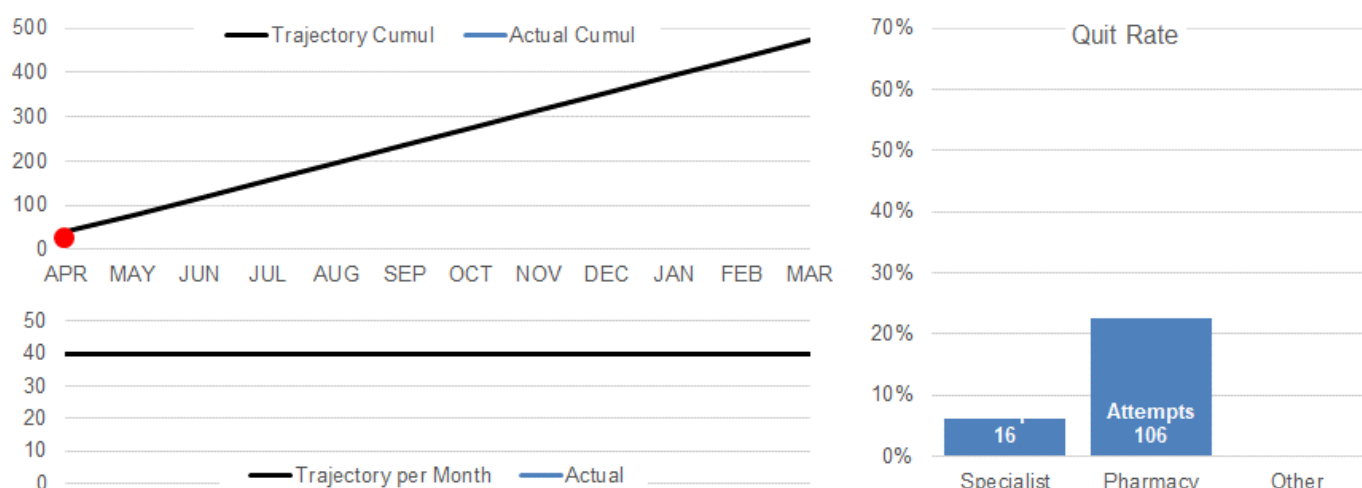
IMPROVEMENT ACTIONS

| | |
|---|------------------|
| 21.1 Progress HomeFirst model / Develop a 'Home First' Strategy | By Dec-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. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and sub groups. | |
| 22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals | Complete |
| The Moving On Leaflet has been circulated to Clinical Nurse Managers (VHK) for onward distribution | |
| 22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community | By Dec-21 |
| An SBAR was submitted to the Senior leadership Team in August, amendments have been requested and the TOC will start in September, running for 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

| | | 2021/22 | | | | | | | | | | | |
|----------|------------------|---------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR |
| NHS Fife | Actual | 25 | | | | | | | | | | | |
| | Actual Cumul | 25 | | | | | | | | | | | |
| | Trajectory Cumul | 40 | 79 | 118 | 158 | 197 | 236 | 276 | 315 | 354 | 394 | 434 | 473 |
| | Achieved | 62.5% | | | | | | | | | | | |
| 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

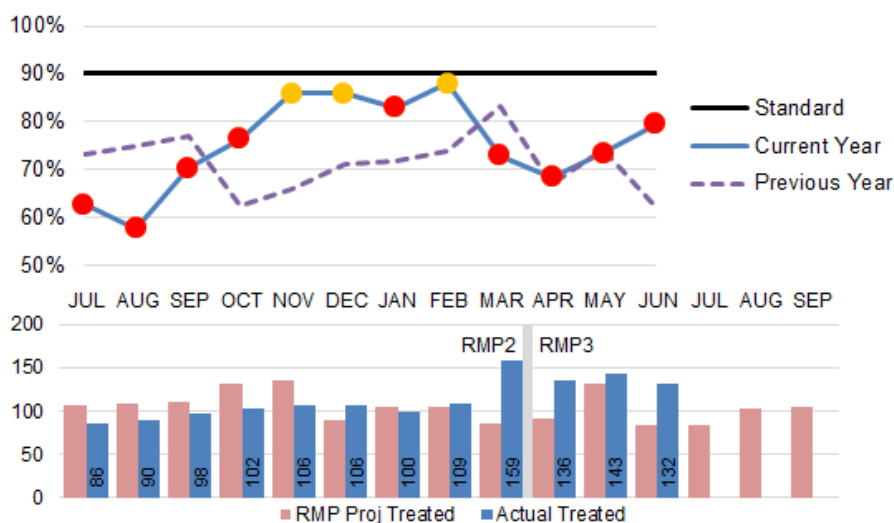
IMPROVEMENT ACTIONS

| | |
|--|-----------|
| 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 | Complete |
| 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. At point of contact all clients are being asked about Near Me appointments, with a slight increase in uptake. | |
| 21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative | By Sep-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 rehabilitation patients have engaged with the service. | |

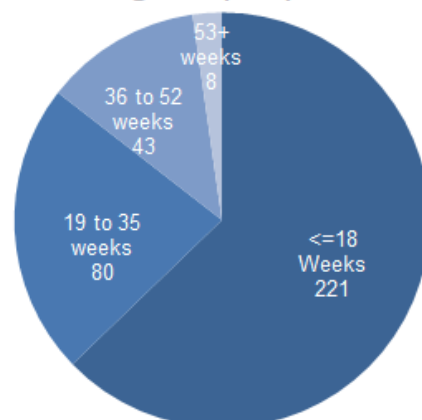
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (317) Jun-21



National Benchmarking

| Month | 2020/21 | | | | | | | | | 2020/21 | | |
|----------|---------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 62.8% | 57.8% | 70.4% | 76.5% | 85.8% | 85.8% | 83.0% | 88.1% | 73.0% | 68.4% | 73.4% | 79.5% |
| Scotland | 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

Complete

Alternative delivery models of group therapy have been designed with Decider Skills Training 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 has resulted in phased roll-out across Fife CAMHS dependent on staffing availability and suitable environments.

21.3 Build CAMHS Urgent Response Team

By Oct-21

The plan to develop a CURT in 2020 was postponed due to the COVID-19 position. Redesign has been incrementally introduced since March 2021 and a model has been implemented that prioritises responsiveness, increases the clinical remit and extends the age range of the previous Self Harm Service. An increase in staffing compliment seeks to allow the consolidation of the CURT model through ensuring adequate staffing capacity to meet increasing demand.

22.1 Recruitment of Additional Workforce

By Dec-21

Investment from Fife HSCP has resulted in resources being made available to recruit additional permanent (8) and temporary (3) staff. To date, 4 permanent staff and 2 temporary staff have been appointed, with the permanent staff starting incrementally from 23/08/21. Vacant posts continue to be advertised and review of banding is underway. SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and Phase 2 recruitment will follow the completion of a Gap analysis against the national specification. 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

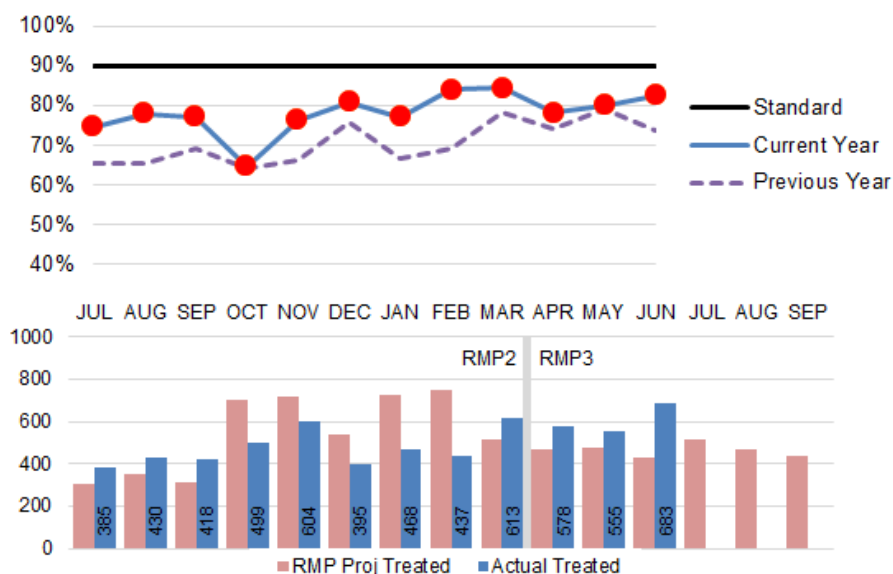
By Dec-21

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 SG CAMHS National Service Specification. A Training programme for new and existing staff is being developed, and a training needs analysis will be re-run to ensure the right skills and competencies exist in the range of teams across CAMHS.

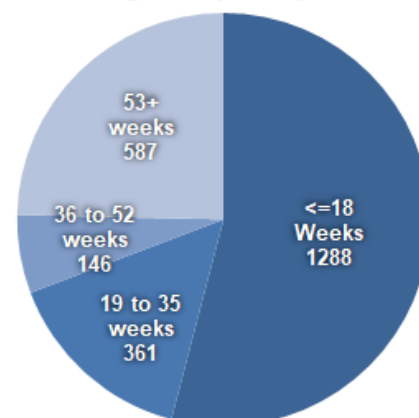
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2382) Jun-21



National Benchmarking

| Month | 2020/21 | | | | | | | | | 2021/22 | | |
|----------|---------|-------|-------|-------|-------|-------|-------|-------|-------|---------|-------|-------|
| | JUL | AUG | SEP | OCT | NOV | DEC | JAN | FEB | MAR | APR | MAY | JUN |
| NHS Fife | 74.5% | 77.9% | 77.0% | 64.7% | 76.3% | 80.8% | 77.1% | 84.0% | 84.3% | 78.2% | 80.0% | 82.6% |
| Scotland | 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

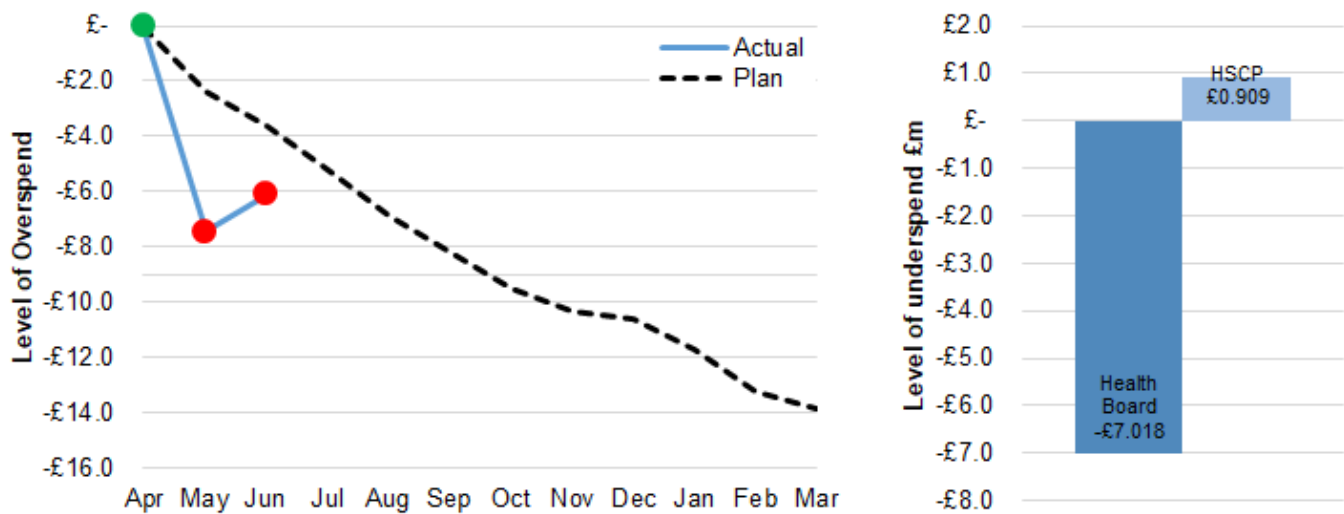
IMPROVEMENT ACTIONS

| | |
|---|------------------|
| 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 Oct-21 |
| Recruitment of staff complete. Roll out of service across Fife, in progress. | |
| 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 | Variance £'000 | Variance % | Run Rate £'000 | Savings £'000 |
| Health Board | 444,385 | 471,356 | 116,688 | -7,018 | -6.01% | -2,699 | -4,319 |
| Integration Joint Board (Health) | 357,655 | 358,014 | 88,019 | 909 | 1.03% | 909 | 0 |
| Risk Share | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 |
| Total | 802,040 | 829,370 | 204,707 | -6,109 | -2.98% | -1,790 | -4,319 |

Assessment

The financial position for 2021/22 has a number of significant areas of challenge. A formal Quarter 1 Review of the year to date and forecast position has been completed. This will be assessed through the Scottish Government formal Quarter 1 review process. A full report on the Quarter 1 Review and the outcome of discussions with Scottish Government will be prepared for internal review and scrutiny.

Key challenges in 2021/22

The 2021/22 financial plan reflects an overall savings target of £21.7m and assumes £8m is achievable in-year, £4m on a recurring basis; and a further £4m on a non-recurring basis. Discussions are underway with the Scottish Government in relation to supporting the remaining £13.7m this financial year.

Continuing uncertainty in relation to the financial impact of Covid in both the short and longer-term, and its impact on both service delivery and financial plans.

Managing the underlying Acute Services core cost overspend; and emerging pressures including cross boundary flow uplift proposed arrangements.

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:

- 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

Working closely with the services to ensure delivery of the £8m target as detailed above. Ensuring however that this focus extends to develop the agreed plans required to deliver the legacy £13.7m target over the next 2 financial years.

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 June core revenue amount on 2 July. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £755.006m; and anticipated allocations total £63.838m. Funding this month included £9.264m for the increase in the Agenda for Change pay award, first tranche of RMP3 Elective Care Activity £5.450m and quarter 1 Covid 19 funding £5.409m. The anticipated allocations include Primary Medical Services and New Medicine Fund.

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 30 June is therefore £829.370m 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 with the IJB Chief Finance Officer, the earmarked reserve and agreed anticipated funding is detailed per Appendix 1b.

3. Summary Position

- 3.1 The revenue position for the 3 months to 30 June reflects an overspend of £6.109m; which comprises a core overspend of £2.695m (£1.790m run rate overspend, and £0.905m unmet savings); and 'long Covid' savings of £3.414m.
- 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 £7.018m is attributable to Health Board retained budgets; and an underspend of £0.909m is attributable to the health budgets delegated to the IJB.

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

| Memorandum | Budget | | | Expenditure | | Variance Split By | |
|----------------------------------|----------------|----------------|----------------|-------------------|---------------|-------------------|------------------|
| | FY £'000 | CY £'000 | YTD £'000 | Variance £'000 | Variance % | Run Rate £'000 | Savings £'000 |
| Health Board | 444,385 | 471,356 | 116,688 | -7,018 | -6.01% | -2,699 | -4,319 |
| Integration Joint Board (Health) | 357,655 | 358,014 | 88,019 | 909 | 1.03% | 909 | 0 |
| Risk Share | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 |
| Total | 802,040 | 829,370 | 204,707 | -6,109 | -2.98% | -1,790 | -4,319 |

| Combined Position | Budget | | | Expenditure | | Variance Split By | |
|---|----------------|----------------|----------------|-------------------|---------------|-------------------|------------------|
| | FY £'000 | CY £'000 | YTD £'000 | Variance £'000 | Variance % | Run Rate £'000 | Savings £'000 |
| Acute Services Division | 205,655 | 213,937 | 56,559 | -5,602 | -9.90% | -1,958 | -3,644 |
| IJB Non-Delegated | 9,094 | 9,096 | 2,268 | 27 | 1.19% | 36 | -9 |
| Estates & Facilities | 75,939 | 76,201 | 18,794 | -3 | -0.02% | 144 | -147 |
| Board Admin & Other Services | 65,948 | 74,742 | 23,046 | 161 | 0.70% | 305 | -144 |
| Non-Fife & Other Healthcare Providers | 90,837 | 90,611 | 22,637 | -1,918 | -8.47% | -1,543 | -375 |
| Financial Flexibility & Allocations | 22,893 | 34,056 | 312 | 312 | 100.00% | 312 | 0 |
| HB retained offsets | 0 | 60 | 0 | 0 | #DIV/0! | 0 | 0 |
| Health Board | 470,366 | 498,703 | 123,616 | -7,023 | -5.68% | -2,704 | -4,319 |
| Integration Joint Board - Core | 377,268 | 409,174 | 103,484 | 905 | 0.87% | 905 | 0 |
| HSCP offsets | 0 | 175 | 0 | 0 | 0.00% | 0 | 0 |
| Integration Fund & Other Allocations | 19,104 | 8,747 | 0 | 0 | 0.00% | 0 | 0 |
| Sub-total Integration Joint Board Core | 396,372 | 418,096 | 103,484 | 905 | 0.87% | 905 | 0 |
| IJB Risk Share Arrangement | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 |
| Total Integration Joint Board - Health | 396,372 | 418,096 | 103,484 | 905 | 0.87% | 905 | 0 |
| Total Expenditure | 866,738 | 916,799 | 227,100 | -6,118 | -2.69% | -1,799 | -4,319 |
| IJB - Health | -38,717 | -60,082 | -15,465 | 4 | -0.03% | 4 | 0 |
| Health Board | -25,981 | -27,347 | -6,928 | 5 | -0.07% | 5 | 0 |
| Miscellaneous Income | -64,698 | -87,429 | -22,393 | 9 | -0.04% | 9 | 0 |
| Net Position Including Income | 802,040 | 829,370 | 204,707 | -6,109 | -2.98% | -1,790 | -4,319 |

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 June 2021

| Core Position | Budget | | | Expenditure | | Variance Split By | |
|---|----------------|----------------|----------------|-------------------|---------------|-------------------|------------------|
| | FY £'000 | CY £'000 | YTD £'000 | Variance £'000 | Variance % | Run Rate £'000 | Savings £'000 |
| Acute Services Division | 205,655 | 212,126 | 54,808 | -2,412 | -4.40% | -1,958 | -454 |
| IJB Non-Delegated | 9,094 | 9,096 | 2,268 | 35 | 1.54% | 36 | -1 |
| Estates & Facilities | 75,939 | 75,966 | 18,559 | 127 | 0.68% | 144 | -17 |
| Board Admin & Other Services | 65,948 | 69,763 | 18,067 | 247 | 1.37% | 305 | -58 |
| Non-Fife & Other Healthcare Providers | 90,837 | 90,611 | 22,637 | -1,918 | -8.47% | -1,543 | -375 |
| Financial Flexibility & Allocations | 22,893 | 34,056 | 312 | 312 | 100.00% | 312 | 0 |
| HB retained offsets | 0 | 0 | 0 | 0 | #DIV/0! | 0 | 0 |
| Health Board | 470,366 | 491,618 | 116,651 | -3,609 | -3.09% | -2,704 | -905 |
| Integration Joint Board - Core | 377,268 | 408,842 | 103,152 | 905 | 0.88% | 905 | 0 |
| HSCP offsets | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 |
| Integration Fund & Other Allocations | 19,104 | 8,747 | 0 | 0 | 0.00% | 0 | 0 |
| Sub-total Integration Joint Board Core | 396,372 | 417,589 | 103,152 | 905 | 0.88% | 905 | 0 |
| IJB Risk Share Arrangement | 0 | 0 | 0 | 0 | 0.00% | 0 | 0 |
| Total Integration Joint Board - Health | 396,372 | 417,589 | 103,152 | 905 | 0.88% | 905 | 0 |
| Total Expenditure | 866,738 | 909,207 | 219,803 | -2,704 | -1.23% | -1,799 | -905 |
| IJB - Health | -38,717 | -60,082 | -15,465 | 4 | -0.03% | 4 | 0 |
| Health Board | -25,981 | -27,347 | -6,928 | 5 | -0.07% | 5 | 0 |
| Miscellaneous Income | -64,698 | -87,429 | -22,393 | 9 | -0.04% | 9 | 0 |
| Net Position Including Income | 802,040 | 821,778 | 197,410 | -2,695 | -1.37% | -1,790 | -905 |

Table 3: Summary Covid-19 Financial Position for the period ended June 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 | 1,811 | 1,751 | 4,941 | -3,190 | | 0 | -3,190 |
| IJB Non-Delegated | 0 | 0 | 0 | 8 | -8 | | 0 | -8 |
| Estates & Facilities | 0 | 235 | 235 | 365 | -130 | | 0 | -130 |
| Board Admin & Other Services | 0 | 4,979 | 4,979 | 5,065 | -86 | | 0 | -86 |
| Non-Fife & Other Healthcare Providers | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| Financial Flexibility & Allocations | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| HB retained offsets | 0 | 60 | 0 | 0 | 0 | | 0 | 0 |
| Health Board | 0 | 7,085 | 6,965 | 10,379 | -3,414 | | 0 | -3,414 |
| Integration Joint Board - Core | 0 | 332 | 332 | 332 | 0 | | 0 | 0 |
| HSCP offsets | 0 | 175 | 0 | 0 | 0 | | 0 | 0 |
| Integration Fund & Other Allocations | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| Sub-total Integration Joint Board Core | 0 | 507 | 332 | 332 | 0 | | 0 | 0 |
| IJB Risk Share Arrangement | 0 | 0 | 0 | 0 | 0 | | 0 | 0 |
| Total Integration Joint Board - Health | 0 | 507 | 332 | 332 | 0 | | 0 | 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 | 7,592 | 7,297 | 10,711 | -3,414 | | 0 | -3,414 |

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 £2.412m**. Whilst the 20/21 financial planning process approved the following uplifts for ASD: £1.5m safe staffing; £0.620m drugs; and £0.769m paediatric staffing; there remains an overspend in core run rate performance of £1.958m, and unachieved savings of £0.454m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £1.076m, Junior Medical and Dental £0.474m and Senior Medical £0.131m. Nursing overspend is prominent across Care of the Elderly, Obstetrics and Gynaecology, and Colorectal due to unfunded cost pressures, incremental progression 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. Recruitment is in progress to recruit to some consultant posts which are currently being covered by locums.

Non pay cost pressures total £0.790m, with medicines overspend of £1.120m, partially offset by underspend on surgical sundries £0.080m, and diagnostic supplies £0.214m. There is an expectation that this will be utilised later in the year to accommodate increased levels of activity.

Robotic assisted surgery is due to become operational in August. The core position currently carries the cost of unfunded instruments at £0.065m year to date offset by opportunistic underspend. Redesign of Urgent Care will be fully funded this year through a combination of government funding £0.681m and earmarked IJB reserves of £0.935m carried forward from 20/21. Due to patient settings being fully operational there have been no further opportunities to identify budget that can be used towards offsetting cost reductions. This will continue to be reviewed on an ongoing basis. Government funding is expected to cover the cost of elective and unscheduled care and there should be no related costs in the core position.

Table 4: Acute Division Financial Position for the year ended June 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 | 71,549 | 74,648 | 19,073 | 19,150 | -77 | -0.40% | -152 | 75 |
| Emergency Care & Medicine | 75,891 | 78,017 | 20,603 | 22,691 | -2,088 | -10.13% | -1,923 | -165 |
| Women, Children & Clinical Services | 55,645 | 56,887 | 14,602 | 14,872 | -270 | -1.85% | 97 | -367 |
| Acute Nursing | 866 | 866 | 213 | 212 | 1 | 0.47% | 1 | 0 |
| Other | 1,704 | 1,708 | 317 | 295 | 22 | 6.94% | 19 | 3 |
| Total | 205,655 | 212,126 | 54,808 | 57,220 | -2,412 | -4.40% | -1,958 | -454 |

4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.035m**. 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 £0.017m comprising of non pay expenditure £0.009m against drugs and £0.008m on medical supplies.

4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.127m**. This is predominantly attributable to pay underspend of £0.199m across several services including catering, laundry and transport, with non pay underspend of £0.057m on PPP and £0.155m on rates. This position is offset by £0.147m of year to date unachieved savings and an overspend on property maintenance £0.110m.

4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.247m**. 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 (£0.120m), Workforce (£0.011m) and Nursing (£0.118m) 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 £0.095m 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 transferred to Health Board retained from Health Delegated wef 1 April 2021. Pharmacy Services have incurred a small underspend of £0.060m to month 3.

Public Health are proceeding with permanent recruitment based on the 'Covid-19: Test and Protect Programme and Public Health Teams' Funding letter on 13 November 2020. This commits recurring spend however 2022/23 and future funding is not yet known.

4.5 Non-Fife and Other Healthcare Providers

The budget for healthcare services provided out with NHS Fife is **overspent by £1.918** per Appendix 3. The main driver this month is the increase in the expected annual value of the service agreement with NHS Lothian. The costing model used by Lothian is showing an increase in value of £1.932m, additional Independent Sector activity arranged through Lothian of approximately £0.500m and the proposed annual increase in Service agreement from 1.5% to 3.36% for Lothian is £0.500m. Savings yet to be delivered amount to £0.375m.

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 £0.312m** has been released at month 3, and further 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 £0.905m**. The underlying drivers for the run rate underspend include vacancies in sexual health and rheumatology, all AHP services, child health, learning disabilities, health visiting, health promotion and general dental services. In Sexual Health the number of patients has more than doubled from 55 patients last year to 115 patients this year which will impact on costs. Mental health has worsened this month due to an increase in addictions costs and lab costs increasing.

Following the IJB financial planning process, supported by detailed analysis, the IJB CFO has indicated the underspend will be used to inform a non-recurring budget realignment this financial year.

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.

4.8 Income

A small over recovery in income of £0.009m is shown for the period to June.

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 June 2021

| Combined Position | Annual Budget | Budget | Actual | Net (Over)/Under |
|----------------------|----------------|----------------|----------------|------------------|
| Pan-Fife Analysis | £'000 | £'000 | £'000 | £'000 |
| Pay | 407,167 | 107,474 | 107,626 | -153 |
| GP Prescribing | 74,688 | 18,785 | 18,783 | 3 |
| Drugs | 31,552 | 8,771 | 9,729 | -958 |
| Other Non Pay | 378,635 | 96,078 | 97,081 | -1,003 |
| Efficiency Savings | -18,046 | -4,319 | 0 | -4,319 |
| Commitments | 42,803 | 312 | 0 | 312 |
| Income | -87,429 | -22,393 | -22,402 | 9 |
| Net overspend | 829,370 | 204,707 | 210,816 | -6,109 |

5.2 Pay

The overall pay budget reflects an overspend of £0.153m. Predominately Acute Services are £1.169m overspent on pay with the majority of this relating to nursing staff for unfunded incremental progression, supervision policies and safer staffing. This is offset against underspend across multiple directorates including corporate £0.206m, primary and preventative services £0.264m, facilities £0.149m and community care services £0.231m where vacancies are having an impact.

Against a total funded establishment of 8,160 wte across all staff groups, there was an average 8,547 wte staff in post in June (based on permanent staff plus additional hours worked and bank staff). Work has commenced to capture our Covid staffing increase by staff group; the financial implications of temporary, fixed term and permanent staff cohorts; and a risk assessed exit plan/strategy.

5.3 Drugs & Prescribing

Across the system there is a net overspend of £0.989m on medicines. Due to PSD timetables, only 1 month prescribing data for 21/22 is available. Using that, other available indicators, and previous reporting trends the GP prescribing position to June 21 is estimated to be breakeven. It is anticipated that influencing factors reported last year will be ongoing but contained with financial planning resources. Implementation of Freestyle Libre continues to exceed original forecast and funding provided (a further £0.5m has been funded through the financial planning process). 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 £1.120m. The main overspend is in Haematology which is over budget by £0.840m 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 £0.165m, 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.

5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £1.003m. A significant element of overspend is attributable to Non Fife and Other Healthcare Providers for SLA's £0.931 and UNPACS £0.722m. There is an overspend of £0.444m attributable to purchase of equipment. These overspends are offset by underspends within travel and subsistence £0.297m; other supplies £0.243m and CSSD/diagnostic supplies £0.170m.

5.5 Efficiency Savings

The unmet efficiency savings of £4.319m comprise unmet core savings of £0.905m and unachieved legacy savings for which we seek funding support of £3.414m.

6 Other Funding Allocations

6.1 Covid-19 funding allocation

We received initial Covid-19 funding of £11.580m in our June allocation. The initial funding tranche is to support current and ongoing Covid costs and encompasses; Test and protect (£3.293m); vaccination funding to cover the Covid-19 and extended flu vaccination programmes (£2.878m); and a general Covid funding allocation (£5.409m). This initial allocation is based on c50% of the retained Health Board's forecast costs per the financial planning process. No funding was received in this tranche for Health delegated/Integration Authority given the carry forward of reserves from the 2020/21 financial year. As part of our financial monitoring process spend to month 3 of £6.965m has been funded from this allocation; and health delegated spend of £0.332m is funded from the earmarked Covid-19 reserve. The long Covid unmet savings to month 3 of £3.414m remains as a gap until the formal quarter one process is concluded.

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. Acute services have identified £0.060m and IJB have identified £0.175m.

6.2 Waiting List Funding

We have received funding of £5.450m based our RMP3 submission and work is ongoing to ensure delivery of activity as laid out in our submission and separated correspondence with SG however further clarification will follow over the coming weeks and months.

6.3 Redesign of Urgent Care Funding

Funding has been received from SG in June of £0.681m which we are treating as an interim and are seeking further clarity. In addition there is £0.935m in the IJB earmarked reserve for RUC. To that end funding appears sufficient for the 21/22 financial year however there is risk exposure for future financial years where funding is uncertain. 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 £21.7m cash efficiency savings to support financial balance in 2021/22. Our planning assumptions reflected an achievable £8m of the target (£4m on a recurring basis), with an underlying unachieved 'long Covid' savings of £13.7m 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 require to operate within this reduced pay budget.

7.3 Tables 6a and 6b summarise the savings position for the 2021/22 financial year. Work continues in earnest to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.

Table 6a: Savings 21/22

| Total Savings | Total Savings Target £'000 | Forecast Achievement (Core) £'000 | Forecast unmet savings (Covid-19) £'000 | Identified & Achieved Non-Recurring £'000 | Identified & Achieved to June £'000 | Unachieved to March £'000 |
|----------------------|-------------------------------|--------------------------------------|--|--|--|------------------------------|
| Health Board | 21,837 | 8,181 | 13,656 | 257 | 3,791 | 4,390 |
| | | | | 0 | | 0 |
| Total Savings | 21,837 | 8,181 | 13,656 | 257 | 3,791 | 4,390 |

Table 6b: Savings RAG status

| NHS Fife Potential Savings Summary | £000's | Risk level | Identified CY | Outstanding Balance | Identified FY | Outstanding Balance |
|---|--------------|------------|---------------|---------------------|---------------|---------------------|
| Workforce Capacity and Utilisation Review | 1,000 | High | -109 | 891 | -41 | 959 |
| Pay Vacancy Factor (1%) | 3,015 | Medium | -3015 | 0 | -3015 | 0 |
| Repatriation of Services | 500 | Low | 0 | 500 | 0 | 500 |
| External Commissioning Cost Review | 1,000 | Medium | 0 | 1,000 | 0 | 1,000 |
| Medicine Utilisation | 500 | Medium | -59 | 441 | 0 | 500 |
| Contracts | 1,500 | Low | -75 | 1,425 | 0 | 1,500 |
| Procurement - Non pay | 500 | Medium | 0 | 500 | 0 | 500 |
| Other | 166 | Low | -533 | -367 | -478 | -312 |
| | 8,181 | | -3,791 | 4,390 | -3,534 | 4,647 |

8 Forecast Q1

- 8.1 For the purposes of reporting to Scottish Government in our FPR to inform Q1, we are currently forecasting a potential overspend of £19.656m. This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings (for which we have requested Scottish Government support) and a core potential additional overspend of £6m. The pressures contributing to the £6m overspend are: £3m cost pressure in respect of our Service Level Agreement with NHS Lothian; £2m Acute drugs cost pressures; Microsoft 365 licence cost pressures of £0.6m (an emerging increase to the cost model adopted at the financial planning stage); and £0.4m other cost pressures.

9 Recommendation

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 £2.695m for the 3 months to date
- **Note** the £3.414m underlying unachieved 'long Covid' savings, to month 3;
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £6.109m
- **Note** the potential total overspend outturn position of £19.656m; of which we seek SG funding support for unachieved full year 'long Covid' savings of £13.656m; and, the potential core overspend of £6m which we have highlighted in our Quarter 1 financial return to Scottish Government.

Appendix 1a: Revenue Resource Limit

| | | Baseline Recurring | Earmarked Recurring | Non- Recurring | Total | Narrative |
|-------------|---|-----------------------|------------------------|-------------------|----------------|---|
| | | £'000 | £'000 | £'000 | £'000 | |
| May-21 | Initial Baseline Allocation | 712,534 | | | 712,534 | |
| | | | | | 0 | |
| Jun-21 | Mental Health Recovery and Renewal Fund | | | 2,223 | 2,223 | As per funding letter |
| | 6 Essential Actions | | | 456 | 456 | As per funding letter |
| | Redesign of Urgent Care | | | 681 | 681 | As per funding letter |
| | ICU Baseline | | | 485 | 485 | As per funding letter |
| | District Nurse Posts | | 333 | | 333 | Continuation of funding |
| | RMP3 Elective Care Activity | | | 5,450 | 5,450 | First 6 months funding |
| | Auchtermuchty Medical Practice Dilapidation Costs | | | 48 | 48 | As per submission |
| | Test & Protect | | | 3,293 | 3,293 | |
| | Mental Health Action 15 | | 1,090 | | 1,090 | Continuation of funding first tranche |
| | Covid & Extended Flu Vaccinations | | | 2,878 | 2,878 | |
| | Outcomes Framework | | 4,520 | | 4,520 | Annual Funding |
| | Primary Care Improvement Fund | | 4,758 | | 4,758 | Continuation of funding first tranche |
| | PASS Contract | | -39 | | -39 | Annual Contribution |
| | Top Slice Quarriers Unit | | | -97 | -97 | New agreed contribution 21/22 |
| | Maternity & Neonatal Psychological Interventions | | | 138 | 138 | As per funding letter |
| | Perinatal & Infant Mental Health Service | | 663 | | 663 | As per funding letter |
| | Agenda for Change | 9,264 | | | 9,264 | Funding for agreed pay award |
| | Covid Funding | | | 5,409 | 5,409 | Quarte 1 funding |
| | Alcohol & Drug Partnership | | 919 | | 919 | Increase in line with policy announcement |
| | Total Core RRL Allocations | 721,798 | 12,244 | 20,964 | 755,006 | |
| Anticipated | Primary Medical Services | | 56,909 | | 56,909 | |
| 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 | PNP | | 1,276 | | 1,276 | |
| Anticipated | New Medicine Fund | | 3,415 | | 3,415 | |
| Anticipated | Golden Jubilee SLA | | -24 | | -24 | |
| Anticipated | PCIF | | 682 | | 682 | |
| Anticipated | Action 15 Mental Health strategy | | | | 0 | |
| Anticipated | ADP:seek & treat | | 1,159 | | 1,159 | |
| Anticipated | Veterans First Point Transition Funding | | 116 | | 116 | |
| Anticipated | £20m 18-19 tariff reduction to global sum | | -4,245 | | -4,245 | |
| Anticipated | Waiting List | | 5,667 | | 5,667 | |
| Anticipated | Winter | | 661 | | 661 | |
| Anticipated | NSD Adjustments | | -5,023 | | -5,023 | |
| | | 0 | 63,838 | 0 | 63,838 | |
| 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 | 721,798 | 76,082 | 31,490 | 829,370 | |

Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

| Health Delegated Earmarked Reserve | Total £000's | To M3 £000's | Anticipated £000's | Balance £000's |
|------------------------------------|-----------------|-----------------|-----------------------|-------------------|
| Vaccine | 740 | 740 | | 0 |
| Care homes | 526 | | 332 | 194 |
| Urgent Care Redesign | 935 | | 935 | 0 |
| Flu | 203 | | 203 | 0 |
| 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 | 2,251 | 2,983 | 6,074 |

Appendix 2: Corporate Directories – Core Position

| | CY Budget £'000 | YTD Budget £'000 | YTD Actuals £'000 | YTD Variance £'000 |
|-------------------------------------|--------------------|---------------------|----------------------|-----------------------|
| Digital and Information | 11,078 | 3,113 | 3,208 | -95 |
| Nhs Fife Chief Executive | 215 | 53 | 56 | -3 |
| Nhs Fife Finance Director | 6,385 | 1,604 | 1,484 | 120 |
| Nhs Fife Medical Director | 6,337 | 1,855 | 1,847 | 8 |
| Nhs Fife Nurse Director | 4,084 | 1,051 | 933 | 118 |
| Legal Liabilities | 4,094 | 995 | 1,001 | -7 |
| Early Retirements & Injury Benefits | 650 | 33 | -5 | 38 |
| Regional Funding | 201 | 71 | 67 | 4 |
| Depreciation | 19,283 | 4,750 | 4,750 | 0 |
| Nhs Fife Public Health | 2,365 | 812 | 819 | -7 |
| Nhs Fife Workforce Directorate | 3,156 | 806 | 796 | 11 |
| Pharmacy Services | 11,915 | 2,923 | 2,864 | 59 |
| Total | 69,763 | 18,067 | 17,820 | 247 |

Appendix 3: Service Agreements

| | CY Budget £'000 | YTD Budget £'000 | YTD Actuals £'000 | YTD Variance £'000 |
|----------------------------|--------------------|---------------------|----------------------|-----------------------|
| Health Board | | | | |
| Ayrshire & Arran | 99 | 25 | 24 | 1 |
| Borders | 45 | 11 | 14 | -3 |
| Dumfries & Galloway | 25 | 6 | 14 | -8 |
| Forth Valley | 3,227 | 807 | 959 | -152 |
| Grampian | 365 | 91 | 71 | 20 |
| Greater Glasgow & Clyde | 1,680 | 420 | 419 | 1 |
| Highland | 137 | 34 | 33 | 1 |
| Lanarkshire | 117 | 29 | 64 | -35 |
| Lothian | 31,991 | 7,998 | 8,581 | -583 |
| Scottish Ambulance Service | 103 | 26 | 25 | 1 |
| Tayside | 41,584 | 10,397 | 10,571 | -174 |
| Savings | -1,500 | -375 | | -375 |
| | 77,873 | 19,469 | 20,775 | -1,306 |
| UNPACS | | | | |
| Health Boards | 10,801 | 2,700 | 3,326 | -626 |
| Private Sector | 1,151 | 288 | 393 | -105 |
| | 11,952 | 2,988 | 3,719 | -731 |
| OATS | | | | |
| | 721 | 180 | 62 | 118 |
| Grants | | | | |
| | 65 | | | 0 |
| Total | 90,611 | 22,637 | 24,555 | -1,918 |

Appendix 4 - Financial Flexibility & Allocations

| | £'000 | Flexibility Released to June-21 £'000 |
|----------------------------------|---------------|---|
| Financial Plan | | |
| Drugs | 3,786 | 0 |
| CHAS | 408 | 0 |
| Junior Doctor Travel | 40 | 0 |
| Discretionary Points | 239 | 0 |
| Consultant Increments | 368 | 0 |
| Cost Pressures | 4,020 | 293 |
| Developments | 2,164 | 19 |
| | | |
| | | |
| Sub Total Financial Plan | 11,025 | 312 |
| Allocations | | |
| Waiting List | 5,708 | 0 |
| AME: Impairment | 500 | 0 |
| AME: Provisions | 790 | 0 |
| Insulin Pumps | 99 | 0 |
| Community Pharmacy Champion | 19 | 0 |
| Pay Award:AfC | 9,264 | |
| 6 Essential Action | 456 | |
| ICU | 485 | |
| Test & Protect | 2,188 | |
| Covid 19 | 2,712 | |
| Winter | 661 | |
| Covid Vaccination & Extended Flu | 149 | |
| Sub Total Allocations | 23,031 | 0 |
| | | |
| Total | 34,056 | 312 |

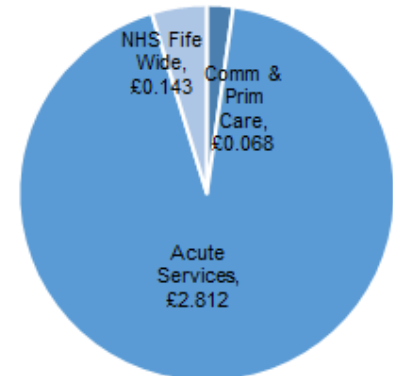
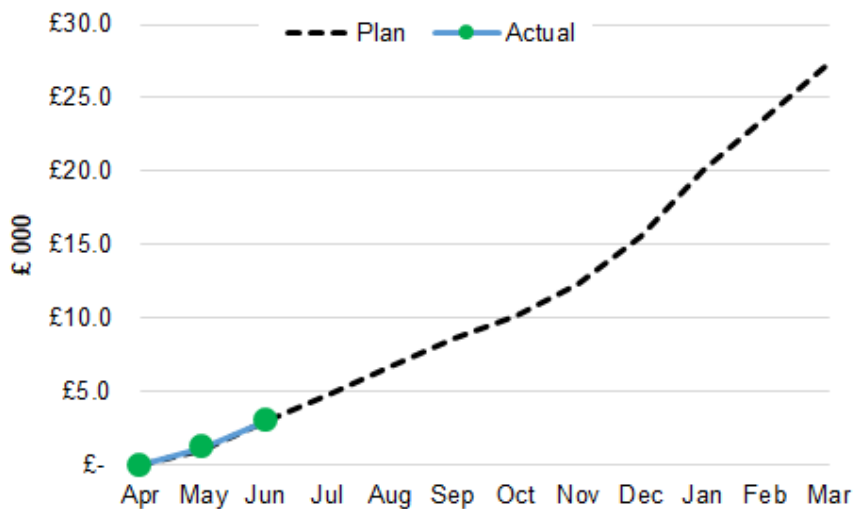
Appendix 5 – Initial Covid-19 funding

| COVID funding | Health Board | Health delegated | Social Care delegated | Total | Capital |
|---|--------------|------------------|-----------------------|---------------|----------|
| | £000's | £000's | £000's | £000's | £000's |
| Allocations Q1 | 8,702 | 2,878 | | 11,580 | |
| HSCP ear marked reserve | | 1,275 | | 1,275 | |
| Anticipated allocation | | | | 0 | |
| Total funding | 8,702 | 4,153 | 0 | 12,855 | 0 |
| Allocations made for Apr to June | | | | | |
| Planned Care & Surgery | 254 | | | 254 | |
| Emergency Care & Medicine | 1,062 | | | 1,062 | |
| Women, Children & Clinical Services | 495 | | | 495 | |
| Acute Nursing | 0 | | | 0 | |
| Estates & Facilities | 235 | | | 235 | |
| Board Admin & Other Services | 651 | | | 651 | |
| Public Health Scale Up | 246 | | | 246 | |
| Test and Protect | 859 | | | 859 | |
| Primary Care & Prevention Serv | | 30 | | 30 | |
| Community Care Services | | 149 | | 149 | |
| Complex & Critical Care Serv | | 97 | | 97 | |
| Professional/Business Enabling | | 56 | | 56 | |
| Covid Vaccine/Flu | | 3,469 | | 3,469 | |
| Social Care | | | | | |
| Total allocations made to M3 | 3,802 | 3,801 | 0 | 7,603 | 0 |
| Balance In Reserves | 4,900 | 352 | 0 | 5,252 | 0 |

Capital Expenditure

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

Local Performance



1. Annual Operational Plan

The capital plan for 2021/22 was approved by the FP&R Committee in July and will be tabled at the NHS Fife Board thereafter. NHS Fife has assumed a programme of £27.335m. NHS Fife has received £7.394m as a capital allocation in June. NHS Fife is also anticipating capital allocations for the Elective Orthopaedic Centre of £18.125m: A reduction of (£0.200m) due to a previous years over-allocation: 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 – an offer has been accepted subject to conditions for planning and access.

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 £3.022m this equates to 11.06% 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 | £1.232m |
| Equipment | £0.254m |
| E-health | £0.140m |
| Elective Orthopaedic Centre | £1.371m |

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 30 June 2021 of £3.022m and the year end spend of the total anticipated capital resource allocation of £27.335m.

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 | 83 | 21 | 83 |
| Statutory Compliance | 343 | 28 | 343 |
| Capital Equipment | 78 | 13 | 78 |
| Condemned Equipment | 0 | 0 | 0 |
| Lochgelly Health Centre | 0 | 0 | 0 |
| Kincardine Health Centre | 0 | 0 | 0 |
| Total Community & Primary Care | 504 | 63 | 504 |
| ACUTE SERVICES DIVISION | | | |
| Statutory Compliance | 2,955 | 1,201 | 2,955 |
| Capital Equipment | 1,317 | 240 | 1,317 |
| Clinical Prioritisation | 9 | 0 | 9 |
| Condemned Equipment | 16 | 0 | 16 |
| Total Acute Services Division | 4,296 | 1,441 | 4,296 |
| NHS FIFE WIDE SCHEMES | | | |
| SG Payback Balance | 200 | 0 | 200 |
| Equipment Balance | 410 | 0 | 410 |
| Information Technology | 1,000 | 140 | 1,000 |
| Clinical Prioritisation | 409 | 0 | 409 |
| Statutory Compliance | 82 | 0 | 82 |
| General Reserve - Equipment | 99 | 0 | 99 |
| Pharmacy Equipment | 200 | 0 | 200 |
| Condemned Equipment | 74 | 0 | 74 |
| Fire Safety | 60 | 3 | 60 |
| Vehicles | 60 | 0 | 60 |
| Wash Hand Basin Replacement | 0 | 0 | 0 |
| Total NHS Fife Wide Schemes | 2,593 | 143 | 2,593 |
| | | | |
| TOTAL CAPITAL ALLOCATION FOR 2021/22 | 7,394 | 1,647 | 7,394 |
| ANTICIPATED ALLOCATIONS 2021/22 | | | |
| Elective Orthopaedic Centre | 18,125 | 1,371 | 18,125 |
| HEPMA | 1,100 | 0 | 1,100 |
| Kincardine Health Centre | 323 | 2 | 323 |
| Lochgelly Health Centre | 517 | 2 | 517 |
| Mental Health Review | 76 | 0 | 76 |
| SG Payback | -200 | 0 | -200 |
| Anticipated Allocations for 2021/22 | 19,941 | 1,375 | 19,941 |
| | | | |
| Total Anticipated Allocation for 2021/22 | 27,335 | 3,022 | 27,335 |

Appendix 2: Capital Plan - Changes to Planned Expenditure

| Capital Expenditure Proposals 2021/22 | Pending Board Approval | Cumulative Adjustment to May | June Adjustment | Total June |
|--|------------------------|------------------------------|-----------------|--------------|
| Routine Expenditure | £'000 | £'000 | £'000 | £'000 |
| Community & Primary Care | | | | |
| Capital Equipment | 0 | 72 | 6 | 78 |
| Condemned Equipment | 0 | 0 | 0 | 0 |
| Clinical Prioritisation | 0 | 0 | 83 | 83 |
| Covid Equipment | 0 | 0 | 0 | 0 |
| Statutory Compliance | 0 | 310 | 33 | 343 |
| Lochgelly Health Centre | 0 | 0 | 0 | 0 |
| Kincardine Health Centre | 0 | 0 | 0 | 0 |
| Total Community & Primary Care | 0 | 382 | 122 | 504 |
| Acute Services Division | | | | |
| Capital Equipment | 0 | 1,252 | 65 | 1,317 |
| Condemned Equipment | 0 | 9 | 7 | 16 |
| Cancer Waiting Times Equipment | 0 | 0 | 0 | 0 |
| Clinical Prioritisation | 0 | 0 | 9 | 9 |
| Statutory Compliance | 0 | 2,925 | 30 | 2,955 |
| | 0 | 4,186 | 110 | 4,296 |
| Fife Wide | | | | |
| SG Payback Balance | 200 | 0 | 0 | 200 |
| Backlog Maintenance / Statutory Compliance | 3,500 | -3,405 | -13 | 82 |
| Fife Wide Equipment | 1,805 | -1,325 | -71 | 409 |
| Digital & Information | 1,000 | 0 | 0 | 1,000 |
| Clinical Prioritisation | 500 | 0 | -91 | 409 |
| Condemned Equipment | 90 | -9 | -7 | 74 |
| Scheme Development | 0 | 0 | 0 | 0 |
| Fife Wide Asbestos Management | 0 | 0 | 0 | 0 |
| Fife Wide Fire Safety | 0 | 60 | 0 | 60 |
| General Reserve Equipment | 94 | 0 | 5 | 99 |
| Pharmacy Equipment | 205 | 0 | -5 | 200 |
| Fife Wide Vehicles | 0 | 60 | 0 | 60 |
| Wash Hand Basin Replacement | 0 | 50 | -50 | 0 |
| Total Fife Wide | 7,394 | -4,569 | -232 | 2,593 |
| Total Capital Resource 2021/22 | 7,394 | 0 | 0 | 7,394 |

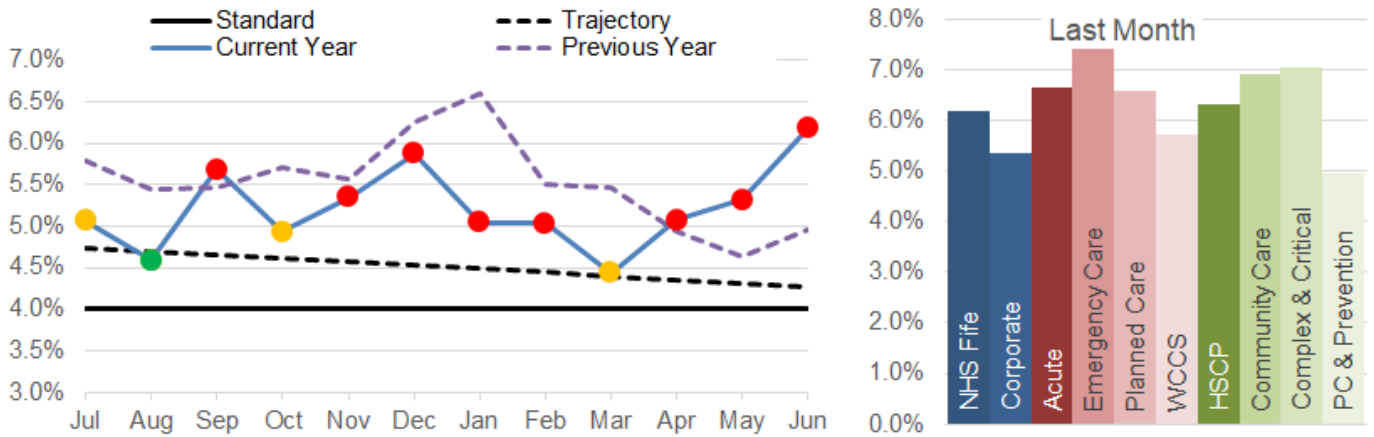
| | | | | |
|--|---------------|----------|----------|---------------|
| ANTICIPATED ALLOCATIONS 2021/22 | | | | |
| Elective Orthopaedic Centre | 18,125 | 0 | 0 | 18,125 |
| HEPMA | 1,100 | 0 | 0 | 1,100 |
| Kincardine Health Centre | 323 | 0 | 0 | 323 |
| Lochgelly Health Centre | 517 | 0 | 0 | 517 |
| Mental Health Review | 76 | 0 | 0 | 76 |
| SG Payback | -200 | 0 | 0 | -200 |
| Anticipated Allocations for 2021/22 | 19,941 | 0 | 0 | 19,941 |

| | | | | |
|--|---------------|----------|----------|---------------|
| Total Planned Expenditure for 2021/22 | 27,335 | 0 | 0 | 27,335 |
|--|---------------|----------|----------|---------------|

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 | | | | | |
|----------|---------|-------|-------|-------|-------|-------|---------|-------|-------|-------|-------|-------|
| | Jul | Aug | Sep | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | Jun |
| NHS Fife | 5.06% | 4.58% | 5.69% | 4.93% | 5.35% | 5.87% | 5.04% | 5.03% | 4.43% | 5.07% | 5.31% | 6.17% |
| Scotland | 4.57% | 4.64% | 4.96% | 4.93% | 4.96% | 5.18% | 4.82% | 4.30% | 4.56% | 4.59% | 5.04% | 5.52% |

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. | |
| 22.3 Consider refinements to COVID-19 absence reporting, including short term manual data capture from SSTS and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to develop MI reporting | By Sep-21 |
| Work is ongoing with Digital & Information colleagues to assess what may be possible | |

MARGO MCGURK

Director of Finance and Performance
24th August 2021

Prepared by:
SUSAN FRASER

Associate Director of Planning & Performance

Meeting: Staff Governance Committee

Meeting Date: Thursday 2 September 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 discussion at the July 2021 Staff Governance Committee on the provision of workforce information, the attached report provides the second iteration of the Workforce Information Overview, for the last quarter to 30 June 2021. The Workforce Information Overview 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 requested Protected Characteristic information, as available within our systems.

2.2 Background

As reported previously to the Committee, 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 continues to progress and has enabled the production of the requested high level overview for the Committee. This activity is underpinned by the ongoing 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 at 30 June 2021 and has been taken from a range of workforce systems and generated through our Tableau reporting tool. Work is continuing 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 on a routine basis.

Appendix 2 provides an overview of NHS Fife's Workforce Protected Characteristics.

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 Workforce Senior Leadership Team and 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 30 June 2021

Appendix 2: NHS Fife Workforce Protected Characteristic Overview Report

Report Contact:

Brian McKenna
HR Manager – Workforce Planning
e-mail: brian.mckenna@nhs.scot

NHS FIFE WORKFORCE OVERVIEW REPORT
30 JUNE 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 April 2021 to 30 June 2021

| Summary Data: April 2021 | Summary Data: May 2021 | Summary Data: June 2021 |
|--------------------------|------------------------|-------------------------|
| Staff in Post | Staff in Post | Staff in Post |
| 7,619 WTE | 7,647 WTE | 7,646 WTE |
| 10,351 Headcount | 10,420 Headcount | 10,373 Headcount |

Table 2: Age Profile of NHS Fife Staff as at 30 June 2021

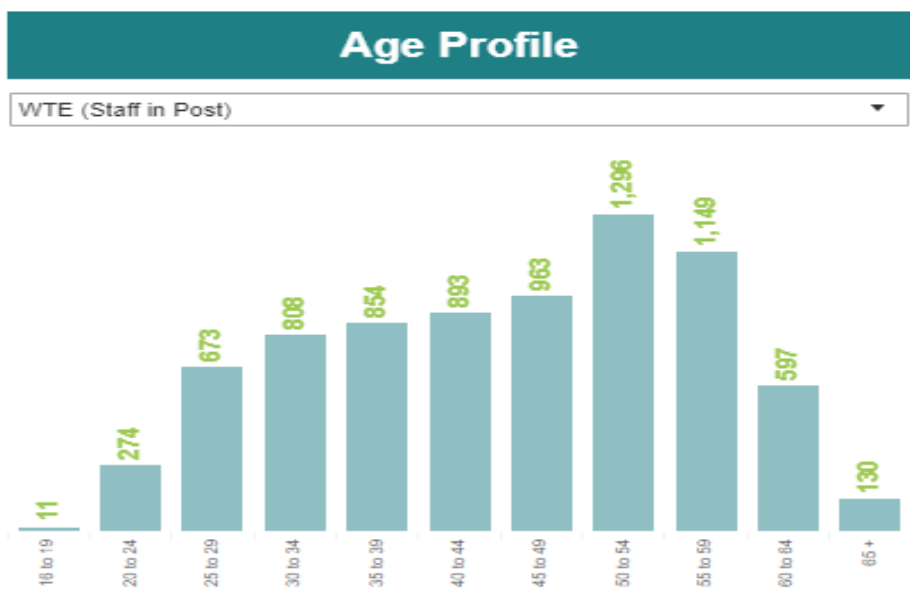


Table 3: NHS Fife Leavers and New Starts / Establishment Gap as at 30 June 2021

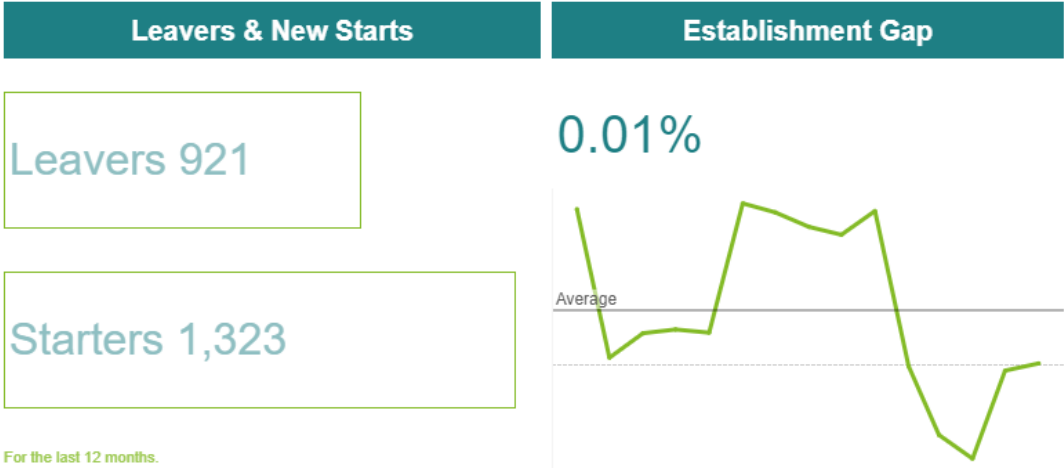


Table 4: NHS Fife Workforce Composition as at 30 June 2021

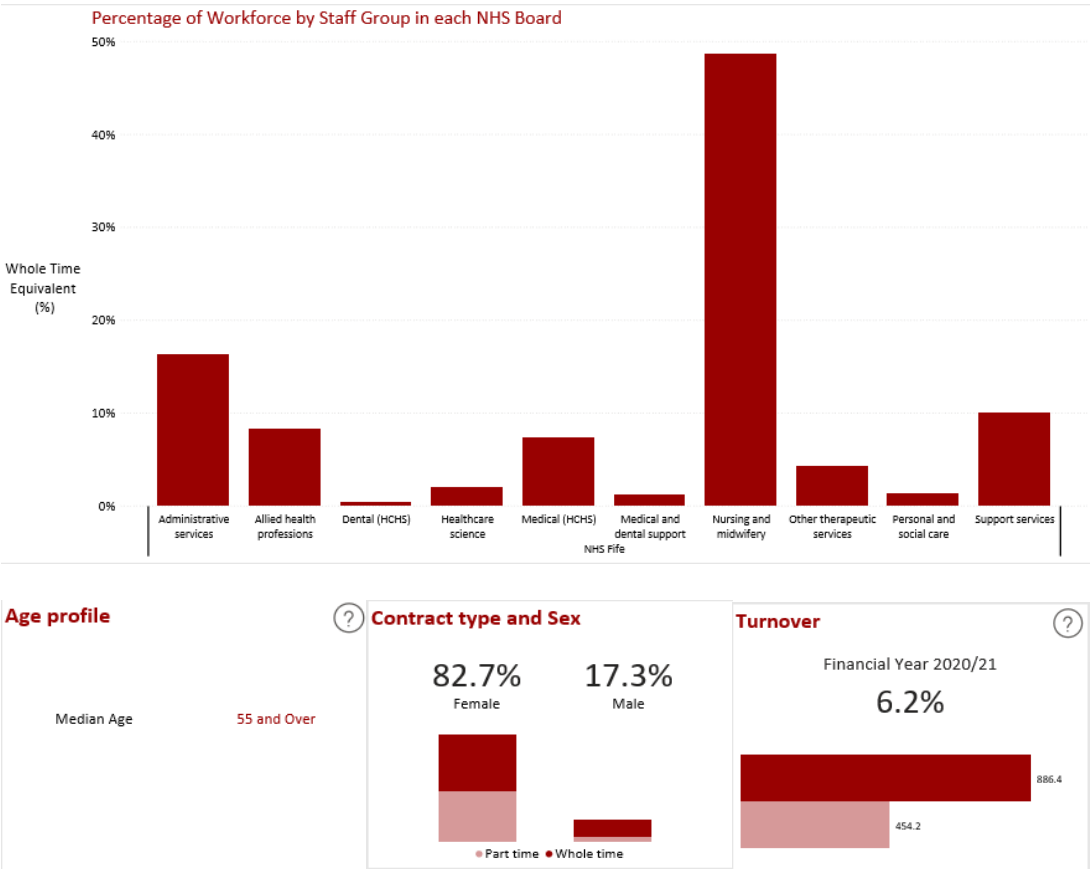
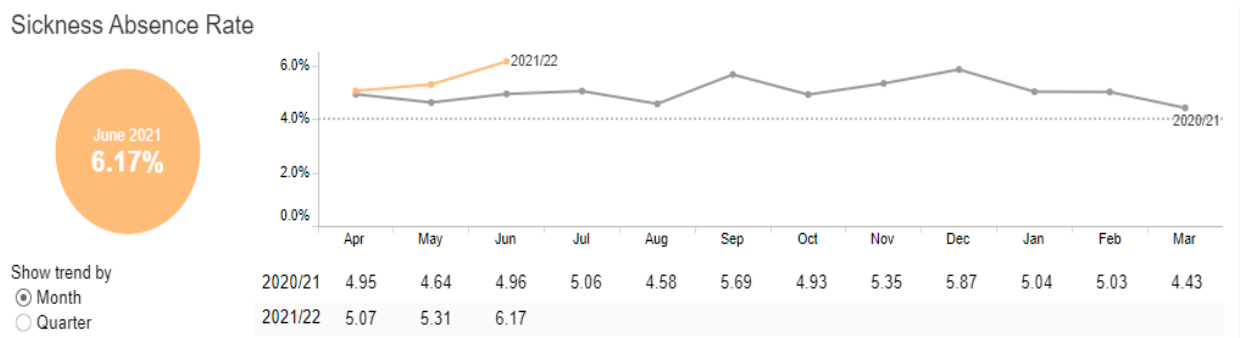


Table 5: NHS Fife Sickness Absence Rates



Appendix 2 – NHS Fife Workforce Protected Characteristic Overview

NHS FIFE WORKFORCE PROTECTED CHARACTERISTIC OVERVIEW REPORT 30 JUNE 2021

Table 1: Breakdown by Ethnicity as at 30 June 2021

| Ethnic Group | Headcount |
|---|-------------|
| African - African, African Scottish or African British | 18 |
| African - Other | 3 |
| Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British | 2 |
| Asian - Chinese, Chinese Scottish or Chinese British | 10 |
| Asian - Indian, Indian Scottish or Indian British | 41 |
| Asian - Other | 32 |
| Asian - Pakistani, Pakistani Scottish or Pakistani British | 25 |
| Caribbean or Black - Black, Black Scottish or Black British | 1 |
| Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British | 2 |
| Caribbean or Black - Other | 3 |
| Don't Know | 36 |
| Mixed or Multiple Ethnic Group | 22 |
| Other Ethnic Group - Arab, Arab Scottish or Arab British | 2 |
| Other Ethnic Group - Other | 4 |
| Prefer not to say | 1880 |
| White - Irish | 63 |
| White - Other | 112 |
| White - Other British | 460 |
| White - Polish | 4 |
| White - Scottish | 4884 |
| | 1840 |
| Grand Total | 9444 |

Table 2: Breakdown by Sexual Orientation as at 30 June 2021

| Sexual Orientation | Headcount |
|--------------------|-------------|
| Bisexual | 29 |
| Don't Know | 34 |
| Gay | 29 |
| Heterosexual | 3705 |
| Lesbian | 22 |
| Other | 14 |
| Prefer not to say | 3718 |
| | 1893 |
| Grand Total | 9444 |

Table 3: Breakdown by Religion as at 30 June 2021

| Religion | Headcount |
|--------------------|-----------|
| Buddhist | 8 |
| Christian - Other | 417 |
| Church of Scotland | 1559 |
| Don't Know | 36 |
| Hindu | 21 |
| Jewish | 3 |
| Muslim | 37 |
| No Religion | 2779 |
| Other | 72 |
| Prefer not to say | 2075 |
| Roman Catholic | 561 |
| Sikh | 6 |
| | 1870 |
| Grand Total | 9444 |

Table 4: Breakdown by Disability as at 30 June 2021

| Medical Conditions In 12 Mths | Headcount |
|-------------------------------|-----------|
| Don't Know | 37 |
| No | 2555 |
| Prefer not to say | 4796 |
| Yes | 113 |
| | 1943 |
| Grand Total | 9444 |

Table 5: Breakdown by Gender Reassignment as at 30 June 2021

| Gender Reassignment | Headcount |
|---------------------|-----------|
| Don't Know | 35 |
| No | 2517 |
| Prefer not to say | 4730 |
| Yes | 2 |
| | 2160 |
| Grand Total | 9444 |

Table 6: Breakdown by Marital Status as at 30 June 2021

| Marital Status | Headcount |
|-------------------|-----------|
| Civil Partnership | 35 |
| Divorced | 485 |
| Married | 5294 |
| Single | 3578 |
| Widowed | 52 |
| Grand Total | 9444 |

Table 7: Breakdown by Gender as at 30 June 2021

| Gender | Headcount |
|-------------|-----------|
| Female | 7992 |
| Male | 1452 |
| Grand Total | 9444 |

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. |

| | |
|-------------------------------|--|
| Meeting: | Staff Governance Committee |
| Meeting Date: | Thursday 2 September 2021 |
| Title: | Staff Health & Wellbeing Update, including Promoting Attendance |
| Responsible Executive: | Linda Douglas, Director of Workforce |
| Report Author: | Rhona Waugh, Head of Workforce Planning and Staff Wellbeing |

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
- NHS Scotland HEAT Standard of achieving a 4% Sickness Absence rate

2. Report Summary

2.1 Situation

The purpose of this report is to update Staff Governance Committee members on the latest Staff Support and Wellbeing activity, which is aligned to Well@Work (Healthy Working Lives). This work is continuing to be overseen by the combined membership of the Bronze Staff Support and Wellbeing Sub-Group and the NHS Fife Well@Work group.

In addition, the report covers the latest NHS Fife attendance data and relevant sickness absence statistics for the 2021/2022 financial year to date.

Part 1: Health and Wellbeing

2.2 Background

The following report provides an overview of recent activity undertaken to support the health and wellbeing of NHS Fife staff in respect of the current pandemic and in general.

2.2.1 Going Beyond Gold – Healthy Working Lives Review

The Healthy Working Lives Annual Review was paused in May 2020 due to the COVID-19 Pandemic. However, arrangements have been made to ensure that local activities are captured to ensure that there is sufficient evidence available to support renewal of the Gold Award for 2021 / 2022, unless this is paused for a further period by Healthy Working Lives. Feedback is still awaited on the award renewal arrangements for 2021 / 2022.

2.2.2 Celebrating and Inspiring Kindness in NHS Fife Conference 2021

The Celebrating and Inspiring Kindness in NHS Fife Conference took place on Wednesday 26 May 2021. This event was well attended, with keynote internationally renowned speaker, Dr David Hamilton, presenting on The Five Side Effects of Kindness and Ben Thurman from the Carnegie Trust presenting on The Courage to Be Kind. The main speakers were complemented by an overview of local activities and a range of Health and Wellbeing Workshops. A copy of the Inspiring Kindness Conference Report and Message to NHS Fife staff is attached at Appendix 1, for information. A full conference evaluation report will be presented to a future Staff Governance Committee.

2.2.3 Kingdom Lottery FitBit Challenge

NHS Fife's Kingdom Lottery FitBit Challenge proved to be a great success. The joint winners were the Infection Control Team with the most steps, (over 15 million) and the Recovery B Team with the most amazing blogs. Flowers were also presented to an individual from another team who lost over 4 stones in weight, which was an amazing achievement.

2.2.4 Weight Management Programme

NHS Fife's Weight Management Programme has been well received, with over 250 responses to the survey, and has had a positive impact on staff's health and wellbeing. A summary of the feedback from staff will be used to inform the development of group interventions. In addition, Alison Morrow, Trainee Health Psychologist's poster on Healthcare Worker Weight Management Service, attached at Appendix 2, has been accepted at the 2021 Division of Health Psychology Conference.

2.2.5 NHS Fife's Cycle to Work Scheme

NHS Fife's Cycle to Work Scheme has been relaunched. Further information is available via: www.cyclescheme.co.uk/82.

2.2.6 Staff Health and Wellbeing Hubs

In response to the COVID-19 Pandemic and the impact the pandemic may have had on staff's mental health, Staff Health and Wellbeing Hubs were established as part of the response to the crisis to provide staff with a place to go that had a calm and welcoming social space, a quiet place or a place where they could take a minute to have a cup of tea and relax during breaks.

The Hubs also provide details of where advice and support can be accessed. This support could be remotely by seeing what resources were available to staff digitally, or via leaflets and other physical resources.

These were supported by funds donated to NHS Fife during the pandemic and while plans are underway for the permanent spaces for Hubs on the Victoria and Queen Margaret Hospital sites, it is important that the provision within the Community Hospitals is also beneficial for staff. An update on the current position within these areas, prepared by Simon Fevre, NHS Fife Staff Side Chair, H&SCP, is attached at Appendix 3.

2.2.7 Staff Support Information Sessions for Managers

Following the success of previous Staff Support Information Sessions for Managers, NHS Fife's Psychology Department arranged further sessions on various dates via MS Teams in August 2021 and beyond.

These information sessions, which are targeted for managers in the first instance, aim to clarify the range and types of staff support options available for staff, locally and nationally. The sessions also aim to explain the value of compassionate leadership and peer support and to empower managers to recognise the important contribution that they make to supporting staff. Informal feedback indicates that attendees value the provision of a framework for understanding and accessing staff support offers and have benefitted from the opportunity to reflect on their own experiences, while connecting with other managers. An evaluation will be provided in future, with over 150 managers attending to date.

2.2.8 "Our Space" Support Sessions for Staff Shielding or Working from Home

A series of "Our Space" online peer support sessions took place during April and May 2021 to support staff who were shielding or working from home, in response to the growing need for support in these challenging times – and to provide support for the transition back to work for those doing so. The aim was to provide a safe environment for staff to come together, to talk, to share experiences and to be listened to, in a non-judgmental, informal space.

The sessions were 50 minutes long, and were a place for participants to pause in their day; to allow moments of self-care / kindness; to provide an opportunity to meet others in a similar situation; and hear others' ideas on what they were managing in their own lives that was helpful to their well-being. They were also given the opportunity to explore what further support would be helpful for them. An overview of the sessions is attached at Appendix 4, for information.

2.2.9 Peer Support Activity

Dr Elspeth Pitt, Consultant in Emergency Medicine, and Dr Marcia McDougall, Consultant Anaesthetist, have been tasked with establishing a Peer Support Service, which will dovetail with existing resources. The foundation for this is that the vast majority of individuals don't require psychology interventions, but a means to socialise, be listened to, have good conversations and learn effective coping skills, not to be 'fixed' or 'counselled'. There are currently 23 doctors and 3 senior nurses trained in peer support skills. Training of a further 55 individuals from a range of disciplines was undertaken in July 2021 and will be rolled out to senior doctors and to wider staff groups to ensure organisation-wide, collaborative support.

It is also recognised that informal, lighter touch peer support would be more useful for some staff groups (e.g. non-clinical roles), such as general conversations, online coffee breaks and a safe space to talk. Noting that some staff would rather talk things over with someone else other than their line manager, who will not always have the time or skills to

fully listen or advise. We are also aware that home life can impact on an individual's anxiety levels, together with additional stresses and challenges faced at work during the COVID-19 crisis. Sharon Doherty, Consultant Clinical Psychologist, is following up on the lighter peer touch support model for staff.

2.2.10 Staff Health and Wellbeing Support

A summary of the staff health and wellbeing support activities available to staff is attached at Appendix 5, together with related statistical information.

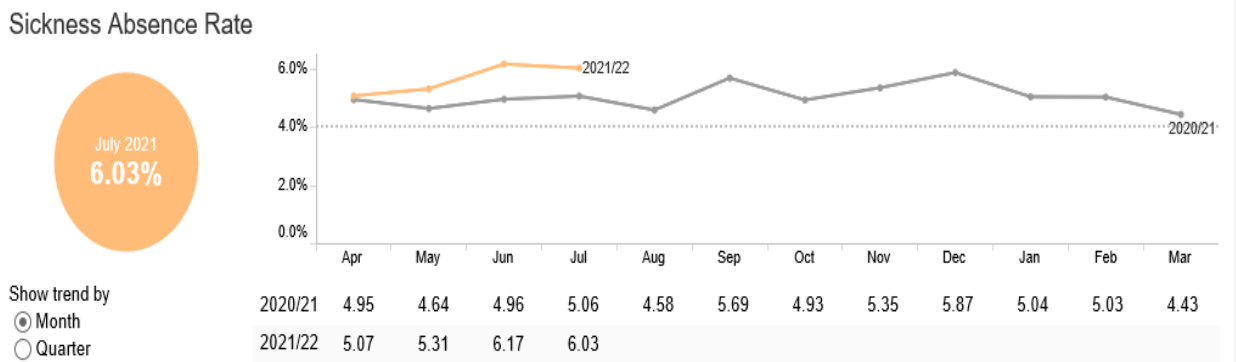
Part 2: Sickness Absence

2.2 Background

2.2.1 NHS Fife Sickness Absence Rates

NHS Fife’s absence rate has been above 5% for the first four months of the 2021/2022 financial year, with an absence rate of 6.03% in July 2021, as detailed in Graph 1 below:

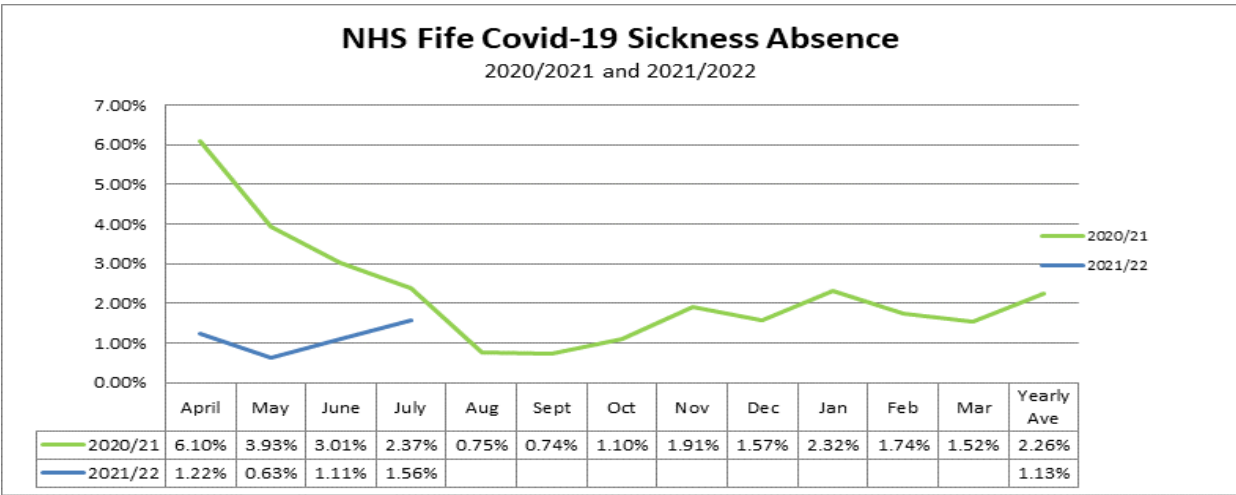
Graph 1: NHS Fife Sickness Absence Rates – 2020/2021 and 2021/2022



2.2.2 NHS Fife’s COVID-19 Related Workforce Sickness Absence Rates

NHS Fife’s absence rates due to COVID-19 have contributed a further 2.26% during the 2020/2021 financial year, as detailed in Graph 2 below:

Graph 2: NHS Fife COVID-19 Sickness Absence Rates – 2020/2021 and 2021/2022



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

COVID-19 absence contributes a further 1.13% on absence levels within NHS Fife. The composition of this figure is detailed within Graph 2 above. Whilst NHS Fife’s COVID-19 absence levels continue to mirror the NHS Scotland trend, the chart above shows a slightly reduced rate locally.

2.2.2 Reasons for Absence

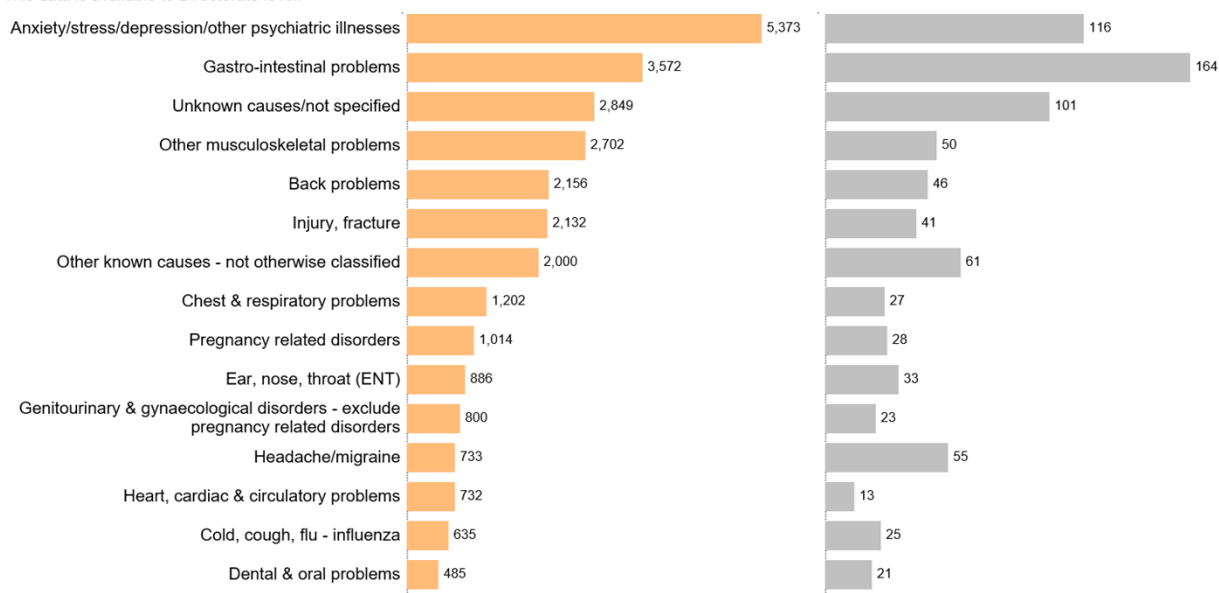
The main reason for sickness absence within the Board continues to be due to Anxiety / Stress / Depression / Other Psychiatric illnesses, with this absence rate decreasing by 2.54% from 31.24% in June 2021 to 28.70% of the overall absence in July 2021; followed by Other Musculoskeletal Problems increasing from 8.29% in June 2021 to 9.98% in July 2021; and Gastro-intestinal Problems increasing from 6.99% in June 2021 to 8.02% in July 2021.

The reasons for both short and long term sickness absence are detailed within the graphs 3 and 4 below. In both categories, Anxiety / Stress / Depression / Other Psychiatric illnesses accounts for the most hours lost within NHS Fife in March 2021.

Graph 3: Short term Absence by Reason

EPISODES AND HOURS LOST by Reasons for Short Term Absence

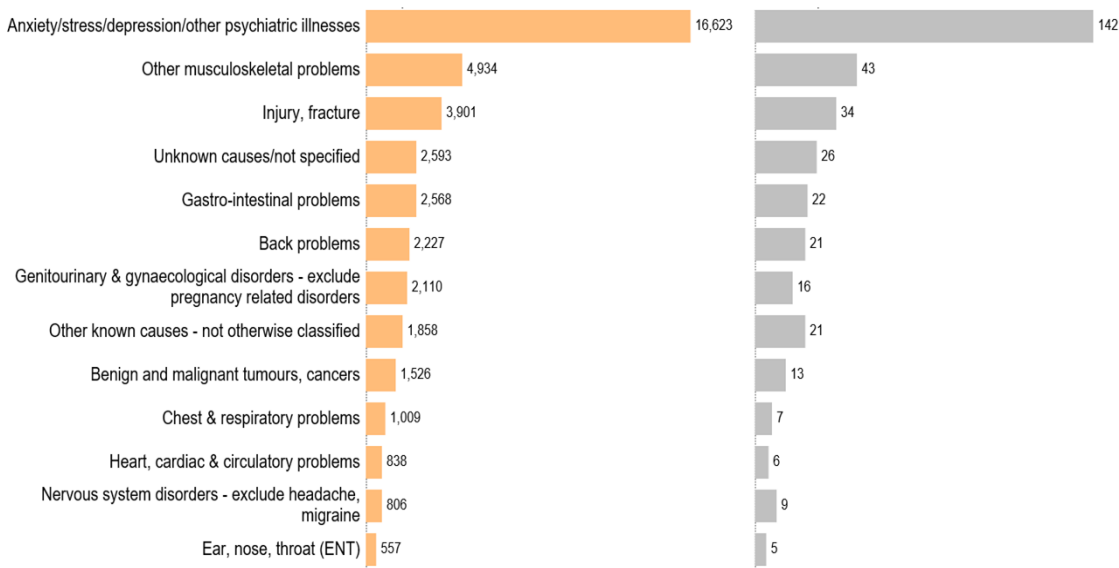
The visualisation excludes any absence reason which has less than 5 episodes recorded in the time period selected, this is to protect confidentiality. This data is available to Directorate level.



Graph 4: Long term Absence by Reason

EPISODES AND HOURS LOST by Reasons for Short Term Absence

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

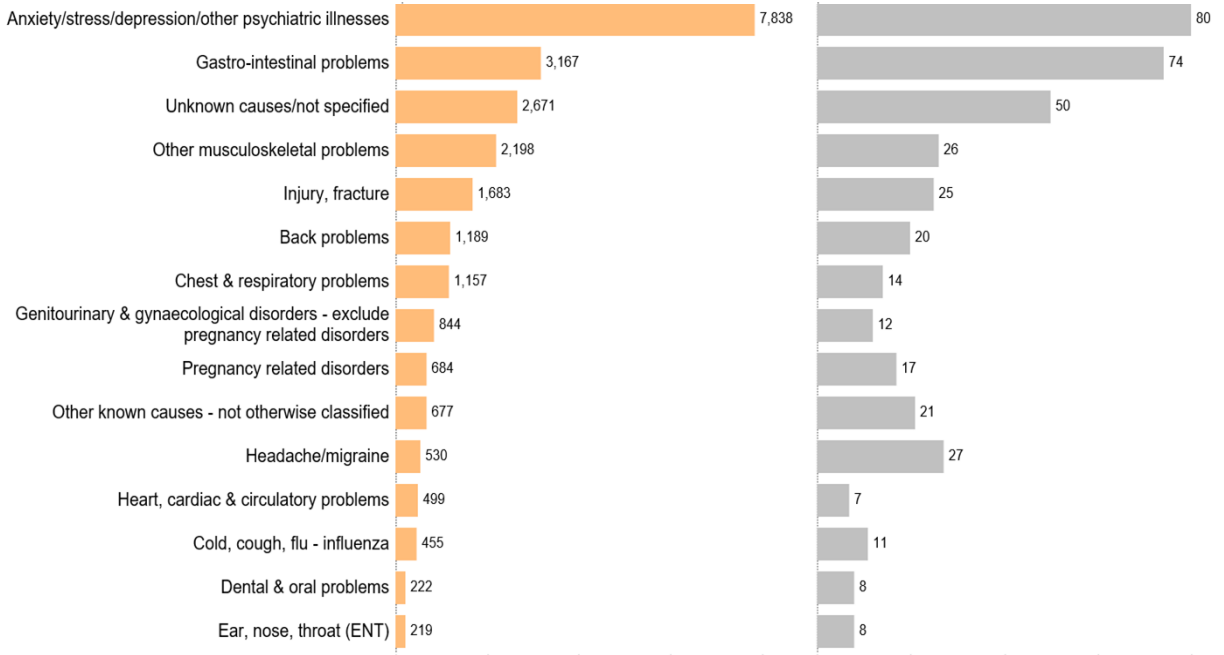


In line with the request at the March 2021 Staff Governance Committee, the breakdown of staff absence reasons within all areas of the Board for July 2021 is set out within Graphs 5 to 7 below. The data shows the top reason of Anxiety / Stress / Depression / Other Psychiatric illness prevalent in all areas, with a similar range of other reasons featuring.

Graph 5: Acute Services Division Overall Absence by Reason

EPISODES AND HOURS LOST by Reasons for Short Term Absence

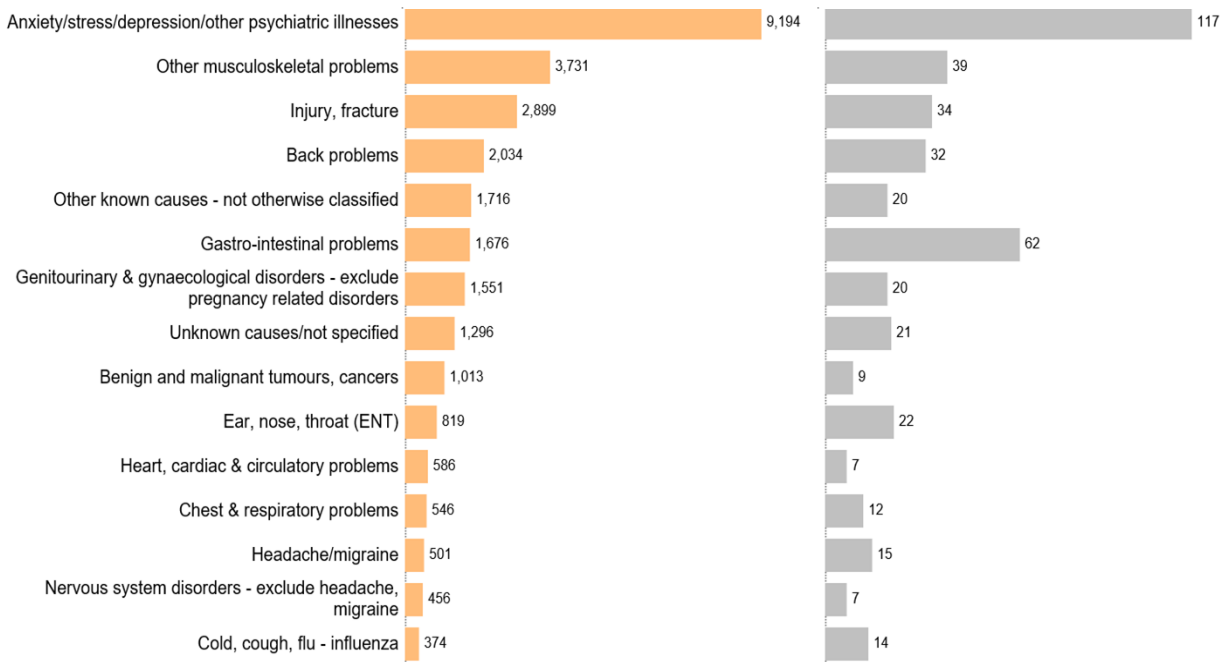
The visualisation excludes any absence reason which has less than 5 episodes recorded in the time period selected, this is to protect confidentiality. This data is available to Directorate level.



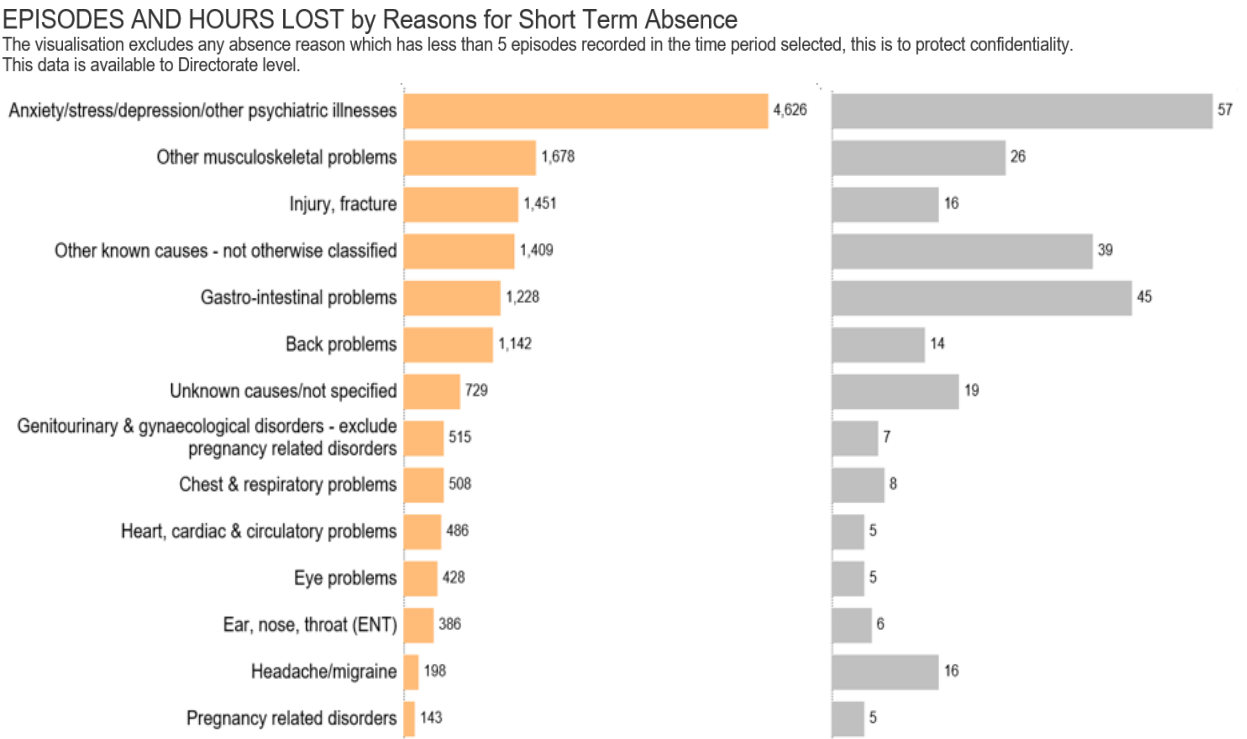
Graph 6: Health & Social Care Partnership Overall Absence by Reason

EPISODES AND HOURS LOST by Reasons for Short Term Absence

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



Graph 7: Corporate Directorates Overall Absence by Reason



2.3 Assessment

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The provision of staff support is likely to impact on attendance and our ability to attract and retain staff in the longer term. Actions to reduce absence or acknowledge the levels of attendance at work support improvements to staff experience. This will continue to be complemented by activity based themes.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

There is a risk that inadequate staff support provision and / or high levels of absence may impact on service delivery.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

Discussions will continue to take place with General Managers, via Promoting Attendance Review and Improvement Panels, Promoting Attendance Group members and within the Workforce Directorate, with a view to meeting the planned trajectory set for the 2021/2022 financial year.

2.3.8 Route to the Meeting

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

2.4 Recommendation

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

3. List of Appendices

Appendix 1 – Celebrating and Inspiring Kindness Conference Report and Message to NHS Fife Staff

Appendix 2 – NHS Fife's Weight Management Programme: Division of Health Psychology Conference Poster

Appendix 3 – Staff Health and Wellbeing Hubs – Health and Social Care Partnership

Appendix 4 – “Our Space” Peer Support Sessions Evaluation

Appendix 5 – Summary of Staff Health & Wellbeing / Support Activities & Statistics

Appendix 6 – Workforce Wellbeing Champions Update

Report Contact:

Rhona Waugh

Head of Workforce Planning and Staff Wellbeing

Email: rhona.waugh2@nhs.scot



Conference Report and Message to NHS Fife Staff

Welcoming and Supportive Leadership

The day was supported wholeheartedly by Carol Potter, Janette Owens and Nicky Connor who all spoke openly and warmly about the importance of kindness in their own lives and how much they value a focus on kindness in NHS Fife.

Morning Talks

The Five Side Effects of Kindness by Dr David Hamilton

Following a PhD in organic chemistry, David worked in cardiovascular and cancer R&D with Astra Zeneca for 4 years. He is now a writer, columnist and speaker. He's author of several books in the fields of kindness, self esteem, and the relationship between mind and body. He has also been a guest on numerous podcasts and BBC radio programmes.

In an inspiring, uplifting and energetic talk, David explained the scientific evidence which has proven that kindness changes the brain, impacts the heart and immune system, is good for our mental health and even slows the ageing process. He outlined the five side effects of kindness for us, which are: 1. Kindness makes us happier; 2. Kindness is good for the heart; 3. Kindness slows ageing; 4. Kindness improves relationships and 5. Kindness is contagious. He challenged us all to take the seven-day kindness challenge (see attached extract from his book) which many of the conference participants embraced with enthusiasm!

If you missed the talk, here's a wee summary: www.youtube.com/watch?v=uhDO-JMDNJY

For more details see: <https://drdavidhamilton.com/> and his book *'The Five Side Effects of Kindness'*.

The Courage to Be Kind by Ben Thurman (see attached slides)

Ben works for the Carnegie UK Trust, an organisation that aims to improve the wellbeing of people across the UK and Ireland. For the last 3 years he has been leading a programme work exploring the role of kindness in improving wellbeing outcomes for communities and organisations.

As well as providing an overview of the evidence on why kindness matters, Ben shared findings from 'The courage to be kind', a project that explored the role of kindness in the healthcare response to COVID-19, and created a space for a discussion about what can be done to create a 'culture of kindness' in health and social care settings. For more details see:

<https://www.carnegieuktrust.org.uk/publications/the-courage-to-be-kind-reflecting-on-the-role-of-kindness-in-the-healthcare-response-to-covid-19/>

You can also listen to this related podcast:

<https://www.carnegieuktrust.org.uk/publications/the-courage-to-be-kind-podcast/>

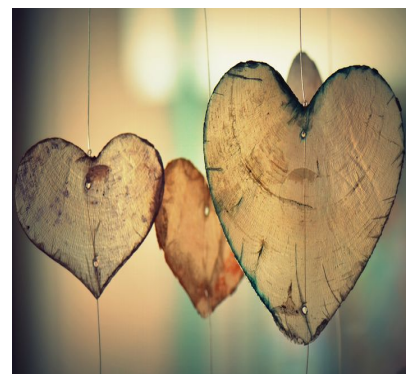
Wendy reminded participants of all the kindnesses experienced and shared across NHS Fife over this last year and reminded us we can all make a difference with the smallest acts of kindness.

Afternoon Workshops

Topic 1: Being Kind to yourself

Option 1: Self Compassion: Why is it often easier to say than to do?

In this session, participants explored some of the blocks to self compassion using exercises drawn from *Mindful Compassion* (Gilbert and Choden, 2013). Facilitated by Dr Bill Paterson, Mindfulness Teacher www.bemindfulfife.co.uk



Option 2: Moving into Wellbeing

In this session, participants found out how often we should move to benefit our health. They were kind to themselves by practicing Tai Chi which is great for posture, breathing and wellbeing and they tried the balance challenge. Facilitated by Fiona Ashton-Jones and Viv McNiven, Physical Activity Team, Active Fife, Fife Council

Option 3: Mindful Spaces

This workshop introduced participants to simple strategies and techniques to cope with unhelpful thoughts and feelings. They also spent some time practicing a relaxation body scan. Facilitated by Alison Morrow, Trainee Health Psychologist, NHS Fife & Wendy Simpson, Health Psychologist and Mindfulness Teacher, NHS Fife

Topic 2: Enabling Kindness in the Organisation

Option 4: Kindness in Teams and Workplaces

In this workshop we used the Good Conversations approach to explore kindness in our teams and workplaces: Participants developed a personalised description of what developing kindness might look like in their team or workplace and their individual role in this. They also experienced the Good Conversations approach being used in practice. Facilitated by Alison Linyard, Personal Outcomes Programme Manager & Elizabeth Norby, Personal Outcomes Network Manager, Public Health, NHS Fife

Option 5: Resolving Disagreements with Kindness

In this workshop the facilitator outlined her process and encouraged personal reflection to help colleagues to resolve their differences in ways that allow them to work together in the future, including the importance of approaching the situation with good intent, kindness and with the aim of preserving the relationship. Facilitator: Marie Paterson, wellbeing trainer and coach, www.mariepaterson.com

Option 6: Peer Support: Enabling Compassionate Conversations in the Workplace

There has been a lot of talk during the pandemic about the value of peer support at work as a counterbalance to stress and trauma. In this workshop we took a trauma-informed and mindful look at why peer support is so important during this time and discussed some of the key aspects and qualities of intentional and compassionate peer support. Facilitated by Kirsty McLean, Leah Dickson and Sharon Doherty, Fife Psychology Staff Support Team.

Creative Competition

The last year has been unique and has affected us all in different ways. We launched this creative competition to inspire staff to create a piece of art (either visual art or creative writing/poetry) to reflect their feelings about the year with the over-arching theme of *Inspiring Kindness!*

We had a good range of creative contributions, but two overall winners were chosen:

1. Laura Affleck: *Where there is Kindness there is Hope*

We felt that this piece simply and beautifully represents the hope of kindness when people are struggling.



2. Jenn Knox : *Behind the Door Photography Project*

We felt that this photography project was an inspired way to encourage a kind, sharing community – and was compiled in a beautifully creative film by Jenn, which we used to end the Conference on a very positive note. See the film here: <https://www.youtube.com/watch?v=-7T9OPomOnQ>

Further Reading

This interesting article from the New York Times was shared during the conference: *Feeling Blah during the Pandemic – It's called Languishing* – see attached pdf.

Thank you!

It was no small feat transforming what was to be a real-life Conference in May 2020 into this virtual whole day event. So thanks to all the speakers and workshop leaders who adapted their talks and workshops and to everyone behind the scenes who made the day happen so successfully! Thanks also to everyone who attended the Conference. We value everyone's input and all your feedback.

Some Comments from Participants at the End of the Day

Great to have the commitment from our senior managers for the whole of the day. This has been a big shift for NHS Fife but it is a tangible feeling within the organisation. Makes me very proud to work for the NHS.

Very emotional day and taking so much away from attending. Amazing workshops. Really enjoyed it. Thank you.

Where to start....brilliant and so important within our working and personal lives. I definitely have tools to go back to my team with and encourage kindness within our daily practice. I am stunned about the scientific facts and look forward to spreading this information.

Despite being digital it felt very personal and relatable

So grateful/thankful to be part of today – gave me a big lift!

The whole conference has been really engaging and thought provoking. There are lots of ideas I will be taking into my workplace. Thank you.

Has been a really powerful and engaging day. Our task is to keep this momentum going.

Really good day – every session inspiring. Thanks everyone.

This course has rebooted my confidence as a SCN that compassion, nurturing and caring for my staff is one of the most important aspects of a healthy workforce. Thank you.

On reflection I will definitely show others my gratitude for their kindness but also try the 7 day challenge in the hope it becomes part of my every day.

Inspirational and motivational. The science of kindness was particularly eye-opening. Loved the break-out rooms and a chance to 'meet' colleagues (including exec team) after months of working at home.

Very grateful to be part of today and grateful for those that organised it. Brilliantly done. Interesting, emotional and moving.

What a beautiful day at work.

We have the ability to make the change we seek – let's do it!

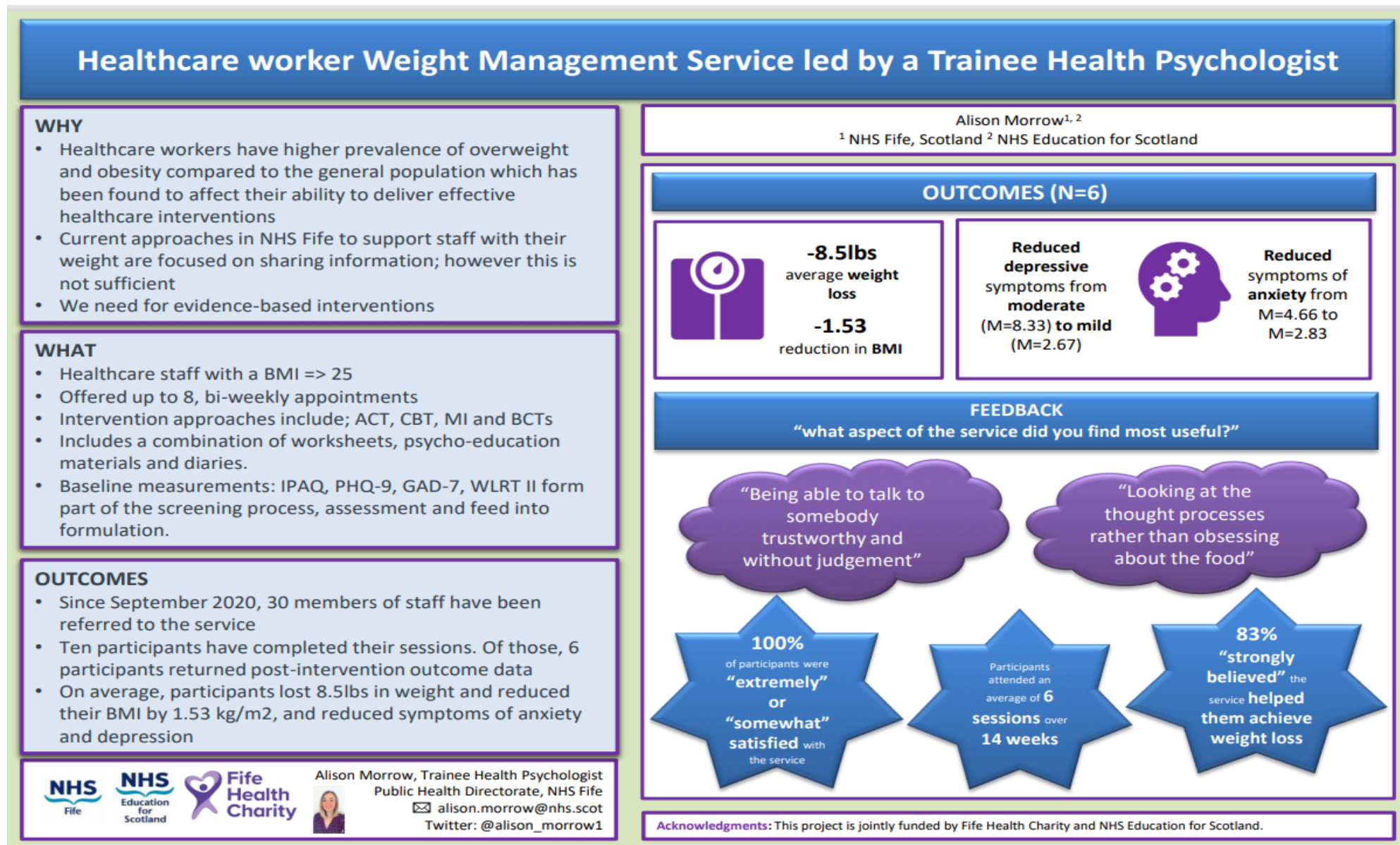
Spreading a Kindness Pandemic in NHS Fife!

We invite you to share this report with your colleagues and take the message of kindness forward. Give yourselves permission to be kind to others and to yourself. It will make a real difference to your health and wellbeing! Kindness is contagious – so pass it on!

We're delighted that some of our colleagues have already been inspired to create a Kindness Board after attending the conference. Well done to Lindsay and Leah in Theatres at QMH!



No act of kindness, no matter how small, is ever wasted. - Aesop



Staff Health and Well Being Hubs Health and Social Care Partnership

Background

Part of NHS Fife's response to the COVID 19 Pandemic was to recognise its impact on all our staff's mental health. The pandemic has affected us all whether that be on a personal level or as a carer of people during this time. Part of the response to the crisis was to establish Staff Health and Well Being Hubs that would provide staff with a place to go that had a calm and welcoming social space, a quiet place or a place where they could take a minute have a cup of tea and relax during breaks. It was also to be a place where advice and support could be accessed. This support could be remotely by seeing what resources were available to them digitally or via leaflets and other physical resources. It was also an opportunity to chat with someone from our Spiritual care team or Psychology department who provided a resource directly to hubs. A Hub was initially established at Maggie's Centre, Kirkcaldy for those staff working at the Victoria Hospital but this soon was rolled out further to ensure that all of our community hospital sites had somewhere where staff could go. These were supported by funds donated to NHS Fife during the pandemic.

Situation

We are now in a situation where the rates of COVID 19 are reducing and the vaccination programme is allowing the country to get back to something looking like normality but the reality for our staff is that the effects of the pandemic will be long lasting not only in terms of COVID but the remobilisation of services. It has been recognised that there is a need for the Staff Health and Well Being Hubs (SHWBH), as they are now called, to be more firmly established within NHS Fife and this has led to plans and work being started on upgrading the facility at the Victoria Hospital with the view to doing something similar at Queen Margaret Hospital. In order to make the best use of endowment funds and for as many staff to benefit as possible there is a need to think about the purpose of the Well Being Hubs, how they are currently being used and whether there are different solutions in different areas to achieve the stated aims of the hubs. Some of the locations of our current hubs are clinical spaces and these services are looking to remobilise.

In order to do this I have visited all the hubs and looked at their location, usage, what they can offer staff and what staff want on their site. This report is a personal reflection having spoken to many staff and observed the Hubs in action currently.

Adamson Hospital

This is located in Meeting Room 1. It is a bright setting in a quiet part of the hospital. It is a meeting room and therefore is not as a relaxing area as I would like it to be. It is used by staff and there were facilities available for making a hot drink and a fridge for perishable food stuffs. There was staff support information available but largely still looks like a meeting room. All hand gel, wipes etc was available in the Hub. It was poorly signposted.

Suggested action: In the future the meeting room may want to be reinstated and this clearly impacts on its use as a SHWBH. There is limited available space at Adamson so a shared SHWBH and meeting room may need to be the long term solution. The room could be invested in if this were to be the place for the future Hub i.e. soft furnishings, artwork etc A suggestion also made by staff was whether there was any opportunity to support a suitable outdoor covered space for staff to sit, in the better weather. A suggestion was made that the café could be used as a hub location. Staff preference is that it is a space for staff only and not a shared space with members of the public.

Update 24/06/21

Since the report was produced I have spoken to Karen Nolan, NEF Clinical Services Manager and the current SHWBH will shortly be returned to its previous function. It will be required for our continued medical education in the Adamson. We have discussed an alternative location for the hub and there may be some unused space that could be reallocated to the SHWBH. I will be visiting the hospital in July along with Karen to look at the potential indoor and outdoor space that could be used.

Cameron Hospital

SHWBH is situated in the area outside Letham Ward. It was formerly a room used for MDT meetings and discussions with relatives. Inside the hub there is a microwave, fridge, tea and coffee but there was no kettle on the day that I visited. It is a quiet room, small but accessible. There was good staff information, suggestions boards and mental health related web site addresses. The hub is rarely used at the moment and Letham ward want it back for meetings. I also visited the Dining Room at Cameron hospital and spoke to some staff. The dining room is well used but is a shared space for both staff and visitors. There is good outside space but it is poorly maintained. The current SHWBH is poorly signposted.

Suggested action: It has been agreed that the ward can get back the use of the room when they require it but I think it is still important that staff have a quiet place to go to should they require it. This may need to be reallocated. As the dining room is the hub of Cameron this could also be looked at as a shared facility where it feels less like a dining room but is a more relaxing, social space with an information area

where staff could find out about services that are available to them. The staff would appreciate a better maintained garden area outside of the dining room to be able to enjoy the fresh air and surroundings with a potential covered area where they could sit out even if the weather was poor. The dining room is a shared space with members of the public and patients and this maybe an issue for some staff.

Update 24/06/2021

This has been discussed in a variety of groups and it was felt that the dining room inside space at Cameron could be adapted and potentially expanded to incorporate the SHWBH. Outdoor space could be developed also. Once option has been developed then staff engagement will be key to further refining any proposals.

Glenrothes Hospital

This is located in the old dining area for ward 3. There are comfortable chairs and facilities where staff can make themselves a hot drink. It is largely used by ward 3 staff as it was their space originally. The other 2 wards generally have their breaks in their own wards. Staff, in general, do not use it. I visited the dining room where I spoke to some staff. This is a large space with tables and chairs and some soft seats. There is good outdoor space but it is poorly maintained.

Suggested action: Whilst it may seem ideal to bring staff together to support each other in Glenrothes Hospital, that is not the reality of how the wards work. They generally take their break near their ward areas. I think upgrading and maintaining some of the outside space may help all the staff which would require some staff consultation. An investment in the old dining area to re-provide the SHWBH in there may be the best use of any resources. The outside space attached to the dining area could be refreshed and maintained to improve the environment for staff and perhaps create an outdoor covered space where staff can sit out even when the weather is poor.

Update 24/06/2021

An upgrade of the old dining room continues to be the most popular choice to make the best use of the estate. The courtyard area also remains popular for outdoor space.

Lynebank Hospital

The SHWBH is provided in the Therapies Corridor near ward 4. It is well sign posted and sits in the heart of the hospital. It is a quiet and relaxing space with comfortable seats, books, games, support and advice available. There are kitchen facilities and supplies to enable staff to make a hot drink and relax. All wipes, hand gels are available.

Suggested action: There are probably improvements to the facility that would enhance it. A conversation with staff would be helpful to ascertain their requirements. I have met with Wendy McConville who is a Charge Nurse at Lynebank as well as a Unison staff side rep and she has some ideas for improvement on the site. She felt the current hub was well used and would only need some new soft furnishings to enhance it. She felt that several of the more remote wards could be provided with outdoor covered space where breaks could be taken. One ward I visited had a rest room that had no windows and another had a staff room that looked out onto the patient's garden which often gave them no break from work at all. The garden area opposite the main building is a restful space which just needs a refresh with perhaps a covered area also.

Update 24/06/2021

It is unclear whether the hub will be able to stay where it is currently located. It was an OT kitchen for patient. An alternative permanent hub location may be available which is more central but these issues will need to be determined by the staff at Lynebank. Whilst there are many ward staff at Lynebank still there are many other staff located in the main building as well as in the houses at the front of the hospital. Outdoor space will be considered for funding through endowments when a Green Space strategy has been developed. Staff accessibility to the hub and outdoor space is fundamental to staff on a large site. Staff have short rest breaks and often do not wish to walk far to access space.

Queen Margaret Hospital

The SHWBH is located in the gymnasium at Forthview Day Hospital as well as there being one Dining Room at Queen Margaret. The Hub at QMH is basic and is not used by staff. The Hub at Forthview is well used and appreciated by staff. It is a quiet, relaxing place and has access to facilities which allow staff to make a tea or coffee and have some time to themselves. Staff also have access to information about the support services which are available to them to look after their mental health. Our staff who use the hub are located nearby so in the future moving from this area may have an impact on the use by them. The current SHWBH is poorly signposted. Staff state that the current SHWBH location suits staff located in that area but staff elsewhere do not find it convenient and suitable to use during their break times.

Suggested action: If the clinical space is to be reclaimed then investing in the Dining Room area would be the next best option. Plans have been drawn up for a SHWBH to be set up and staff side have been consulted on the 2 options. There should be greater staff engagement when a preferred option is agreed so that it can be refined to get maximum footfall. Many staff in a short break will not have time to walk to

the Dining Room and therefore we should look at creating other spaces where staff can access. This could include covered outdoor space.

Update 24/06/2021

Staff Side have sought views from members and staff. Accessibility is a key issue. Many staff state that they would not be willing or able to walk across to the dining room during their breaks. They would like space either outdoor or indoor nearer to their workplace. The designs have been shown to myself and I have commented on them based on staff feedback. We do not think it is appropriate to have a meeting room or a staff office in the SHWBH.

Randolph Wemyss

The space used for the SHWBH is the Wellesley Room. It is well signposted and is a calm, peaceful area for staff. There were facilities for making a hot drink as well as a fridge and microwave. Detergent wipes and hand gel were present and there were signs about staff keeping the 2m distance even on breaks. There was information available to staff regarding their health and well being. The room was used by some staff but equally many still used the old dining room at the other end of the hospital. This is a good space but is rather stark and not welcoming.

Suggested action: The SHWBH remains in the Wellesley unit but some resources would be required to enable the old dining room to be a more welcoming area where the services on offer in the Wellesley Room are replicated in the old dining room. Due to 2m distancing there is only a limited number of staff who can utilise the rest areas at any one time.

Update 24/06/2021

Development of the old dining room into a SHWBH would fit in with the needs of the staff and make the best use of the space. Outdoor space is limited. There are significant general endowment funds in the hospital which could be accessed.

St Andrews Community Hospital

The SHWBH is located on the first floor and was formerly a meeting room. It is a quiet, calm and comfortable space used by many staff both from the wards and by community staff. It is spacious and has comfortable chairs to relax in. There is access to a fridge, microwave and kettle and there are tea/coffee and biscuits available. There is information for staff to inform them of help that they can access related to their health and well being. Detergent wipes and alcohol gel are all present.

Suggested action: This SHWBH is functioning well and is well appreciated by the staff. If the room were to become the permanent place for the SHWBH then a further small investment should be made to make it less like a meeting room e.g. artwork on the walls. There may be other spaces in the hospital that staff would like to see refreshed that they could use e.g. outdoor space.

Update 24/06/2021

Confirmed that current SHWBH could be used permanently.

Stratheden Hospital

The SHWBH is located in the Ceres Centre on the Stratheden site in the old canteen. There is also another one near to the Chapel. In the Ceres centre there is access to a kitchen, chairs and tables in the Hub. It is a large space but is not welcoming or relaxing and is only used by OT and domestic staff who work within the Ceres Centre. There is a large outdoor space at the back of the Ceres Centre but this is very tired looking. Some staff use the space at the Horticultural Centre to relax and take their breaks. The current SHWBH is poorly signposted.

Suggested action: The Stratheden site is large and staff are widely spaced out on the site so to locate somewhere for a SHWBH which will be easily accessible to all, and hence well used, is very difficult. I think we need to provide a central point where staff can get away from their workplace. The Ceres Centre is probably the best site but would require money spent on it. The outdoor space at the centre could be upgraded to make a space welcoming for staff and an enjoyable space to be used in the better weather if there were a covered area. Better outdoor facilities could be provided for staff throughout the site including the Horticultural Centre. Staff frequently take breaks on their wards due to its convenience and sometimes because staffing levels preclude them from leaving the ward. Staff in wards should be asked what they would like in their rest areas. The Horticultural Therapy space is an excellent area used by the staff throughout the site and is a calm, restful space for staff but as it is a large site it may not be suitable for all staff.

Update 24/06/2021

I have had further discussions with estates re the future use of the site. Many staff have expressed the view regarding accessibility. Need to engage with the staff throughout the site to determine what the best use of resources is. Many staff in the wards take a break near to their ward area. The 2 current hubs are of poor quality. ? hub should be contained within the current dining room. Does it require everything the other hubs have and will it be used? Staff engagement required.

Whyteman's Brae

The SHWBH can be located in Westfield Day Hospital. It formally was a 6 bedded bay when the area was used as a ward. It is accessed via a corridor where staff pass several Mental Health Teams. It is a quiet, comfortable and peaceful area. It has a suggestions/feedback board as well as written advice and how to access further support being available for the staff. There is a fridge, kettle and snacks to be able to make a hot drink and have a break. It is used by some staff but as it was previously clinical space this may well impact on its use in the future as a SHWBH and mental health services are keen to get this back.

Suggested action: There needs to be a discussion about where the space could be reassigned to if the clinical space is required back. The staff should also be consulted on what facilities should be available to achieve the purpose of the SHWBH e.g. outdoor space, quiet and rest/social facilities to take a break. This could be done through the site users group. I have subsequently met with Mark Stevens who leads the Site Users Group at Whyteman's Brae. There is some useful outdoor space that could be utilised for staff and a suggestion that if we were to lose the current SHWBH, whose location is not ideal, there is an alternative at the front of the hospital across from the café.

Update 24/06/2021

Spoke with facilities and they feel the space at the café entrance could be reallocated as the hub to allow the Day Hospital to resume its clinical function. There has been a bid to the general endowment fund to upgrade the outside courtyard space at Whyteman's Brae. This will be looked at after the Greenspace strategy has been developed for NHS Fife.

Conclusion

There is a need for the SHWBH to be seen as a permanent facility for the staff rather than just for COVID. It has been well recognised that the physical and mental health of our staff is vital to our ability to be able to respond to a crisis which in this case was a global pandemic. We need to ensure that what we establish is what our staff want and can meet the objectives of the SHWBH. They were to be places where:

- Staff could rest and relax.
- Staff could access information and resources, advice on support they may need.
- Staff could be quiet but also places where staff could be social.
- Staff could take a break and have a hot or cold drink.

The influx of endowment funds from the public and charities has meant that there is money to invest in achieving the above aims and it is important that all the Community Hospitals are able to access some of those funds to support Staff Health and Well Being. This may take a different form for each area but this discussed with the staff who work in the hospitals.

Update 24/06/2021

Agree a list of essential and desirable services and facilities for each hub.

Greenspace strategy to be developed before endowments will look at requests for improved outdoor space for staff.

Staff engagement.

Need to create multiple use space.

Simon Fevre

NHS Fife Staff Side Chair HSCP

Appendix 4 – “Our Space” Peer Support Sessions for Staff Shielding or Working from Home Evaluation

Overview of Sessions

The ‘Our Space’ online peer support sessions were designed for staff who were shielding or working from home, in response to the growing need for support in these challenging times – and to provide support for the transition back to work for those doing so. The aim was to provide a safe environment for staff to come together, to talk, to share experiences and to be listened to, in a non-judgmental, informal space.

The sessions were 50 minutes long, and were a place for participants to pause in their day; to allow moments of self-care / kindness; to provide an opportunity to meet others in a similar situation; and hear others' ideas on what they were managing in their own lives that was helpful to their well-being. They were also given the opportunity to explore what further support would be helpful for them.

Facilitator

Craig Gilbert facilitated these sessions, funded by the Fife Health Charity as part of the Well@Work Going Beyond Gold programme for staff wellbeing. Craig is a mindfulness practitioner, coach and mentor. He has worked for several organisations including Fife Cultural Trust, Kingdom Housing and Perth & Kinross Council. Craig facilitated the sessions by holding the space, providing a structure for the session and offering prompts and gentle guidance to support individuals' needs.

Dates

Eight 50 minutes sessions were run in two blocks from 4 March to 25 March 2021; then again from 29 April to 20 May 2021 to coincide with the time that many staff were going back into work.

Numbers

34 staff members signed up for a session. Over the eight sessions, 27 participants attended. On average, there were 3.3 participants at each session, ranging from 1 to 7 participants.

Detailed Comments from Some Participants

A couple of participants e-mailed comments after their session. The whole group were asked by email to provide feedback on their experience. The following comments were received:

I attended this afternoon's Peer Support Session with Craig, and found this very helpful, just getting the opportunity to connect with others who may have some or same experiences and apprehensions - as well as some good ideas of coping strategies.

I just did a session with Craig and 2 other colleagues - it was really excellent. The one good thing was that Craig facilitated it in such a way that the three of us have connected over email and will 'meet up' some time soon. This way we can continue the conversation and hopefully people will feel less isolated. Thanks for organising this.

I really enjoyed the one Our Space Shielding session that I attended. I chose to attend this session not because I had been shielding, it was because I had been off work for nine weeks after I lost my mum and thought that this session may be useful to attend. Craig was very welcoming and made the small group feel at ease and enabled us all to share our experiences

and situations in a safe space which was beneficial in giving some reassurance that we were not alone in some of the challenges we are currently facing. He was approachable and facilitated the small group session very well. Possibly as the group I attended was a small group, only three of us, we felt comfortable sharing our experiences however I am not sure if that would have been the case in a larger group.

Yes, I enjoyed the session which I attended. As I was isolating my mood was very low and I was very weepy. I did involve myself with the group (which I didn't think I would do) plus I realised that I wasn't the only person feeling the way I was.

I was shielding and this very good. I would definitely go on more sessions even although I am back at work and mixing with colleagues. I do find they didn't understand what I went through and were not very sympathetic. I think everyone needs to try a session or two.

I found the session very helpful to share my experiences of the past year with the group. I missed the first group as I forgot with so much going on and ended up working late. I think it was maybe 5ish. It helped to know others were feeling overwhelmed and struggling with the thoughts of going back in to work in person too and the changes impacted on lives with COVID. It is a great support to staff and most valuable. I would have attended more but think the one I did attend was the last one. Craig was excellent in his approach to our different concerns. I hope they put more of these on, and that staff can be released for this as I am sure staff in the clinical areas would benefit from the peer support sessions.

I found the session very good it helped me realise that I was not alone, and it was fine to feel angry, concerned about work also with feeling guilty that others were working, and I was at home, so it put everything together and it was fine to have all these feelings. It was also good listening to others to that felt the same way so yes, I felt the session was really helpful. I know there is a long way to go with this COVID and I must keep myself safe I'm feeling better within myself and I take each day as it comes and I do know now that I'm not alone there is always someone that I can talk to when needed.

I found my experience of the online Our Space very helpful. Craig made you feel welcome and certainly made me feel relaxed with his breathing techniques ...I felt comfortable with the group to be able to share some of my own experiences working from home and with feelings of anxiousness about returning to my place of work.

It was also very interesting to hear other individuals' experiences too and how they are dealing with work during COVID. Craig is a good listener and did mention to me to think about having another session as he did pick up on my worries about returning to the office which I hope to do.

The sessions were a good idea, I felt it was too short to deal with all the issues that were raised for everyone who have had to deal with this. Possibly a course of sessions with an agenda may have been more helpful?

Thanks for your email. I was booked on this course but could not attend as I had a medical emergency.

Conclusion

For those participants who provided feedback, the sessions were received very well. Participants felt welcomed and made to feel relaxed and at ease by the facilitator. Some suggested that the small number of participants was good (i.e. 3) as it allowed them to feel comfortable to share their feelings more openly. They found it beneficial to express their feelings in this safe space, and felt supported by others who felt similar about their situation. They learned

from each other about strategies to cope; and some made plans to connect beyond the group. A few said that they would find it helpful to continue these sessions even though they were back at work and they felt that others would find it beneficial. One suggested that the session was too short to cover all the issues raised and that a course of sessions could be more helpful.

In general, this evaluation suggest that this was a well needed and very well received service for staff wellbeing which supported a specific group of staff through a difficult point in the Pandemic.

Wendy Simpson
17 June 2021

Appendix 5 – Summary of Staff Health & Wellbeing Support Activities and Statistics

SUMMARY OF STAFF HEALTH & WELLBEING SUPPORT ACTIVITIES & STATISTICS

Occupational Health Staff Counselling / Management / Self Referrals – January to June 2021

| | Management Referrals | Self Referrals | Staff Counselling Referrals |
|---------------|----------------------|----------------|-----------------------------|
| January 2021 | 116 | 23 | 14 |
| February 2021 | 86 | 18 | 15 |
| March 2021 | 124 | 8 | 24 |
| April 2021 | 127 | 25 | 23 |
| May 2021 | 129 | 12 | 9 |
| June 2021 | 129 | 15 | 30* |
| TOTAL | 711 | 101 | 115 |

Occupational Health Management / Self Referrals Spit by Operational Unit – June 2021

| Management Referrals | | Self Referrals | |
|----------------------|----|----------------|---|
| Acute | 76 | Acute | 5 |
| Corporate | 15 | Corporate | 2 |
| HSCP East | 6 | HSCP East | 7 |
| HSCP Fife Wide | 20 | HSCP Fife Wide | 0 |
| HSCP West | 12 | HSCP West | 1 |

Mindfulness Peer Support Care Space Sessions – January to July 2021

| Mindfulness Peer Support Care Space Sessions | |
|--|----|
| QMH Physiotherapy | 8 |
| Tarvit Ward, Adamson Hospital | 15 |
| Tarvit Ward, Adamson Hospital | 15 |
| Letham Ward, Cameron Hospital | 10 |

SUPPORT FOR SHIELDING STAFF AND STAFF WORKING FROM HOME

Eight 50 minute sessions were run in **two blocks** from **4 to 25 March 2021**; then again from **29 April to 20 May 2021** to coincide with the time that many staff were going back into work. **34 staff members signed up for a session**. Over the **eight sessions, 27 participants attended**. An Evaluation Report will be available in due course. We are considering whether sessions like these should continue to be offered.

Reflective Spaces within the Public Health Department

Two bespoke sessions of reflection and peer support were run within Public Health by the Personal Outcome and Good Conversations Facilitators, recognising that it has been a busy period of activity within the Department. The success of these two initial groups, **(average of 12 staff attending within 2 teams)**, has led to the Department considering whether there are other groupings that would benefit from the opportunity to take part in similar reflective space sessions.

Spiritual Care Service Activity - January to July 2021

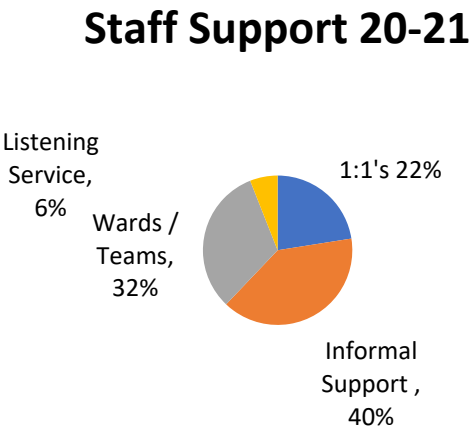
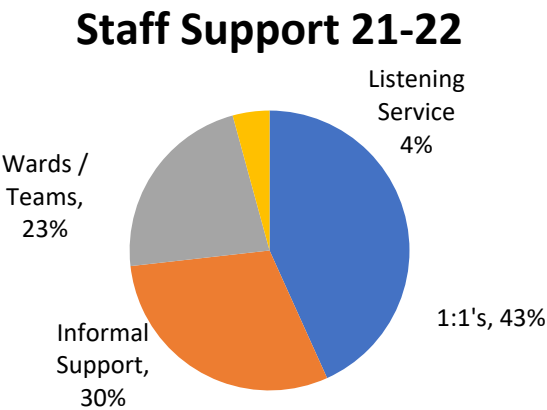
Over the first 6 months Healthcare Chaplains **recorded 1,744 significant staff contacts**. Such contacts are classified by the Department of Spiritual Care as; Formal 1:1, Informal Support, Team Support and the Staff Listening Service.

From April 2020 - March 2021, the Department received an average of **78 staff contacts** per week across the team. This has varied between **142 (May 2020)** and **30 (Christmas/New Year holiday period)**.

Over the year, the number of **1:1 sessions** each week has increased from single figures to around **30**, while the number of teams requesting support is declining, from **40 contacts** per week to **20**.

The **Staff Listening Service** has provided **237 calls to support 78 members of staff** across NHS Fife, Fife Council and Care Homes in Fife. The service has recently been expanded to include GPs and GP surgery staff.

The breakdown of contacts so far in 2021 is as follows:



Psychology Input – January to July 2021

NHS Fife Access Therapies Fife Staff Wellbeing Webpage

A dedicated staff wellbeing webpage was added to the existing Access Therapies Fife website. This webpage is a repository for local and national staff support options and self-referral portal for staff who wish to access psychological therapy.

Clinical Psychology Staff Support Team Recruited and Established

The Fife Psychology Staff Support team now comprises 2 Clinical Associates in applied psychology (CAAPs - 1.4 wte) and 2 Senior Clinical Psychologists (0.8 wte) who operationally lead the service and 1 Consultant Clinical Psychologist (0.1 wte) who oversees service development and governance and admin support. CAAPs offer CBT to staff who have mild to moderate mental health difficulties and the Clinical Psychologists offer input to staff with more complex needs.

The service also liaises with the wider mental health network to ensure that the mental health needs of staff are responded to in a timely fashion. There has been significant increase in numbers of staff* accessing the service in the second quarter of this year.

Information Sessions for Managers

These sessions are a 40 minute information session targeted at managers at any level within the organisation - and which aim to provide clear information on staff support options available both in Fife and nationally. The sessions also aim to explain the value of compassionate leadership and peer support and to empower managers to recognise the important contribution that they make to supporting staff. To date, the sessions have been attended by approximately **150 managers**.

Online Spaces for Listening

These sessions were offered to staff via the Access Therapies Website - but there was little demand for these sessions. These sessions have now been replaced by an offer to run Spaces for Listening or an equivalent Care Space with existing teams. There has been limited interest in this offer so far.

Reflective Practice Groups - Offer for Managers

Reflective practice sessions to support the capacity of managers during the pandemic were offered but with relatively little take up. Reflective practice sessions have been directly run with frontline medical staff working in acute care between February and July 2021 and a reflective space offered to a member of NHS Fife staff to support their running reflective practice sessions with other staff groups.

Support and Supervision for Peer Supporters (CISM and ICS trained)

The Fife Psychology Staff Support has worked in partnership with medical staff to consider the needs of peer supporters trained in the Critical incident Stress Management (CIMS) and Intensive Care Society (ICS) Peer Support models. Input has been made into the CISM peer supporters learning sessions and group supervision for ICS staff is being planned.

Appendix 6 – Health and Wellbeing Information / Campaigns Publicised to NHS Fife Staff

Clear Your Head Mental Health Campaign

The Clear Your Head Mental Health Campaign aims to help support people with their mental health and provides simple tips to help cope and signposts to information and support. Getting back to familiar places and experiences can feel overwhelming. Remember lots of people are feeling the same way right now, and it's important to take things at your own pace. To find out more about [Clear Your Head Mental Health Campaign](https://clearyourhead.scot/) please visit <https://clearyourhead.scot/>.

Thrive Line Awareness Sessions

Thrive Line Awareness Sessions has been arranged one-hour awareness sessions on interpersonal relationships and the importance of places and spaces. This will briefly cover the significance of attachment in developing relationships and how places or spaces can connect people to their wider community.

The COVID-19 pandemic has highlighted the importance of community green and active spaces for our mental health and wellbeing, and the key role that access to community resources and assets have been at this time. As part of the Thrive Edinburgh commitment to build resilient communities, they are developing the 'Thrive Line' which will connect health, arts, green or other places and spaces which can promote and improve mental health and wellbeing, and enable people to build connections and relationships.

Sessions are being held on Wednesday 15 September 2021 between 10.00 am and 11.00 am and Thursday 16 September 2021 between 3.00 pm and 4.00 pm.

Please contact thrive.edinburgh@nhslothian.scot.nhs.uk to book a place.

National Wellbeing Hub – New Resources on the Hub

The National Wellbeing Hub has produced the following new resources, which are now available for staff:

Dealing with increased levels of anxiety

Resource / advice sheet for everyone working in health and social work/social care: [Feeling anxious about restrictions being lifted? Here's how you can stay in control](#). It is in response to reports of increased levels of anxiety amongst the workforce and carers in the context of restrictions being lifted.

NHS Boards, H&SCPs and other partner organisations have been advised of the resource and requested to take the necessary action to make their colleagues aware of it via their organisation intranets and other communication channels.

Financial Wellbeing

Working collaboratively with the Money and Pensions Service to produce a Money Helper video for everyone working in health and social work / social care, and unpaid carers to raise awareness of money worries and to encourage people to seek help at an early stage. This is available via the following link – [click here](#) .

Workforce Specialist Service

A new video explaining the Workforce Specialist Service has been added to the hub and is available via the following link: [view it here](#)

An example of 'leading practice'

The Royal Pharmaceutical Society has proactively developed a Pledge to promote mutual ownership of wellbeing and mental health amongst their members and their employers. The NHS Board's Directors of Pharmacy have signed the Pledge. Further information is on the 'Latest' page of the National Wellbeing Hub – [click here](#) to see it.

The National Wellbeing Hub has been totally redesigned/rebranded and restructured; its functionality has been improved and content updated / re-presented in various formats. A fuller update on progress will be available in due course.

Workforce Wellbeing Champions Update

National Wellbeing Hub – One Year On. This month saw the number of users accessing the [National Wellbeing Hub](#) surpass 100,000. The weekly average number of users has also risen from 900 in the first month to around 1,500 in the last 4 week period, with an average 75% of them being 'new users'.

An upcoming [podcast series](#) on the theme of The Courage To Be Kind, features Carnegie Trust Associate, Dr Elizabeth Kelly and health journalist, Pennie Taylor, discussing the Trust's learning about kindness in health and social care in Scotland over the past 12 months across six short episodes. The range of digital apps available has also been extended with the addition of SilverCloud for Low Mood / Depression.

The Hub is currently being redesigned to improve its functionality and update content in line with feedback and insight into the impact of the pandemic on the workforce. The Hub has been formally rebranded to 'The National Wellbeing Hub' with updated areas for new material and media formats, including newly commissioned material, podcasts and recordings of past webinars. Work is also underway, in partnership with The Money & Pensions Service, to develop new material and tools to assist staff with their Financial Wellbeing.

The Focus on Wellbeing webinar programme continues to grow in popularity. From 2,000 registrations for the February / March (Phase 2) programme to 12,000 for the March / May (Phase 3) programme. Details of the new programme for May / June will be circulated shortly and will be available [here](#). It will include sessions on Psychological First Aid, Peer Support, Anxiety and Financial Wellbeing, among others.

Recent letters sent to Boards providing feedback on remobilisation plans, outlined that the recovery of services will not be possible without the recovery of our workforce. Any remobilisation of services has to be effectively managed alongside a commitment to ensure that staff have the opportunity to decompress and heal. We know that the vast majority of people will recover using well-established recovery techniques that support their basic emotional and practical needs such as; self-care and wellbeing planning, emotional support through formal and informal connections such as peer support, practical support, safe working environments, sufficient equipment and training, breaks and nutrition. The activity being taken forward in these areas by Health Boards, HSCPs and Local Authorities is welcomed, and the national network will seek to share and build upon what is working well.

A short-life working group on staff recovery has been set up to provide recommendations that provide staff in both health and social care with the 'space to recover' and ensure that they have access to appropriate services to aid their recovery. This work is being delivered at pace and will create a number of actions and resources to consider. There is a lot of excellent practice in Health Boards, HSCPs and Local Authorities that already existed or is being developed, and by combining both health and social care in this recovery work, there is an opportunity to share best practice with other areas.

Staff are being encouraged to share feedback through a dedicated mailbox - HSCWorkforceRecovery@gov.scot - on successful local wellbeing and mental health initiatives that could be supported at a national level in addition to the wellbeing resources currently available including; the [National Wellbeing Hub](#), Helpline and Workforce Specialist Service. A copy of the August 2021 Workforce Wellbeing Champions Update is available below.

Workforce Wellbeing Champions Update – August 2021

Welcome to the latest Workforce Wellbeing Champions Update. This newsletter is intended to share with Champions the latest wellbeing and mental health developments for the workforce, signpost to useful resources and share requests for support. An editable version of this update is also attached to encourage Champions share the newsletter among their own networks. If there's anything further you'd like to see included in future editions, please get in touch.



A message from Kevin Stewart MSP

I was very grateful to be invited to the recent Wellbeing Champions meeting and hear directly from you about the wellbeing initiatives that have been successful – such as Coaching for Wellbeing – those that could be improved and areas that we need to look at in more detail. What came across very clearly was that we need to continue to work hard on addressing the barriers that prevent the workforce from accessing the wellbeing resources that are available, whether that's through technology or by facilitating access to the necessary time and space that allows people to focus on their wellbeing needs.

We also discussed some of the specific needs of the workforce that you have identified through your jobs. I mentioned during the meeting that social care and primary care will be targeted with £2 million of additional support in recognition of the specific needs of staff working in those services in responding to the pandemic. You will also be aware that we are in consultation on legislation to establish a National Care Service, with Wellbeing for social care being at the heart of this service.



Once again, thank you for your continued work and dedication to this group. I look forward to working with you in the future.

**Kevin Stewart, Minister for Mental Wellbeing and Social Care,
Scottish Government**

Latest updates

- On 27 June, the Cabinet Secretary for Health and Social Care [announced an £8 million package](#) to support the wellbeing of health and social care staff across Scotland. The increased support will help fund a number of immediate recovery actions and lead to the development of a National Wellbeing programme.
- The priority areas for action will include the ongoing development of the **National Wellbeing Hub**, **National Wellbeing Helpline**, and **psychological interventions and therapies** for staff. **Coaching for Wellbeing**, **digital apps** and the **Workforce Specialist Service** for regulated staff will also be provided, along with **time and training** for staff to support each other as teams. More **practical support** for staff like rest spaces will also be provided.
- Social care and primary care will be targeted with £2 million of support in recognition of the specific needs of staff working in those services in responding to the Coronavirus (COVID-19) pandemic.

Wellbeing Conversations

- A short-life working group set-up to look at the recovery of the workforce identified a series of areas for action that included expanding the promotion of wellbeing conversations taking place within organisations. We are now exploring what the guidance could look like with small, targeted groups - specifically undergraduates, newly qualified staff and care at home staff. If you'd like to work with us to develop guidance for your organisation, please get in touch with tom.andrews@gov.scot.

Workforce Specialist Service Communications Toolkit

- A [communications toolkit](#) containing guidance and materials which can be used to promote the Workforce Specialist Service (WSS) to colleagues has been developed. The toolkit contains promotional materials, including a leaflet, poster and reminder card, that can be used to raise awareness of the WSS with colleagues who may benefit from the service.

National wellbeing support

A range of national support is available to supplement local staff support arrangements:

- The [National Wellbeing Hub](#) provides online support for everyone working in health and social care services, unpaid carers, volunteers, and their families. In addition to providing a range of evidence-based resources, including access to digital programmes designed to help with mental health, and Coaching for Wellbeing. The Hub also acts as a pathway to a range of psychological support and treatment services.
- The **National Wellbeing Helpline** (0800 111 4191) is available to everyone working in health and social care services. It is a compassionate listening service based within NHS 24's Mental Health Hub which you can access 24/7. Calls are responded to by trained Psychological Wellbeing Practitioners (PWPs) who can provide a range of support, including the resources available through the National Wellbeing Hub. If

needed, and only with your consent, PWPs can also refer you on to your local staff support services for further support. Callers can choose to be referred to support services outwith their employing Board, if they prefer, as reciprocal arrangements have been put in place between Boards.

- **Coaching for Wellbeing** support is offered through a bespoke digital platform in partnership with NHS Education for Scotland. More than 4,000 hours of coaching have been allocated to-date to over 1,000 members of staff from across health and social care. More information on Coaching for Wellbeing, including instructions on how to apply, can be found at [here](#).
- The **Workforce Specialist Service** is a confidential support service available for regulated staff who, as a result of their professional role, may experience difficulty accessing confidential assessment and treatment for mental health. The service is provided by health professionals who specialise in confidentially supporting regulated professionals with mental health issues including anxiety, depression or an addiction problem, in particular where these might affect their work. More information is [available here](#).

Further resources

- [New resources have been added to the National Wellbeing Hub, including:](#)
 - [Feeling anxious about restrictions being lifted? Here's how you can stay in control](#) – produced for everyone working in health and social care in response to reports of increased levels of anxiety amongst the workforce and carers in the context of restrictions being lifted.
 - [Financial Wellbeing – the Hub has worked collaboratively](#) with the Money and Pensions Service to produce a [Money Helper video](#) for everyone working in health and social work/social care, and unpaid carers to raise awareness of money worries and to encourage people to seek help at an early stage.
 - **Workforce Specialist Service (WSS)** – A new video explaining the WSS has been added to the Hub – you can view it [here](#).
- The **Charity for Civil Servants** now have a [Burnout Hub](#) on their website, with a range of resources available to help practice self-care and avoid the risk of burnout.

Feedback

To be added to or removed from the newsletter, to provide feedback or to submit items for inclusion in future editions, please reply to this email **by w/c 27 September**.

**UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD
ON WEDNESDAY 21ST JULY 2021 AT 13:30 HRS VIA MS TEAMS**

Chair: Wilma Brown, Employee Director and Co-Chair: Simon Fevre, British Dietetic Association

Present:

| | |
|--|--|
| Kirsty Berchtenbreiter, Head of Workforce Development & Engagement (3pm onwards) | Chris McKenna, Medical Director |
| Nicky Connor, Director of Health & Social Care | Alison Nicoll, Royal College of Nursing |
| Kevin Egan, UNITE | Emma O'Keefe, Consultant in Dental Public Health (until Joy joined at 14:00 hrs) |
| Maryann Gillan, Royal College of Midwives | Janette Owens, Director of Nursing |
| Ben Hannan, Chief Pharmacist | Lynne Parsons, College of Podiatrists |
| Paul Hayter, UNISON | Joanna Pickles, British Medical Association |
| Joy Johnstone, Federation of Clinical Scientists | Sandra Raynor, Head of Workforce Resourcing & Relations |
| Chu Lim, British Medical Association | Kevin Reith, Deputy Director of Workforce |
| Kirsty MacGregor, Head of Communications | Andrea Smith, Lead Pharmacist |
| Andrew Mackay, Deputy Director of Acute Services | Joy Tomlinson, Director of Public Health |
| Wendy McConville, UNISON | Jillian Torrens, Senior Manager - Mental Health & Learning Disability Services |
| Neil McCormick, Director of Property & Asset Management | Andrew Verrecchia, UNISON |
| Margo McGurk, Director of Finance & Strategy | Mary Whyte, Royal College of Nursing |

In Attendance:

Bryan Davies, Head of Primary Care and Preventative Care Services, H&SC
Lynne Garvey, Head of Community Care Services, H&SC
Rona Laskowski, Head of Complex and Critical Care Services, H&SC
Maxine Michie, Deputy Director of Finance
Caroline Somerville, UNISON
Janet Melville, Personal Assistant (Minutes)

Actions

WELCOME AND APOLOGIES

W Brown welcomed everyone to the meeting: in particular, J Tomlinson attending her first Area Partnership Forum; and guests/ new members of staff, B Davis, L Garvey, R Laskowski, M Michie and C Somerville; and introductions were made.

Apologies were noted from: C Dobson (A Mackay attending), L Douglas, S Garden (B Hannan and A Smith attending), L Noble, C Potter and R Waugh.

46/21 PRESENTATION: ANCHOR INSTITUTION

J Tomlinson shared a brief presentation advising that a Programme Board, chaired by C Potter, has been established to develop NHS Fife's ambition to become an Anchor Institution. It is an exciting initiative and essentially involves exploring how NHS Fife can contribute to and significantly influence the health and wellbeing of local communities, working collaboratively with like-minded, local partners. There are five main ambitions:

Employment - providing stable employment, paying a living wage, and offering fair working conditions, work-life balance and career progression.

Procurement and Commissioning for Social Value - procuring and commissioning more goods and services from local businesses can have an important economic impact.

Use of Capital and Estates - thinking about how the NHS can manage and develop its land and estates to support broader social, economic and environmental aims.

Environmental Sustainability - NHS organisations have a significant impact on the environment and are some of the largest contributors to climate change e.g. use of energy, water and consumables, including plastics; waste production and management; travel, which contributes to air pollution.

Working in partnership - the NHS can accelerate progress by working with others to impact and develop shared approaches. The combined assets of anchor institutions in terms of local jobs, spending and land can be significant and more reach into the community than they would have individually.

S Fevre thanked J Tomlinson for her informative presentation.

S Fevre asked if 'Anchor Institution' was being taken forward by all Health Boards in Scotland. M McGurk confirmed that not every Health Board is at the same stage (NHS Fife is in the initial phases) e.g. national contracts would need to run their term prior to determining scope for local procurement arrangements. C McKenna confirmed that the Anchor Institution concept is not mandatory but C Potter passionately wants NHS Fife to 'make a difference' to the people of Fife.

47/21 MINUTES OF PREVIOUS MEETING AND ACTION LIST

The minutes of the meeting held on 19th May 2021 were accepted as a true and accurate record.

With regard to the outstanding actions, it was agreed to arrange the Workshop for a date in September 2021; and the StaffLink update would be given at Item 17 (61/21).

MMcG

48/21 MATTERS ARISING

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

49/21 COVID-19

a. Vaccination Programme Summary

B Hannan summarised the progress to date of the COVID-19 Vaccination Programme: all adults over the age of 18 in Scotland have been invited to have their first dose of the vaccine, with 89.3% of adults in Fife having had at least one jab which is on par with the national average.

Nationally, the focus is on encouraging unvaccinated individuals to attend 'drop in' vaccination centres or be vaccinated through 'pop in' sessions. Recent Joint Committee on Vaccination and Immunisation (JCVI) advice is for children who have chronic disabilities or are >12 years and/or live in a household with someone shielding, and individuals turning 18 within 3 months, to be offered the vaccine. Locally, NHS Fife is liaising with St Andrews University to take forward

the vaccination of international students.

From the current tranche of vaccination there will be a move to a COVID-19/ seasonal flu immunisation programme with a change of responsible officer from S Garden to N Connor. Pharmacy staff are working with H&SC colleagues to ensure a smooth transition.

The supplementary workforce contracts will terminate at the end of March 2022 but will support the vaccination programme over the winter months.

The remit of the new Immunisation Programme Director includes the sustainability of a vaccination workforce in the longer term.

S Fevre queried whether vaccinator staff could be deployed elsewhere to support other pressurised areas now that the vaccination programme is less busy. B Hannan advised that this is not straightforward as it would seem as most of the vaccinator workforce are Band 3 Healthcare Support Workers, recruited to specific vaccinator roles. J Owens acknowledged that it would be beneficial to ensure more flexibility in the future and indicated that appropriate steps are being taken nationally. N Connor confirmed that a 'Once for Scotland' approach is under discussion.

b. Public Health Update

J Tomlinson provided an update on the COVID-19 pandemic. In June 2021 there were rapidly escalating case numbers due to the establishment of the more easily transmissible Delta variant. However, case numbers have now dropped substantially and the 7 day average continues to fall. The R number (rate of spread) is currently stable: below 1. However, the 9.5% positivity rate is high and pressures continue, and although hospitalisations are creeping up, it is not as bad as previously experienced.

We are continuing to see the positive impact of the vaccine to protect individuals from severe illness and requiring hospital treatment; and reducing the number of deaths. J Tomlinson reiterated that the NHS is 'open' and individuals should seek medical attention should they feel unwell.

Given the lifting of restrictions, and depending on how people mix and interact, it is likely that cases will rise, plateau and then fluctuate in the coming months. The Test & Protect approach will continue to follow up contacts including using digital options, to support interruption of virus transmission.

S Fevre requested the statistics for individuals testing positive for COVID-19 who are unvaccinated, single or double vaccinated. J Tomlinson didn't have all the figures to hand but acknowledged that people can still catch the virus even having been immunised, but in general they tend to be less severely affected. A Mackay added that elderly patients who earlier in the pandemic had a poor recovery, have been fully vaccinated are now recovering after medical intervention.

APF **noted** the updates.

50/21 HEALTH PROTECTION REGIONAL DELIVERY UPDATE

J Tomlinson explained that the Regional Health Protection Project is a collaborative project involving NHS Borders, Fife, Forth Valley and Lothian with the aim of developing a regional collaborative model for Health

Protection services which will deliver improved service resilience, sustainability, minimise duplication and ensure a service fit for the future.

A formal project structure and associated governance arrangements have supported the work which has had the benefit of Partnership involvement at every stage. Through a Clinical Reference Group, which included representation from both Nursing and Consultant teams in each Board, specialist Health Protection knowledge and clinical engagement was secured to deliver a formal Options Appraisal process. Engagement with clinical teams from the 4 Boards has been enthusiastic and constructive throughout the process, recognising and supporting the need for change and the opportunities presented through the Project, with the following particular challenges highlighted:

- On-call rotas
- Staff retention
- Training and education of Health Protection Nurses
- Role development for nurses
- Service resilience

Through the Options Appraisal process, the Clinical Reference Group identified their preferred option which describes a model where small local Board teams provide routine Health Protection services, with regional resources identified and deployed for strategic work and mutual aid/surge capacity.

Chief Executives and Directors of Public Health have asked that a potential approach to implementation is set out for Boards to consider, with a series of meetings now underway to discuss this more widely with Board Executive Teams. Further communications to follow on the next steps.

APF **noted** the update.

51/21 UPDATE ON NHS FIFE NURSING VACANCIES, USE OF SUPPLEMENTARY STAFFING AND NURSING RECRUITMENT PROPOSALS

J Owens talked to the previously circulated paper, which highlights workforce concerns, and proposals to address the issues. NHS Fife (as other Scottish Boards) are facing significant shortfalls in staffing levels, particularly in the nursing job family due to unfilled vacancies, sickness and COVID-19 related absences. Requests for supplementary staffing, including agency and bank staff are increasing rapidly. National initiatives are in place but with remobilisation of services and the continuing impact of COVID-19, the workforce is under increasing pressure, with the potential of adverse affect on the quality of patient care and staff health and wellbeing.

Innovative recruitment and staffing models are being employed locally e.g. increasing Nursing & Midwifery and supporting HNC placements, additional Mental Health students, Return to Practice, around 180 Newly Qualified Practitioners will commence with NHS Fife in September 2021 and a pool of staff within Emergency Care.

Nursing vacancies are running at 7.1% in NHS Fife (East Region, together with Borders and Lothian it is 7.3%).

NHS Fife Nurse Bank continue a rolling programme to recruit to ensure additional resources and resilience; demand for nurse bank has increased dramatically in recent months. Sickness levels have risen to 5.6% with concern about the potential for a rising trend.

The main age demographics for both registered and non-registered staff is 50-60, which indicates a large proportion of nursing staff are approaching retirement; modelling is being undertaken to determine likely numbers.

Critical Care uplift and the Elective Orthopaedic Centre will require staffing.

Midwifery vacancies are 5.68%. Recruiting to these posts is challenging; work is ongoing with the three universities in Scotland to attract more students to Fife.

Yoevil Trust in England has a successful model for overseas recruitment which is being considered by NHS Scotland for Nursing & Midwifery, AHP and Medical staff.

J Owens advised that weekly meetings are being held to proactively address staffing issues and to find innovative solutions in order to ensure we can provide quality patient care while looking after staff health and wellbeing.

W Brown observed that the staffing crisis is affecting staff: the additional pressures on those who remain at work, who may be deployed to other areas, and not being able to provide the care they would like. The level of vacancies is worrying and perhaps should have been brought to APF earlier; however, consideration should be given to where international staff are recruited from e.g. not to 'steal' from poorer countries; K Reith agreed the importance of ensuring a sustainable workforce pipeline in the longer term.

A Verrecchia queried whether there are any early indications that the regionalisation of recruitment services has streamlined processes. K Reith suggested it was too early in the process to establish any significant improvements; however the adjusted structure should do so going forward. It is anticipated that it will be 12-18 months before the benefits of shared practices are apparent.

The discussion that followed included: using recruitment and retention and frameworks to develop Advanced Nurse Practitioner and Band 4 workforce roles; using case studies and examples to highlight stories through Comms to attract individuals to work in NHS Fife; ensuring the time between appointment and commencement is as short as possible so that preferred candidates don't go elsewhere; looking at trends to assist with future planning. It was acknowledged that short-, medium- and long-term solutions are required to address our workforce issues. J Owens advised that Nicola Robertson is leading a Nursing & Midwifery Workforce Group to explore recruitment, retention and supplementary staffing; to prepare a robust action and improvement plan; and to implement initiatives. Conversations are also taking place with Acute Services and H&SC senior nurses.

L Parsons questioned whether measures are in place to retain employees as there is an increasing trend of staff retiring early. J Owens advised that post-graduate education, training and support is offered; during the recruitment process any additional appointable staff can be offered another vacancy; internal moves within NHS Fife are encouraged and rotations to support career opportunities.

APF **noted** the update.

52/21 FINANCE UPDATE FROM THE INTEGRATED PERFORMANCE & QUALITY REPORT

M McGurk advised that this is the first report of the 2021/22 financial year, detailing the position as at end May 2021. There is a concerning overspend; the two main drivers being COVID-related expenditure and brought forward

legacy savings. However, COVID allocated funding has been received to cover current expenditure and support is being sought in terms of delivering the required savings. All Boards are being asked to provide detailed year-to-date figures as at end June 2021 and the forecast outturn.

The SPRA (Strategic Planning and Resource Allocation) process has identified areas for investment e.g. Safe Staffing and an increased resources for Acute medicines. An overspend is emerging; M McGurk urged budget holders to capture everything that should be recorded as 'COVID-19' related.

In terms of Capital expenditure, the forecast is breakeven. The Elective Orthopaedic Centre build is progressing well through the initial construction phase as are other minor works. In addition, an allocation of monies for the new Hospital Electronic Prescribing and Medicines Administration System (HEPMA) is anticipated; and costs associated with the Mental Health and Health Centre programmes of work.

M McGurk introduced M Michie, Deputy Director of Finance. Included in her remit is to critically assess the financial report to ensure it is delivering the required information and that it is easy to understand key areas.

APF **noted** the report.

53/21 ACUTE SERVICES UPDATE

A Mackay indicated that the whole of the system, including Acute Services, is under enormous pressure with increasing demand on services. The number of individuals presenting at the Emergency Department (ED) is back to the high levels last seen in 2019, with ED admissions above both 2019 levels and 10% higher than the seasonal average for this time of year; this is projected to continue in the coming weeks across the three key aspects of Paediatrics, Emergency Surgical and Medical Surgical activity.

These pressures have been exacerbated by the impact of COVID-19. Earlier in the pandemic there was a direct correlation with the rise in cases and hospital admissions; now it is more difficult to predict, requiring an agile response to changes in demand. COVID-19 numbers are plateauing but monitored closely. ICU is close to trigger point; there are daily discussions regarding critical care.

A Mackay drew attention to staff pressures: reasons include vacancies, annual leave, and staff absence due to COVID-19, together with the usual lower staffing levels during the summer period. Work continues to support staff and work through demand (as are other Boards).

W Brown raised concerns that she had heard that staff are being encouraged not to take leave until later in the year (A Mackay was unaware of this) and/ or are being disturbed during their leave and asked to come into work. W McConville confirmed there are mixed messages around leave and days off/ staff feel compelled to work.

APF **noted** the update.

54/21 HEALTH & SOCIAL CARE UPDATE

N Connor provided an update on three key areas:

The H&SC Local Partnership Forum meets every six weeks; the first annual report was previously circulated to APF. The H&SC LPF is hugely valued and enables useful partnership discussions.

In relation to COVID-19, H&SC is facing similar pressures to Acute Services:

there are ward and bay closures, impacting on patients and staff across many hospital sites. Staffing remains a challenge in both hospital and community settings due to vacancies, sickness absence and staff isolating; and is reviewed daily. N Connor extended her sincere thanks to staff for supporting each other throughout the pandemic; progress is being made with staff health and wellbeing resources. N Connor advised she will clarify any confusion in relation to annual leave within H&SCP.

In terms of H&SCP, N Connor acknowledged wider system pressures across social care, care homes and social work services. A significant amount of work is ongoing with regard to staffing, recruitment, reviewing packages of care and liaising with external providers. There is sustainable flow with the Home First strategy in the medium term, with the necessary supports in place. Nine Care Homes are currently closed with thirteen others remaining open with Public Health support. The approach now is to employ a risk assessment process for Care Homes, and only close the whole home when required to do so; this is helpful in supporting flow and workforce pressures.

Other areas of focus include work and recruitment around CAMHS and Psychological Therapies, to address waiting times and treatment. The Flow Navigation Centre is now 'live' in terms of the access pathway; and has received positive feedback with 27% of individuals not requiring admission. There is recruitment of new Advanced Nurse Practitioners to support this pathway. Revised Primary Care memorandum of understanding is imminent; well established groups in place. In the process of recruiting to a Programme Director to take forward COVID-19, Flu Vaccination and other Immunisation programmes. In terms of the retention and sustainability of the AHP workforce; this work is being taken forward by Amanda Wong, Associate Nurse Director and B Davies.

S Fevre queried in relation to care homes the current situation with visitors; it can be upsetting being allowed to visit one day and not the next. N Connor noted that each care home is different and is risk assessed on an individual basis, and appropriately actioned upon the help and advice received from Public Health colleagues. N Connor advised she is chairing a Directors Care Home Oversight Group which meets weekly and together with daily reports and Teams call, there is good engagement and a well-accepted process in place to implement appropriate mitigations. J Owens confirmed that Scottish Government funding is enabling recruitment of additional Nursing and Care Home Leads and community staffing, together with training opportunities and joint working including Infection Control colleagues.

Self Isolation Guidance

W Brown suggested this would be a good point to feedback on Humza Yousaf's, the Cabinet Secretary for Health and Social Care, advice to staff who are currently being required to self isolate (when double vaccinated and have come into contact with someone who tested positive to COVID-19). The Scottish Government changes to the self-isolation rules provide an exemption for health and social care staff, to be applied in extreme circumstances, with staff who voluntarily agree not to self-isolate. It will allow essential staff in critical roles to return to work to maintain lifeline services. W Brown emphasised that staff should not face undue pressure to return to work, it should be 'voluntary'. Although not fully implemented yet - it still requires staff side approval - some Boards have started using it as a framework. W Brown stressed that the comms to staff must provide a clear message that they will be supported appropriately. No timeline has been advised for publication of the guidance.

NHS Boards were asked to pass on Humza Yousaf's thanks to the workforce, he understands the pressures they are working under and offers his ongoing support. Humza Yousaf has requested partnership representation during visits to healthcare settings.

APF **noted** the update.

55/21 NHS FIFE POPULATION HEALTH AND WELLBEING STRATEGY

M McGurk advised that an update on the NHS Fife Population Health and Wellbeing Strategy is going to the Executive Directors Group (EDG) on 22 July 2021 and will be shared virtually with APF to keep members informed. Currently establishing critical paths for developing the strategy; including engagement with APF and staff; preparing the EQIA; and creating a 'brand'. M McGurk suggested that the strategy is discussed more fully at the forthcoming Workshop in September 2021.

APF **noted** the update.

56/21 NHS FIFE WORKFORCE STRATEGY 2022/25

K Reith advised that the extant Strategy is current until 31 March 2022. The Workforce Strategy 2022-2025 work will dovetail with the Population Health & Wellbeing Strategy. The timescales for the next Workforce Strategy are currently being finalised to ensure the development proceeds timeously through the governance route to meet the deadline for submission. Work is ongoing with members of the Strategic Workforce Planning Group; and Operational Workforce Planning Group members are currently populating the Action Plans for their area of responsibility which will inform the Strategy. APF are encouraged to engage with the process and provide suggestions and comments on the draft which will be circulated in due course.

K Reith reported that since the paper was submitted, feedback from the Scottish Government has been generally positive on our aims and aspirations; with a request to be more specific in terms of demand and supply of workforce.

APF **noted** the report.

57/21 EAST REGION PROGRAMME BOARD

C McKenna advised there was nothing of significance to report. C McKenna observed that the regional Health Protection work is a very good example of the benefits that regional working can bring. There was a commission from the Chair to explore Haematology services and subsets of that speciality are adaptable to regional working to support sustainability.

a. East Region Recruitment – Shared Services Agreement

S Raynor acknowledged that APF is familiar with the East Region Recruitment Programme and updated APF with progress to date: currently working under a memorandum of understanding which covers the interim period of TUPE arrangements prior to 'going live' when the Shared Services Agreement (SSA) will take effect. The aims of the SSA are detailed in the paper; the document was produced by the East Region Programme Board. The SSA has been to EDG in June 2021 and to Staff Governance Committee (SGC) earlier in July 2021. Further progress will be advised as we move into the new model.

APF **noted** the updates.

58/21 STAFF HEALTH & WELLBEING (INCLUDING PROMOTING ATTENDANCE)

Staff Health and Wellbeing Update

S Raynor highlighted from the comprehensive report:

- The overview of Occupational Health and Mental Health activity and how the offered support will evolve to meet demand.
- The online Inspiring Kindness Conference was well received with positive feedback; the formal evaluation will be circulated in due course.
- Plans for the Staff Health & Wellbeing Hubs at Victoria and Queen Margaret Hospitals are progressing well. S Fevre has been undertaking research into the Community Hubs.
- Peer Support is being taken forward by Dr Elspeth Pitt and Dr Marcia McDougall, and Lighter Touch Peer support by Dr Sharon Docherty – another strand of support available to staff as part of their health and wellbeing.
- Work is progressing on the Staff Health & Wellbeing Strategy.

Sickness Absence

S Raynor indicated that for the first quarter of this financial year the sickness absence rate was >5% in April and May 2021; in June 2021 it rose to >6% as all areas experienced increased pressures. The average absence rate for the year to date is 5.52%, above the average at this point last year (5.04%). This is outwith the required trajectory and a deterioration from the equivalent period last year. The main reasons for absence continues to be Anxiety/ Stress/ Depression, although not all causes are work-related. COVID-related absences are detailed on page 6 of the report, with further work being undertaken on this information. Additional information and trends can also be found in the report. Actions and initiatives to reduce absence levels include: promoting Review and Improvement Panels; providing Once for Scotland Policy training sessions, highlighting Occupational Health services and Tableau reporting for new managers. To ensure consistent application of Once for Scotland policies, in particular, Promoting Attendance, guidance will be issued via Comms and a checklist prepared to address concerns. There is ongoing scrutiny of long- and short-term absence together with case management.

W Brown invited S Fevre to give a brief overview of his report on the current situation of Community Hubs.

S Fevre advised that although the provision of Staff Wellbeing Hubs is well-developed within Victoria and Queen Margaret Hospitals, it was recognised that there are not the same level of resources to support staff working within Community Hospitals. S Fevre reported that he had visited each site to assess the available facilities: the standard and usage is variable and not every site currently has suitable accommodation or situation. Some locations could remain and be adapted/ modernised e.g. unused dining areas; while others will require a different venue e.g. as it returns to clinical use or because it is rather uninviting. Accessible outdoor spaces and sensory garden areas were also requested. S Fevre, R Waugh, J Farr, J Rotheram and Karen Nolan, Clinical Services Manager had met in June 2021 to discuss and appraise the community sites, options and possible solutions;

incorporating initial feedback from staff; a further meeting is planned at end August 2021 to progress the plans. S Fevre confirmed that further staff engagement would be sought on the proposed designs (some first prepared 10 years ago e.g. picnic tables). N McCormick observed this is a useful resource to support, tying in with the Anchor Institution philosophy and would be included in the Property & Asset Management Strategy.

APF **noted** the updates.

59/21 STAFF GOVERNANCE STANDARD ANNUAL MONITORING RETURN 2020/21

S Raynor advised that since the last APF meeting in May 2021, the anticipated Staff Governance Standard Annual Monitoring Return (SGSAMR) had been received and shared with APF members. The SGSAMR covers the five strands of Staff Governance Standards. The template has been populated in partnership with staff side colleagues and key individuals; this first version will be circulated later today to APF for comments, additions or areas to be addressed. The final version will be brought to the next APF in September 2021 for approval prior to submission to the Scottish Government on 24 September 2021.

APF **noted** the update.

60/21 HR POLICIES

S Raynor confirmed that the policies had been through the usual governance route and approved by HR Policy Group members. S Raynor clarified that the minor changes to improve the policies operationally are: HR24 NHS Fife Parental Leave Policy - to simplify the content and include ACAS guidance; and to HR33 NHS Fife Facilities Arrangements for Trade Union and Professional Organisations Policy – an addition stating that managers should incorporate approved facilities time in SSTs to inform future Scottish Government reporting.

APF **approved** the amended policies.

61/21 COMMUNICATIONS

K MacGregor updated on Internal Communications:

Staff Link is one element of our internal communications channels, but our channels now also include:

- Our updated and re-vamped All Staff Weekly update email (issued on a Tuesday) following feedback from APF and wider staff groups
- Our new CE “TEAM” Update issued at the start of each month using Sway – again this replaced the old weekly staff update and reflected feedback from staff on the CE personal messages issued throughout the pandemic and to provide a strategic and corporate perspective.

We have also just appointed a Full Time /Fixed Term Internal Communications Officer, Rebecca O’Conner, due to join us at the end of August 2021 - their role will include the following:

- Developing and enhancing Staff Link structure/interface / devolved team hubs
- Chairing Staff Link users group / focus group
- Monthly reporting on internal comms stats

- Annual Internal Communications survey
- Providing Staff Link training and hints and tips / best practice
- Coordinating devolved Staff Link Hub Editors
- Upgrading of ONELAN digital notice board network and scheduling
- Install of corporate notice boards
- Enhancements to the new weekly Staff Update (launched earlier this month)
- Specialist / single topic briefings
- Quarterly Staff Magazine proposal - including a Health/wellbeing section / Staff Discount scheme promotion
- Bright Ideas Staff Suggestion scheme - refresh and relaunch.

Statistics on Staff Link engagement were presented to the previous APF and they continue to show good engagement and interaction across all sections of staff across NHS Fife – however as part of our new Internal Communications Officer role we will establish monthly reporting on Staff Link data to allow us to demonstrate the effectiveness of this and our other internal communications channels, including the new weekly update and monthly CE "TEAM" update both launched earlier this month. The direct and anecdotal feedback to date has been very positive on both.

With R O'Conner we will look to set up the first meeting of our Internal Comms Focus /User Group which will include a workforce representative and hopefully we will also have nominations from Staff Side to participate in this group.

In the meantime, APF was asked to continue to support;

- Cultural change and helping people transition to more digitally based communications – nobody is digitally disadvantaged and feel digitally empowered
- The role/responsibility of team leads / managers in ensuring timely and regular updates with their own teams and that they have the information they require to do this on an operational and corporate level
- Encourage feedback and opportunities for further enhancement of our internal communications.

In terms of Stafflink, K MacGregor reported that:

Ruth Lonie, Communications Manager - who leads on Staff Link development is currently out of work. R Lonie followed up on the action from the last APF in terms of contacts for individuals who have experienced issues and thus would like to contribute to further refinement of the Staff Link platform.

The team have also established a dedicated email inbox for Staff Link requests / assistance: fife.stafflink@nhs.scot

W Brown was pleased to note that hard copies of the newsletter are being made available. W Brown promised nominations to join the group to discuss improvements to StaffLink.

WB

APF **noted** the update.

62/21 ITEMS FOR NOTING/ INFORMATION

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

- a. H&SCP LPF – (i) Confirmed Minutes of 14th April 2021 and (ii) Unconfirmed Minutes of 12th May 2021

- b. ASD&CS LPF – (i) Confirmed Minutes of 6th May 2021 and (ii) Unconfirmed Minutes of 24th June 2021
- c. NHS Fife Staff Health & Wellbeing Group – Confirmed Minutes of 20th April 2021
- d. DL(2021)19 – NHS Scotland Job Evaluation Policy
- e. H&SCP Annual Report
- f. Acute & Corporate Directorates Annual Report

63/21 AOB

NHS Scotland Pride Pledge – APF update

K MacGregor advised that the NHS Scotland Pride Pledge and badge was promoted to all NHS Fife Staff on 28th June 2021 to mark the end of June Pride month.

Due to physical distancing, infection control and remote working the NHS Fife Pride Pledge took the form of an online pledge form, built using the new O365 forms App and promoted via Staff Link.

To date over 1050 online pledge forms have been completed on Staff Link and 992 badges distributed to colleagues via the Equalities team.

Our internal communications were also supported with a range of LGBTQ+ messages and marketing material promoted by NHS Fife throughout June 2021. Pride month on social media, website, and local media

Looking forward, our equalities and diversity team are looking at further support and learning, collaboration with local LGBTQ+ groups

- Further support or learning opportunities has been asked for so staff have been signposted to learning modules on Turas and learn pro.
- Staff have also come forward and reported acts of discrimination against other members of staff-around the general sexual orientation of people, so not complacent and more work to be done to support staff.
- Not all staff are willing, confident, or otherwise to be known to be of LGBT community, further work around this required.
- Locally we have been working with Pink Saltire a local voluntary organisation to provide training and awareness of transgender patients experiences and legal responsibilities of staff-this area of work is increasing with very little resource from our local agency being available. This is an increasing area of practice which requires guidance for staff and also support/ more learning.

Dental Trainee TUPE

S Raynor confirmed that Dentists can now move into this model as of November 2021. No negative impact on the previous arrangements is anticipated.

Facilities at Cameron Hospital

S Fevre drew attention to the lack of changing room and shower facilities for clinical staff at Cameron Hospital; resulting in staff not being able to adhere to Uniform Policy requirements and infection control measures. S Fevre advised that Karen Nolan, Clinical Services Manager for Glenrothes & North East Fife has identified a suitable space in Balfour Ward where appropriate facilities could be located. W Brown agreed to liaise with K Nolan to take this forward.

**WB/
NMCC**

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 22nd September 2021 at 13:30 hrs via MS Teams.



Fife Health & Social Care Partnership

Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM

WEDNESDAY 9 JUNE 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Eleanor Haggett, 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
Bryan Davies, Head of Primary & Preventative Care Services
Craig Webster, NHS Fife Health & Safety Manager
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Fiona McKay (FM), Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer
Jim Crichton, Interim Divisional General Manager
Kenny Grieve, Fife Council Health & Safety Lead Officer
Kenny McCallum, UNISON
Lynn Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Rona Laskowski, Head of Complex & Critical Care Services
Susan Young, Human Resources, NHS Fife
Valerie Davis, RCN Representative
Wendy Anderson, H&SC Co-ordinator (Minute Taker)
Wendy McConville, UNISON Fife Health Branch

APOLOGIES: Helen Hellewell, Associate Medical Director, H&SC
Mary Whyte, RCN
Simon Fevre, Staff Side Representative
Wilma Brown, Employee Director, NHS Fife

| | | |
|-----------|----------------|---------------|
| NO | HEADING | ACTION |
|-----------|----------------|---------------|

As Eleanor Haggett was experiencing technical problems, Nicky Connor chaired the meeting on her behalf.

Nicky began the meeting by welcoming Bryan Davies and Rona Laskowski to their first Local Partnership Forum (LPF) meeting.

Bryan, Head of Primary & Preventative Care Services and Rona, Head of Complex & Critical Care Services, who took up post on Monday 7 June 2021, introduced themselves to the LPF members and both look forward to meeting colleagues in the coming weeks.

1 APOLOGIES

As above.

| NO | HEADING | ACTION |
|-----|---|-------------|
| 2 | PREVIOUS MINUTES | |
| 2.1 | Minute from 12 May 2021 | |
| | The Minute from the meeting held on 12 May 2021 was approved. | |
| 2.2 | Action Log from 12 May 2021 | |
| | The Action Log from the meeting held 12 May 2021 was approved. | |
| 3 | JOINT CHAIRS UPDATE | |
| | Nicky Connor thanked Jim Crichton, who was attending his final LPF meeting, for his contribution to the work of the partnership over the past year. | |
| | All other items to be updated on were contained within the agenda for the meeting. | |
| 4 | WORKFORCE UPDATE | |
| | The Interim Workforce Plan had been circulated with the papers for the meeting. Workforce Strategy requires to be refreshed in 2022 and LPF members will be key stakeholders in this work going forward. | |
| | Debbie Thompson praised the comprehensive paper and raised the question of future recruitment of staff to fill potential gaps. | |
| | Nicky Connor advised that she had recently spent an afternoon with modern apprentices – both new and those part of the way through their training – and was heartened by the inspirational stories which had been shared. There is work ongoing both nationally and locally to look at ways of increasing the number of younger people who see care as a potential career path. | |
| | Elaine Jordan advised that within Fife Council funding has been made available through the Workforce Youth Initiative and Directorates are being asked to apply. | |
| | Fiona McKay updated on a potential extension to the apprentice scheme which will hopefully provide continuing support and funding. | |
| | Within the NHS, Susan Young advised that youth employment is being given a greater focus with the introduction of a new role to support this. | |
| | Nicky Connor met recently with staff from Fife College to discuss ways of encouraging men into careers in care. A focus group is to be set up to look at this. | |
| | The Integrated Workforce Group is to be restarted and one of the objectives will be future recruitment of staff to care roles. | |
| | It was agreed that Elaine and Susan would collate information on youth employment from both parent organisations and share this with LPF members. Hazel Williamson will look at ways of promoting job opportunities within the partnership to younger residents of Fife. More at next meeting. | EJ/SY HW |

5 WINTER / SYSTEM CHALLENGES & PRESSURES

Lynne Garvey outlined the content of the paper which had been circulated prior to the meeting. This gave an update on the delivery of the Winter Plan. Key highlights included the level of delayed discharges which had been kept below 25 for most of the winter and an average of over 100% of placements fulfilled.

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

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

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

- What worked well and not so well last winter
- What key learning and actions could be taken forward for 2021/22

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

Fiona McKay updated on a spike in A&E presentations which has a knock on effect within Social Care as people are discharged. The discharge target with NHS Fife has been exceeded over the last four weeks, but this can also build pressure on finance and resources.

As other services remobilise this may lead to more gaps in staffing and work is ongoing to encourage recruitment. A group has been set up to look at reviewing Community support services.

Lynne Garvey, Fiona McKay and Jim Crichton has undertaken a series of lunchtime sessions to allow them to engage with staff and hear their concerns. These will continue with feedback being provided once available.

Discussion took place around the Mental Welfare Commission's (MWC) report into discharges, during Covid-19, of people who may have lacked capacity. Fiona McKay advised that the MWC looked at a sample of cases in Fife whilst she undertook a full review of all cases. All were moved correctly and within the legal framework.

Granting of Guardianship has been identified as an issue which contributes to delayed discharge figures and Circles Network have been provided with funding to employ a staff member to support families through the initial stages of their application.

6 HEALTH AND SAFETY UPDATE

Craig Webster advised that the most commonly used face masks are now both back in stock at NHS Fife.

| NO | HEADING | ACTION |
|----|--|--------|
| 6 | <p>HEALTH AND SAFETY UPDATE (Cont)</p> <p>Alpha Solway have produced a see-through mask and it is expected that this will be available to NHS staff in the coming weeks.</p> <p>Notices of Constraint which had been issued to NHS Fife have now been signed off. As more staff remobilise there may be more issues with non-compliance eg wearing masks, social distancing and there will be a focus on this from Health & Safety and Infection Control.</p> <p>The NHS Health & Safety team are currently facing some workforce issues in relation to vacancies/long term sick leave and this has impacted on the ability to provide manual handling training but has given the opportunity to look at the team structure to ensure it is fit for purpose.</p> <p>Demand for fit testing is low at present, there are opportunities for staff to be fit tested or indeed to be trained a local fit testers. Craig is the contact for both of these.</p> <p>Kenny Grieve advised that the Fife Council Health & Safety Team continues to work with Services within the partnership. The Quarter 4 and monthly health and safety reports have recently been issued.</p> <p>Checks have been carried out as staff begin to return to Council buildings to ensure compliance with covid guidance eg wearing masks, social distancing.</p> <p>An introductory meeting has been arranged between the new Heads of Service and both Health & Safety representatives.</p> | |
| 7 | <p>COVID-19 POSITION</p> <p>Current Position</p> <p>Fife is now in Level 1 and Lynne Garvey advised that there are currently no Covid-19 patients on any of our wards.</p> <p>Staff Testing</p> <p>Fiona McKay advised that there are currently no Fife Council staff who have tested positive for Covid-19, staff uptake of the vaccine has been good and staff in Care Homes are taking and recording tests on a regular basis. Staff in other areas are testing but not always recording results.</p> <p>Lynne Garvey confirmed that the positivity rate within health staff is currently low. Work is ongoing to increase the uptake of LFT testing and reporting among staff.</p> <p>Regular meetings are held with Scottish Government and information on changes to staff testing regimes will be shared as they become available.</p> | |

8 HEALTH & WELLBEING

Attendance Information

Susan Young had shared information on H&SC sickness absence from April 2021 which has shown an increase from March 2021, although it is still lower than NHS absence overall from this year and last year.

Elaine Jordan advised that high level statistics were still not available from Oracle, although Service Managers can access information on their own teams and are having regular attendance panels in conjunction with HR staff.

Elizabeth Crichton who currently works in Fife Council's HR will be seconded to the partnership for 2 years with effect from 5 July 2021. This will be a Project Manager role, working with managers regarding attendance. A preventative approach will be taken and this work will start with staff stress surveys.

Discussion took place around when Oracle might be able to provide monthly, high-level statistics. Reports are in development but there is not a defined timescale for these being produced.

Staff Health & Wellbeing

Fiona McKay advised that an app which provides Social Work Professional Support has been launched this week and information will be circulated to LPF members.

FM

A Cycle to Work Scheme has been launched for NHS staff.

Discussion took place around getting staff together to provide peer support, which has not been able during the Covid-19 pandemic. Public Health advice would need to be adhered to. Fiona McKay and Lynne Garvey to explore what could be done safely around this.

FM/LG

9 ITEMS FOR BRIEFING STAFF

Via Directors Brief and Staff Meetings

Recruitment of apprentices / younger people into caring careers.

Importance of booking annual leave and taking time off.

Information linking health and wellbeing resources, supporting staff teams to get back to meeting face to face as we move out of the pandemic.

10 AOCB

Nicky Connor advised that as there had only been a small number of enquiries about the Principle Social Work Officer role the closing date has been extended and interim support for professional supervision will be put in place.

11 DATE OF NEXT MEETING

Wednesday 11 August 2021 at 9.00 am

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 24 JUNE 2021 AT 2.00 PM VIA MICROSOFT TEAMS

Present:

Andrew Verrecchia (AV), Unison (**Chair**)
 Andrew Mackay (AM), Deputy Chief Operating Officer
 Donna Galloway (DG), General Manager – Women, Children & Clinical Services Directorate
 Paul Bishop (PB), Head of Estates
 Ben Hannan (BH), Chief Pharmacist
 Craig Webster (CW), Health & Safety Manager
 Susan Young (SY), HR Team Leader
 Louise Noble (LN), Unison
 Caroline Somerville (CS), Unison

In Attendance:

Gill Ogden (GO), Head of Nursing – Planned Care (for L Campbell)
 Gillian McKinnon (GMcK), Personal Assistant to Director of Acute Services (**Minutes**)

| | | Action |
|----------|---|-------------|
| 1 | WELCOME & APOLOGIES | |
| | AV opened the meeting and welcomed everyone. AV introduced Caroline Somerville who is a new Unison staff side member and has replaced Paul Hayter. | |
| | Apologies were received from Claire Dobson, Lynn Campbell, Dr Sue Blair, Joy Johnstone, Murray Cross, Belinda Morgan, Miriam Watts, Neil McCormick, Conn Gillespie and Neil Groat. | |
| 2 | MINUTE OF PREVIOUS MEETING – 6 MAY 2021 | |
| | The Minutes of the Meeting held on 6 May 2021 were accepted as an accurate record. | |
| 3 | ACTION LIST | |
| 3.1 | <u>Staff Members having difficulties contacting services who are currently working from home (Payroll, HR etc)</u> | |
| | <ul style="list-style-type: none"> The Payroll extension number is 28677 and it is manned from 11.00 am to 1.00 pm Monday to Friday. On the week salaries are paid the line is manned from Wednesday to Friday 9.00 am to 1.00 pm. This has already been communicated out but SY will ask communications to post it again. Close action. | GMcK |

| | | |
|-----|---|------|
| 3.2 | <u>Attendance Management Update</u> | |
| | <ul style="list-style-type: none"> There are now links to all HR policies using StaffLink, including the new Once for Scotland workforce policies. Close action. | GMcK |
| 3.3 | <u>Annual Report</u> | |
| | <ul style="list-style-type: none"> An email was sent out asking identified staff to help contribute to the Annual Report. Close action. | GMcK |
| 3.4 | <u>Current/Future Change Programmes/Remobilisation</u> | |
| | <ul style="list-style-type: none"> A breakdown of initial proposals shared with AV for assurance. Close action. | GMcK |
| 3.5 | <u>Adverse Event Report</u> | |
| | <ul style="list-style-type: none"> There was only one potential HAI incident. The others were near misses. Close action. | GMcK |
| 3.6 | <u>Staff Lateral Flow Testing</u> | |
| | <ul style="list-style-type: none"> Rhona Waugh has highlighted our feedback during national meetings. The national team will continue to see whether a change can be facilitated, but it is unlikely as the drop-down specifically asks for sex (rather than gender). This is because a binary sex is required as part of the minimum data set for a match in CHI. CHI only holds male or female, so adding alternative options would create difficulty. The national team are continuing to develop the web portal and will strive to incorporate our suggestion. Close action. | GMcK |
| 3.7 | <u>Issues for Escalation to Area Partnership Forum</u> | |
| | <ul style="list-style-type: none"> The impact of recovery and remobilisation with respect to the health and wellbeing of staff, particularly in the context of demand for services and Staff Lateral Flow Testing system and interface, notably in relation to questions around gender and recording of test results had been escalated to the Area Partnership Forum on 19 May 2021. Close action. | GMcK |
| 3.8 | <u>Car Parking</u> | |
| | <ul style="list-style-type: none"> PB advised due to the ongoing elective theatre work the disabled parking in car park H will be removed for a period of 3 weeks and will be re-sited in Car park B. PB advised car parks L1 and L2 will be open to everyone from Monday 28 June 2021 when car park H closes. The situation will be monitored for a couple of days and if it becomes | |

problematic staff will be directed to car park L2 and visitors to car park L1.

- PB advised the car park strategy will be revisited with input from staff side and patient relations. Some of the car parks will be reinstated as and when other entrances within the hospital are opened up.
- AM advised work is ongoing in resus to add in two extra negative pressure rooms. This work will enable us to take resus and ED back to a red/amber area rather than it being purely red and at that point will allow us to go back to the original ambulance entrance into the hospital. All ED patients would flow through resus and any patients for AU1 or AU2 would go up from the resus door up the corridor. At that point that we can do that it will allow us to open the doors between AU1 and AU2 that we have been used as an ambulance entrance through the pandemic to reopen them to staff, patients and visitors as appropriate coming to AU1 and AU2. It is hoped those works will be completed by the end of this week and the entrances can be opened at the start of next week.
- Agreed to close this 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 there are a few issues ongoing with personnel numbers and sickness absence which is impacting on ability to deliver services. Discussions are ongoing with NM regarding the future team structure and these will be discussed with staff side colleagues once more concrete plans have been developed.
- CW advised progress is being made in relation to clear masks. AlphaSolway are moving into production of a clear mask and an early prototype has been shared with Speech and Language Therapy colleagues, nursing colleagues and a member of the domestic team and feedback has been positive. It is hoped this mask would be available for use within the next two weeks.
- CW advised demand for fit testing is currently low and he would encourage services to ascertain if there are any members of staff who require fit testing, have not been refitted with new masks or who might require FFP3 masks in the future to make contact ahead of winter.
- AM would reinforce CW's message and encourage staff to be fit tested as we really struggled through the early parts of the pandemic. We need to be prepared for increased use of FFP3 masks and this is a good opportunity to get support from the health and safety team while demand is low.

- LN asked if the clear masks would be rolled out for everyone. CW advised he does not anticipate any supply issues, but the masks would be restricted due to their cost and should only be used by patients and staff that need them.

5 STAFF GOVERNANCE 2019/20

A Well Informed

5.1 Director of Acute Services Brief – Operational Performance

- AM advised we are seeing an increase in both emergency admissions and an increase in ED attendances. We saw a 5% increase in emergency admissions between May 2019 (pre-COVID) and May 2021. Between May 2019 and May 2021, we had a reduction of 10% in our adult bed base.
- AM advised our length of stay is significantly less, we do not have boarding patients in the same way as we had before, and we are operating faster as a system to move patients through.
- AM advised System Watch is anticipating our emergency admission levels will be circa 10-12% above seasonable average for the next 6 weeks, which means additional pressure upon our system. This translates into ED admissions. On Monday 21 June 2021 we saw the highest number of ED presentations we have ever had (271). There have been 5 instances of over 250 attendances to our ED since the introduction of TrakCare in 2017. 4 of those instances have been within the last 6 weeks. Monday also saw one of the top 5 highest admissions days we have ever experienced.
- AM advised we have a huge amount of work ongoing to make improvements. There has been a lot of collaborative work between AU1 and AU2 to try and rebalance the load at the front door and the back door through the Rapid Improvement Event to try and pull the discharge profile forward and make some marginal gains in getting flow out of the hospital earlier in the day. Due to the number of admissions on a daily basis and shorter length of stay we are turning over 20-25% of our adult bed base on a daily basis.
- AM advised in terms of COVID we have had 1-2 patients for a number of weeks and patients have generally had a much shorter length of stay. In the last 36 hours we have taken 4 admissions for COVID-positive patients and are all younger patients. There has been an increase in community cases, but this has not yet translated into hospital admissions and this is being monitored carefully.
- AV asked for an update on the recent reconfiguration of Planned Care wards. AM advised we still continue to operate with the red/amber/green pathways. Until now all of our green elective capacity has been concentrated in Ward 10 for

orthopaedics and in Ward 52 for other surgical specialties and surgical short stay. Having all of those green patients' cohort together made it difficult and disruptive for Ward 52. The Planned Care wards were reconfigured to move the green pathway into Ward 44, split green/amber and Ward 54 split green/amber. This allows us to pair up the surgical specialties better and minimises the movement around of the surgical teams. This seems to be working well and will take another few weeks of change to bed in.

5.2 Attendance Management Update

- The Attendance Management Update Report was noted, for information.
- SY advised Corporate Services was sitting at 4.98% in April 2021 and 4.89% in May 2021. The overall average figure for NHS Fife was 5.07% in April 2021 and 5.31% in May 2021.
- SY advised anxiety, stress and depression was the highest number of hours lost and the highest number of episodes of absences within Corporate Services.
- SY advised within Corporate Services, Support Services have the highest percentage and highest number of hours lost by job family. Dental Support is higher in terms of percentage, but there are a smaller number of staff in that area.
- SY advised within Corporate Services we have a reduction in short term absence and an increase in long-term absence.
- SY advised within Corporate Services absence rate by financial structure shows Estates and Facilities sitting highest overall for the year at 6.82% and highest for May 2021.
- SY advised the sickness absence by level of priority for Corporate Services is again included within the report. There are high percentages in areas where there is a small WTE and it is helpful to look at the two columns in totality.
- SY advised Acute Services had an average in April 2021 of 5.51% and a slight increase again to 5.66% in May 2021. For May 2021 the Emergency Care Directorate are sitting at 6.62%, Women, Children and Clinical Services at 5.51% and Planned Care Directorate at 4.89%.
- SY advised gastro-intestinal problems was the highest number of hours lost and the highest number of episodes of absences within Acute Services.
- SY advised within Acute Services, Nursing/Midwifery (Bands 1-4 and Band 5+) have the highest percentage and highest number of hours lost by job family.
- SY advised within Acute Services we have an increase in both short term and long-term absence.
- SY advised the sickness absence by level of priority for Acute Services is again included within the report.
- SY advised there has been a different approach to the Women, Children & Clinical Services Review and Improvement Panel.

This was more like a drop-in session with staff bringing complex cases rather than going through the Top 10 and Top 20 cases. This was well received, and the learning was good for the Managers in attendance. This has been fed back to Rhona Waugh, as Attendance Management Lead and this is something that we may want to consider for other areas. DG advised the staff found this approach much more helpful in terms of managing staff that were off and opened up some really good conversations and there was a lot of learning. Women, Children and Clinical Services will keep their panel in this format going forward.

- AM agreed it was really helpful to see the sickness absence by level of priority showing both the WTE and absence rate and would ask this continues to be provided. AV advised this was a good format and easy to read.

5.3 Feedback from NHS Fife Board & Executive Directors

- AM advised EDG had discussed the strategic direction the Board would start to take around population health. The Board strategy would dovetail in with the Integrated Joint Board (IJB) strategy moving forward.
- AM advised there would be learnings coming from COVID for EDG and some of the leadership teams over the next 6 months.

6 B Appropriately Trained

6.1 Training Update

- No update available.

6.2 Turas Update

- DG advised teams were starting to catch up on Turas from the months in COVID.
- AM advised now that we have reinstated the monthly Performance Reviews within Acute this will drive the Directorate uptake on training under the staff governance elements.

7 C Involved in Decisions which Affect Them

7.1 Annual Report

- AV advised a link had been circulated and was a rough first draft of the Annual Report. This will be done in a two-fold way whereby we produce a physical report which includes all the information received but the Sway link circulated is much sharper and shorter with links to the full report.
- AV/CD to discuss the final cut of the Sway version. This would then go through the usual governance routes of NHS Fife Staff

Governance Committee and the NHS Fife Area Partnership Forum.

- SY advised the format looks good and there was a good range of topics that would be of interest. This was a really good start to the document.
- LN advised this was a good document and liked the Sway layout with a brief introduction. Once the links have been added if you do want to know anything more you can click on the links.

7.2 **Staff Briefings & Internal Communications**

- AV advised we were not in a place yet to resume staff briefing sessions.
- DG noted the Women, Children and Clinical Services Directorate are undertaking some staff briefings around paid as if at work. So far these have been informative and have been well received. There will be some face to face sessions and some MS team sessions. It is hoped to have an early resolution to the ongoing grievance.

7.3 **Pulse Survey**

- SY advised there was no further update but were looking at October time for the 2021 survey. SY hopes to have an update for the next meeting.

8 **D Treated Fairly & Consistently**

8.1 **Current/Future Change Programmes/Remobilisation**

- AM advised there are discussions ongoing with Scottish Government around some of our infection control procedures. 2 metre physical distancing and some of the constraints around theatre turnaround is the barrier to any further increase in our elective activity and there is live discussion around that. We have heard we may move to 1 metre physical distancing soon and this would make a difference to how we can have things set up within the hospital. LPF will be kept up to date.

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 Well at Work Group are making sure the multiple activities ongoing in terms of staff wellbeing are being captured to ensure there is sufficient material if we are going for renewal of our Gold Award this year.

- SY advised the joint winners of the Kingdom Lottery Fitbit Challenge were the Infection Control Team with over 15 million steps and the Recovery B Team with their blogs. Flowers were also presented to an individual from another team who lost 4 stone, which is inspiring. CS advised she had been involved in picking the winning teams.
- SY advised the Celebrating and Inspiring Kindness Conference was very well received with good attendance. The speakers were also well received. GO advised she was aware of a couple of staff who had attended this Conference. The feedback was amazing and what the staff have learned they will be able to use in practice. These staff would encourage colleagues to participate if this Conference is run again.
- SY advised the Bus Stop Café in Ward 32 looks fantastic and it was good to see the communications and photos around this.

9.2 **Capital Projects Report**

- The May 2021 Capital Projects Report was noted for information.
- PB advised there was a total of £3.5m allocated across Fife. column A outlines the split and what the money will be spent on.
- PB advised Minor Capital has now been renamed Clinical Prioritisation Contingency and this funding is available where we have to change the layout of a ward and applications are submitted to that group for consideration.
- PB advised capital equipment meetings had already started taking place and there have been some allocations made to some of the applications.
- PB advised the figures in column D are slightly out of date but this is money that will be expended over the whole of the financial year.
- PB advised Information Technology had been given an allocation of £1m and will be utilising this for desktop replacement for 2021/22. There have been a lot of monies spent on staff working from home.
- PB advised funding of just under £300k has been allocated for Fife-wide pharmacy equipment and general reserve from equipment.
- PB advised the total allocation for 2021/22 comes in at £7.9m and applications are now being taken and meetings are held monthly.
- PB advised work on the Elective Orthopaedic Centre continues and piling work almost complete. Noise will continue but will not be as bad as the pile driving work.
- PB advised we are currently looking at the whole of the NHS Fife estate. The 5-year Capital Master Plan had been turned on its head due to the pandemic and we need to try and get back to normality which includes bringing staff back to work and

to assess how we can do this safely and what the estate will look like over the next 2-3 years. This is ongoing and it was hoped within the next 6 months to be able to update colleagues on progress made.

- AV asked about the theatre anaesthetic machines contained in the capital equipment list. PB advised an application had been made to upgrade a number of the machines that were no longer supported by the manufacturer.
- AM advised prior to the pandemic there was a lot more on the capital replacement programme for theatres but given some of the equipment we received for ICU and some of the upgrades to theatre kit through the pandemic this has lowered. The Scottish Government are also distributing the Louisa Jordan equipment and resilience stock and passing this out to boards.

9.3 **Adverse Events Report**

- The Adverse Events Report for the period June 2020 to May 2021 was noted, for information.
- GO advised within this reporting period there has been a reduction in incidents compared to the previous 8 reporting periods with 6.7 of all incidents in Acute Services relating to adverse events to staff.
- GO advised normally the highest incident against staff are due to violence and aggression, but last month the highest incident against staff was due to personal accident. These are mixed between slips, trips and falls and general accident. There are no common themes, areas or Directorates.
- GO advised there was a slight increase in radiation incidents in the last month. None of them are the same area and are completely different incidents and had no harm.

10 **ISSUES FROM STAFF-SIDE**

10.1 **AU2**

- AV advised some concerns had been raised regarding AU2, but he would pick up a conversation offline with MC. GO to be involved in these discussions also.

AV

11 **MINUTES FOR NOTING:**

11.1 **Capital Equipment Management Group**

- The Minutes of the Capital Equipment Management Group meetings held on 1 April, 6 May, 3 June 2021 were noted, for information.

12 **HOW WAS TODAY'S MEETING?**

12.1 **Issues for Next Meeting**

- There were no new issues for the next meeting.

12.2 **Issues for Escalation to Area Partnership Forum**

- There were no issues for escalation to the APF.

13 ANY OTHER COMPETENT BUSINESS

13.1 **EU Settlement Scheme**

- SY advised we will come to the end of the grace period of the EU Settlement Scheme on 30 June 2021. Some of the HR Team had attended some Home Office training and the Home Office are there to help people applying for settled status and to encourage people to do that.

13.2 **COVID Workforce Guidance**

- SY advised the COVID Workforce Guidance is just about ready to be updated and reissued. This should hopefully be at the beginning of next week.

13.3 **HR Teams**

- SY advised there have been a couple of small changes to area of cover within the Corporate Services area and the managers should have received notification of their HR point of contact.

15 DATE OF NEXT MEETING

Thursday 19 August 2021 at 2.00 pm via MS Teams.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2021/240621

Local Partnership Forum Annual Report 2020-21



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2. Introduction

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6. Training and Development

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8. Equality and Fairness

9. Engagement

Message from the chairs, Local Partnership Forum

Welcome to our first Local Partnership Forum annual report.

Our staff/members do an amazing job every day to care and support the people of Fife and we want to ensure all HSCP staff are supported to do this.

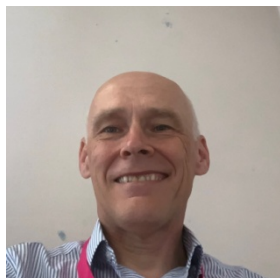
There's been great work achieved over the past year in the most difficult of circumstances and the resilience, professionalism and kindness shown by our staff/members to all our clients, patients and to each other has been exceptional.

How we work together to improve integration is key to the work of the partnership and fundamental to that is the relationship between the HSCP and the Trade Unions and Professional Associations. It is this relationship which forms the bedrock of the Local Partnership Forum.

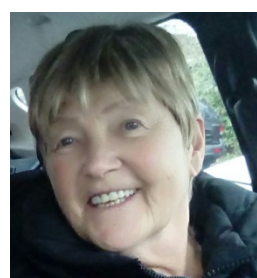
As we reflect on the past year, which has been like no other, let us recognise the amazing work we have done in supporting our community in Fife and look ahead into the coming 12 months to see what we will strive to achieve.



Nicky Connor
Co Chair
Director Fife HSCP



Simon Fevre
Co Chair
NHS Fife
Trade Unions



Eleanor Haggett
Co Chair
Fife Council
Trade Unions

Introduction

The Local Partnership Forum (LPF) was established in 2016, where colleagues from across the Partnership, our partners, staff-side and trade unions work together to ensure our most valuable asset, our staff, are considered in everything we do.

Our purpose is to:

- advise on the delivery of staff governance and employee relations issues
- inform thinking around priorities on health and social care issues
- informs and test the delivery and the implementation of strategic plans, and commissioning intentions
- advise on workforce planning and development
- promotes equality and diversity and
- contribute to the wider strategic organisational objectives of the Integration Joint Board (IJB).

The Forum does not cut across existing joint Trade Union and management mechanisms that operate for employees of either Fife Council or NHS Fife.

A Staff Partnership Agreement governs how the LPF functions and has been in place since the inception of the IJB. This agreement is reviewed annually.

Each year the LPF has developed an annual action plan to support and direct the work of the LPF and to provide evidence for the NHS Fife Staff Governance Monitoring tool which is required annually by the Scottish Government. It was agreed that this year rather than an action plan we would produce an annual report to highlight what has been achieved over the past year and what our objectives are for the coming year.

The following report outlines the work that has taken place between 1 April 2020 to 31 March 2021 and the objectives and next steps for 2021-2022.

Communications

Throughout the pandemic a focus has been on keeping connected with Partnership staff. Much of what was originally planned had to be paused due to restrictions in place such as Senior Leadership walkabouts.

To support the national and local covid-19 messaging and information on what was happening in the Partnership a director's weekly briefing to staff was developed – this was also an opportunity to share news on how Fife Health & Social Care staff have been supporting and caring for Fifiers – working differently to ensure those most vulnerable continued to receive services whilst navigating restrictions and keeping staff and those being cared for safe. Ensuring staff had information and access to the wealth of health and wellbeing tools is extremely important and these have been sign posted in every briefing and this will continue. Updates from the Local Partnership Forum meetings are included within the briefing.

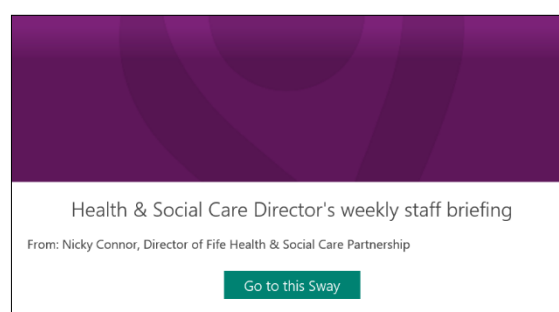
Regular videos by the Director have been used to support covid-19 messaging and to shine a light on the diverse people and teams across the Partnership and what they do every day makes a difference.



Key priorities for 21/22

There is a lot the Partnership wants to achieve over the next two years including developing and implementing an internal communications strategy. This will include:

- Director's weekly staff briefing – this will continue and develop. There will be more an opportunity for all services to be included, shining a light on diversity, best practice, integrated working and health and wellbeing. There will also be a monthly issue of the briefing extended to all health and social care staff in Fife incorporating working with colleagues from the third and independent sectors.
- Leadership walkabouts will be reintroduced when it is safe to do so.
- Q&A sessions – staff will be invited from across the partnership to take part in sessions with the senior leadership team. This may be done virtually with questions and answers shared with all staff.
- An email distribution list will be developed to reach all Partnership staff.
- A communications toolkit will be developed.
- Feedback from staff will be continually considered, including feedback from the annual staff survey and any changes will be implemented as required.
- A Partnership induction pack for new starts to the organisation will be developed.
- There will be a re-design of the Partnership website, all the news and information will be relevant to staff and teams will be encouraged to provide content that can be shared wider.
- We will continue to look for ways to share good news stories publicly via social media channels and the website – signpost the services delivered and the difference that this makes.



Health and Wellbeing

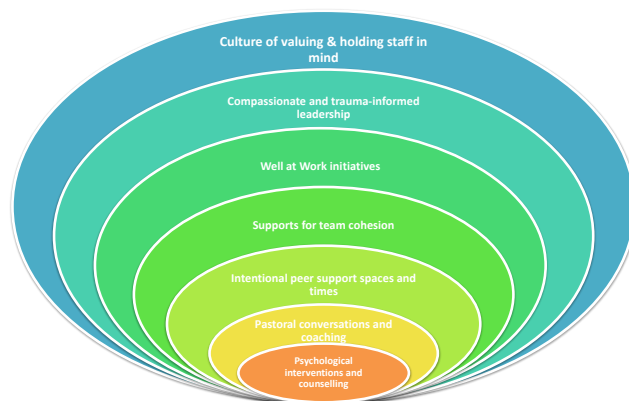
A key focus for the Partnership and the Local Partnership Forum is staff health and wellbeing.

Our partners at NHS Fife and Fife Council are committed to health working lives employers and have achieved and retained the Gold Healthy Working Lives (HWL) Award.

- **Well@Work**
Is NHS Fife's health and wellbeing programme for staff, raising awareness of health promotion and protection topics. 'Going Beyond Gold' was introduced in 2018 to focus on promoting a culture of kindness and a shift in organisation culture.
- **Team Fife**
Fife Council has developed a culture of "Team Fife", using videos and challenges to inspire a positive spirit and mindset.

Communications to staff on their health and wellbeing from senior management across all organisations has been at the forefront of highlighting what resources and information is available. A range of staff wellbeing and support initiatives were developed and implemented. This work was guided by the principles of Psychological First Aid which recognises people's resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping. An NHS Fife/Fife HSCP Staff Health and Wellbeing Bronze group provided focus and co-ordination.

Key dimensions of staff support



Initiatives developed in Fife 20/21 to support staff health and wellbeing

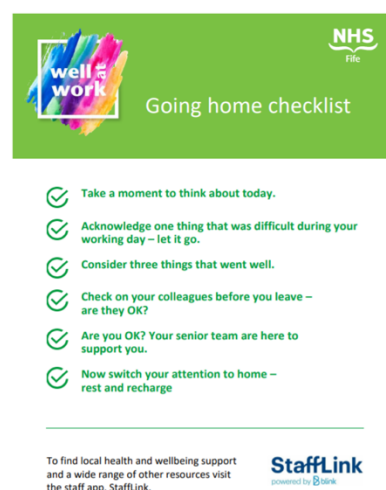
Staff support hubs were established at various locations throughout Fife. Staff from psychology and spiritual care were on site in the larger hubs, between April and October 2020, providing 1:1 support as required. The Hubs continue to be available to health and social care staff with funding secured to refurbish those at the Victoria and Queen Margaret sites and within the community hospitals.

Listening support is available via the NHS Fife Spiritual Care Team's Staff Listening Service. The Spiritual Care Team provided informal support to staff working in red zones along with ensuring there were quiet zones in various locations. Fife Council employees also have access to the listening ear service provided by Workplace Chaplaincy Scotland.

Information and resources, including local and national resources have been promoted through staff hubs, briefing, videos, employee apps and the intranet.

New staff wellbeing materials - Going Home Checklist Poster and credit card size list, Stress Leaflet and Staff Well Being Huddle Template - have recently been distributed to staff and work is underway on materials to help staff to identify what types of support can be helpful in which situations. Information and resources for care home staff were also produced and disseminated by Health Promotion.

Fife Council's Spring into Wellbeing programme had a great uptake on this online programme. In addition, relevant topics were highlighted via regular promotion of national health and wellbeing awareness days and physical wellbeing was promoted via the musculoskeletal week with live videos showing benefits of exercise and opportunity for Q&As.



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

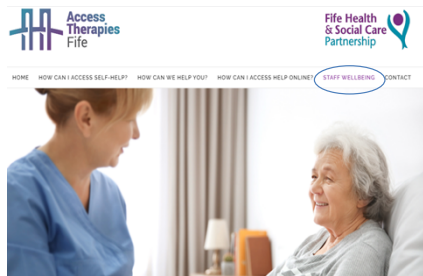
Psychological interventions and counselling – A Psychology staff support helpline was established during 2020. This has now been replaced by direct self-referral for psychological support via the Access Therapies Fife website, with additional resources from Scottish Government supporting delivery. An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

Peer support sessions provide a safe environment for staff to come together, to talk, share experiences and be listened to in a non-judgmental, informal space. During March 2021 the online "*Our Space*" peer support sessions were arranged for staff who are currently shielding or exclusively home working. Fife Council provided a peer support session on Positive Steps to Mental Wellbeing, hosted by in-house volunteer trainers. To increase the availability of peer support, the *Spaces for Listening* online facilitated peer support sessions were launched in March 2021. These are open to all staff who work in health and social care in Fife, bookable via Access Therapies Fife website. Training to support roll-out of other forms of peer support is currently underway and a number of Teams and services introduced reflective practice sessions facilitated by the psychology service.

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

support for managers to provide training in having conversations with staff including those with a focus on health, wellbeing and attendance.

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



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

It is important to have provision in place to support staff in the longer term, which is when the impact of the pandemic may affect staff most. In recognition of this and to co-ordinate the support options, the staff support, and wellbeing information available the Fife Psychology Access Therapies Fife website went live in March 2021. New information and offers will be added over time.

Throughout 2020 and 2021, a number of activities will take place and be promoted to staff including support for cycling and physical activities. A key event is the one-day online conference *Inspiring Kindness* on 26 May which is open to all health and social care staff.

The Partnership and partners are all represented on the national Workforce Wellbeing Champions Network and share learnings and help to shape the future strategy and approach.

Priorities for 21/22

- Ensure there is sustained focus on staff support and wellbeing and on prevention of stress
- Shape organisational culture

Actions from this will include:

- Provide information and guidance on the range of services available.
- Address the needs of staff who may struggle to seek help including staff with limited or no access to technology
- Progress developments to support compassionate and trauma informed leadership
- Increase and embed peer support options
- Identify and mitigate areas of work-related stress

Promoting Attendance

A key priority for the Local Partnership forum is promoting attendance.

The purpose of the information in this section is to provide an overview of the sickness absence data available in the year to date, management actions and the Partnership’s performance against the trajectory for health and social care staff in the Partnership (figures as at February 2021). NHS in Scotland has a HEAT Standard for boards to achieve a 4% sickness absence rate.

NHS Fife’s planned trajectory has been set with the anticipation of meeting the NHS Scotland HEAT Standard and a reduction in sickness absence by 0.5% per year from 1 April 2019, in line with Circular PCS (AfC) 2019/2. Any reduction in absence levels is likely to reduce the costs of associated bank or agency expenditure.

Table 1: NHS Fife’s Sickness Absence Rates / Trajectory Position

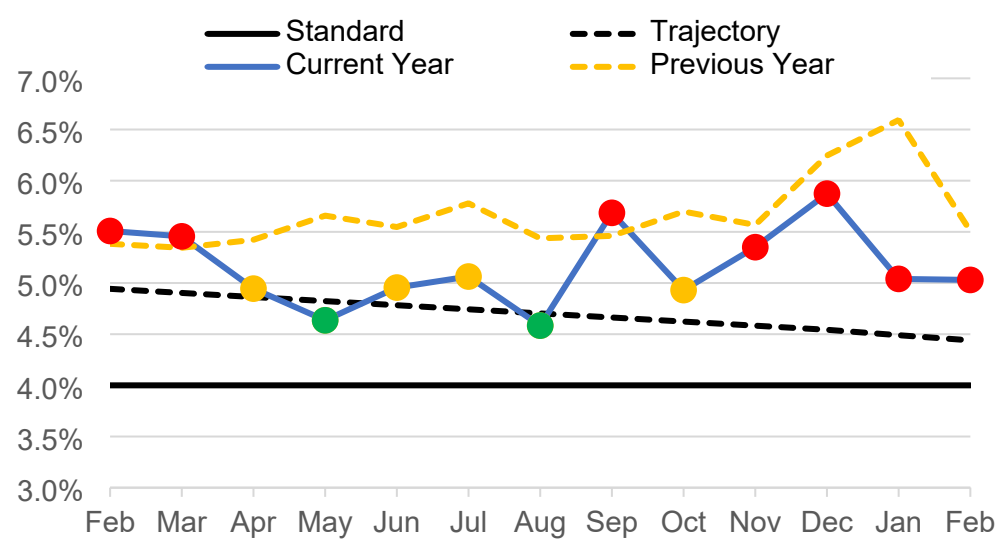


Table 2: HSCP Sickness Absence Rates / Trajectory Position

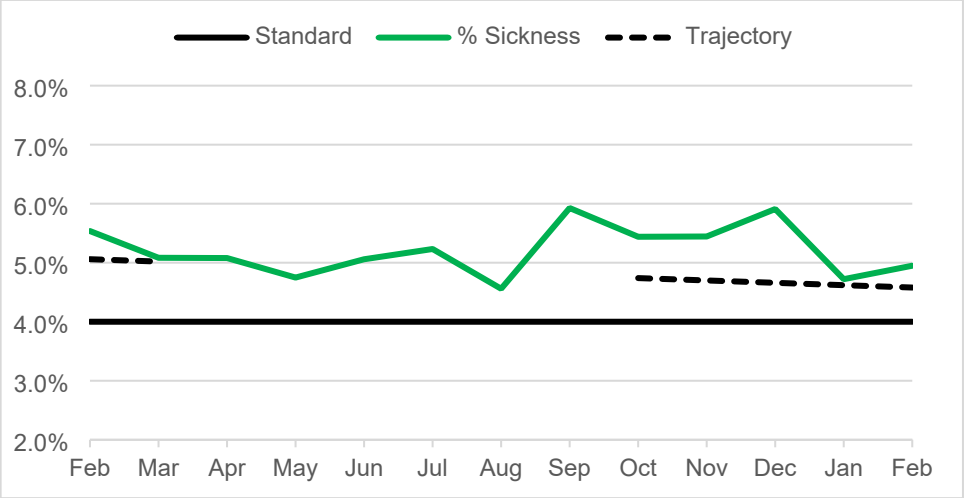


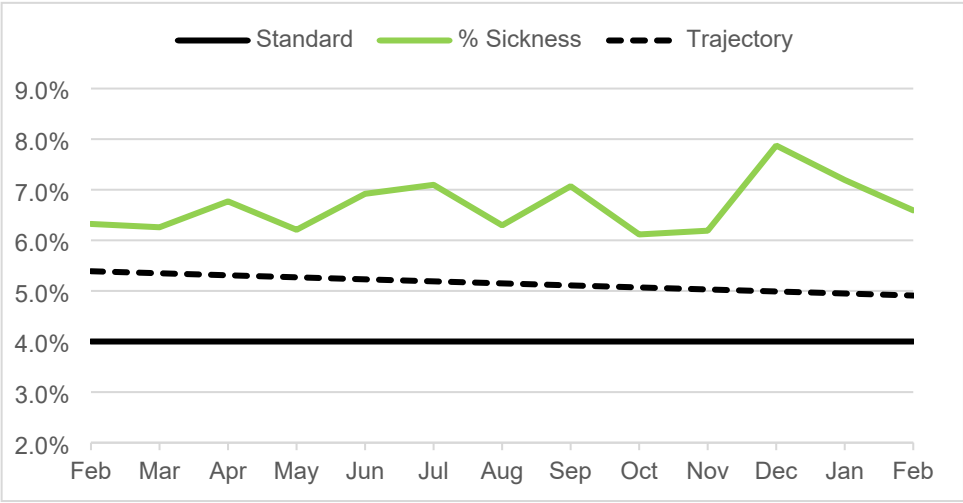
Table 2 details the Partnership’s performance position against trajectory for the year to date.

Locally, general managers and the respective Promoting Attendance Review and Improvement Panels continue to review the data and individual cases to ensure appropriate action is being taken, including application of the triggers within the new Once for Scotland Promoting Attendance policy and follow up with staff on long term sick leave. Divisions are provided with their respective trajectory positions on a regular basis.

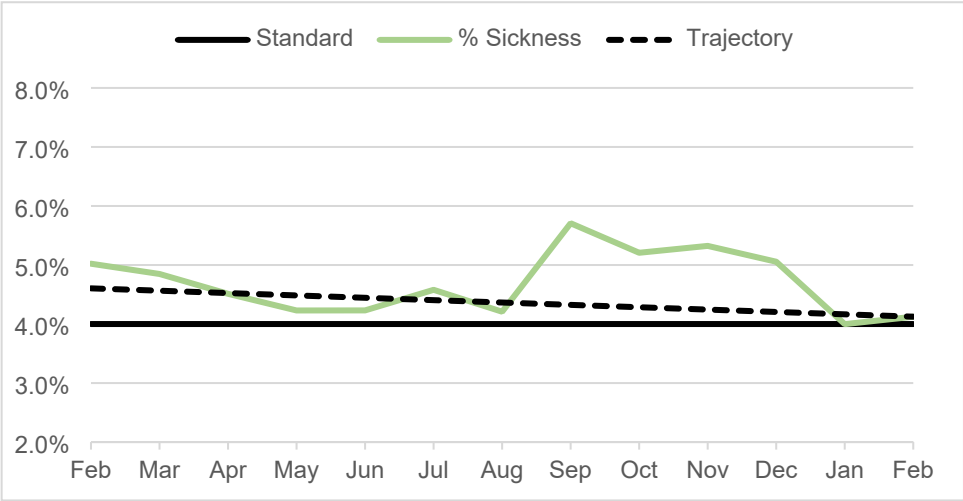
The sickness absence rates and agreed trajectory setting for Partnership areas are detailed in the table below:

Table 3: Sickness Absence Rates / Trajectory per HSCP Unit for the 2020/21 Financial Year to Date

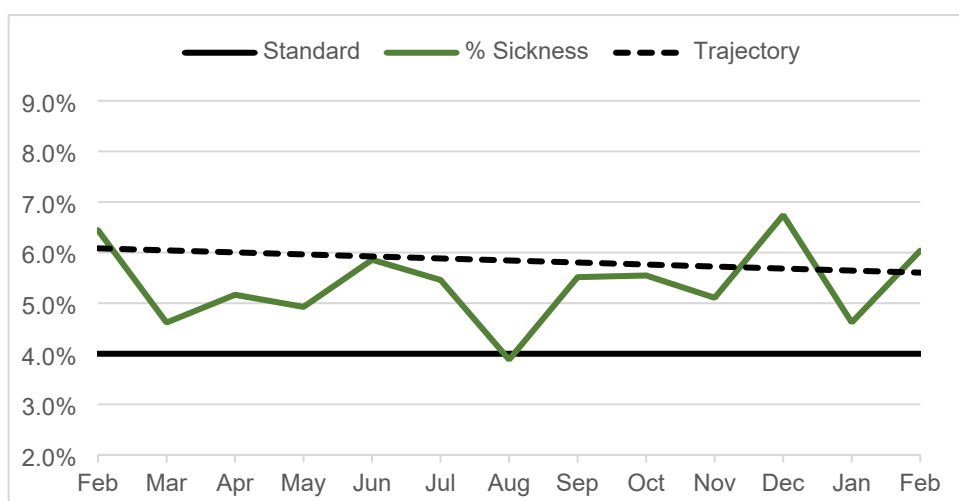
East Division



Fife Wide Division



West Division



It is positive to note that there has been an improvement in the rolling sickness absence rate for the 2020/2021 financial year, with the rates in May 2020 and in January and February 2021 being below 5%. The East Division rate has been above 6% during the year to date, due to several factors. The West Division rate has been subject to fluctuation, but achieved a rate of 3.88% in August 2020, which is great. The Fife Wide absence rate has been below 5% for eight months of the year to date, with the HEAT standard of 4% being achieved in January 2021, which is unheard of for a winter month and similarly at 4.12% in February 2021. There has been a slight in year improvement overall, consistent with a reducing trend.

Hot spots are identified for all areas to help with local Promoting Attendance panels. Hot spot data is available via Tableau reports accessible by line managers and areas of concern are followed up by line managers, supported by HR Officers, as required. An overview is taken at the respective Promoting Attendance Review and Improvement panels.

Management actions

NHS Fife's Promoting Attendance Group and Promoting Attendance Review and Improvement panels continue to meet, along with local Promoting Attendance Groups. Progress continues to be made in relation to any health-related employee relation cases which were paused during the Pandemic. Given the pressures from the pandemic and winter pressures, there will be a challenge in maintaining the current sickness absence performance levels.

The initiatives that were introduced to support the health and wellbeing of Partnership staff during the pandemic continue and are evolving, taking account of feedback from staff and those providing the support.

The planned trajectory set for the Partnership, 4.58% by the end of March 2021, will be difficult to achieve, however is worth noting that there has been an improvement in performance this financial year, despite the challenging circumstances due to the pandemic.

Priorities for 2021/2022 will be:

- Implement the new Once for Scotland Promoting Attendance Policy;
- Ensure that managerial training for Promoting Attendance meets organisational needs;
- Focus on cases of long-term absence and to promote early intervention to minimise long term absence wherever possible;
- Promote mental health in the workplace training, given that this is the highest ongoing reason for absence;
- Continue with the rollout and access to Tableau, to help managers to identify trends, hot spots and outliers in respect of absence issues within their service areas;
- Ensure Occupational Health support is available for those with long covid.

Fife Council current position

The pandemic has significant implications for people's health and wellbeing, and how managers effectively manage sickness absence. The impacts of the pandemic on the workforce, and what the period of post-covid recovery will look like, are unknown. Services have been significantly impacted as capacity has been diverted and normal operations disrupted.

Tools and approaches to identify health and wellbeing concerns as early as possible, flexibility to support staff to remain in, or return to work, introducing more flexible workstyles will assist in the medium term.

Absence analysis

Due to a system change from iTrent to Oracle, Fife Council has been unable to produce absence reports since October 2020. It is anticipated up to date reports will be in place in soon, and updates and analysis will be provided to the Local Partnership Forum when available.

Meanwhile, the rolling 12-month absence analysis to end of October 2020 shows Health and Social Care sitting with an average of 19.60 working days lost per FTE, which is the lowest figure for the 12-month period and a reduction from a peak of 20.96 working days lost per FTE during the period. However, these figures are significantly higher in comparison with the other council directorates. The overall figure for Fife Council was 10.21 working days lost per FTE for the same time period.

Research suggests that, in tackling sickness absence, several success factors can be identified. These include:

- high level management commitment
- clear responsibilities
- appropriate information
- suitably trained line managers
- attention to health and wellbeing

The main areas for concern are within service delivery, where staff are working remotely, delivering front line health and social care services in the community, with limited time in an office environment. Therefore, it has been identified that additional support is required to effect change and improvement in these areas specifically, as well as in the wider service.

Next steps

Corporate funding is being sought for a Project Manager (Attendance Management) FC9 for up to 24 months, offered as a secondment opportunity. A proposal and business case for funding has evolved to include consideration of the health and wellbeing of the workforce in addition to absence management. The postholder will be responsible for planning, managing, and implementing a range of project(s) in relation to attendance management and health and wellbeing strategies.

The Project Manager will work primarily with service managers for the service delivery areas identified as hot spots. However, they will also be expected to support the wider teams to deliver the project objectives to reduce absence levels. Reporting and data analysis will assist understanding where efforts will be targeted.

The Senior Leadership Team will monitor progress and support the delivery of the critical project aims. Whilst it is acknowledged that attendance management is fully owned by the Partnership, there is recognition that this temporary intervention is required to support line managers to be fully confident and competent in addressing any attendance management issues.

HR and Trade Union support will also be key to the success of this proposal, supporting a culture of shared learning and ensuring a corporate approach towards attendance management.

Management actions

Short term:

- Understand the workforce profile and demographics through:
 - developing a baseline of information using focus groups/existing survey information and absence data to establish issues, needs, perceptions and barriers to good attendance;
 - identifying trends/patterns of absences i.e. hot spots e.g. high absence, longest absences, high stress, etc and initiate or undertake appropriate interventions with relevant managers;
 - incorporating findings as above, establish Action Plan with timescales to address.
- Where required, facilitate Stress Risk assessments with relevant managers and include any emerging themes in follow up training and staff briefings.
- Ensure staff and managers have access to the most up to date information, advice and support in relation to health and wellbeing at work, including where follow up actions are identified as a result of Stress Risk assessments.
- Build capacity to investigate data systems at appropriate operational levels
- Work with managers to implement sustainable solutions which support their staff to remain at work, reducing the number of days lost to absence per FTE.

Medium term:

- Review with managers knowledge and understanding of all relevant Attendance Management policies, remedy gaps identified and provide support in any areas of non-compliance, record and measure/monitor as part of governance.
- Consider the requirements for mandatory training in supporting mental health and wellbeing at work, conduct gap analysis and address with managers.
- Ensure all line managers are aware of benefits of early intervention tools, supports available, and ensure this information is included in staff briefings

- Consider absence governance and review the process in conjunction with HR Business Partner, consider '*train the trainers*' approach to ensure there is sustainability post project.
- Review Health and Social Care Partnership induction process with specific focus on attendance management to ensure relevance and effectiveness.
- Continual liaison with HR through the Business Partner to ensure all actions are compliant with Corporate Processes and Procedures.
- Attend relevant national network meetings to ensure shared learning.

Long term:

Reduction in working days lost across Health and Social Care in identified areas will be sustained by:

- Effective line manager induction (100% delivery within one month in post)
- 90+% compliance in adherence to policies and procedures, recorded, monitored and reported to Senior Leadership Team.
- 90+% of managers are trained and competent in all attendance management policies and procedures.
- Evidence of early intervention, prevention and information included in attendance management hearings including, where relevant, use of a stress risk assessment and compliance with subsequent action plans.
- All medical referrals made timeously.
- Evidence of adherence to all policies and procedures embedded into management practice – collated and reported.
- Evidence of embedding all Corporate strategies in relation to attendance management through regular reporting and liaising with HR Service Manager.

Training and Development

Leadership, culture organisational development

During 2020/21, work has accelerated on transformational change, leadership development and improved organisational culture. The Senior Leadership Team and the Extended Leadership Team have worked together to co-design the organisational structure, improved governance and assurance approaches and have renewed success statements and strategic objectives for the Partnership. Planning is underway to design a medium to long-term organisational development plan that builds on work done to date, recognising the integrated strategical and operational business priorities that deliver the outcomes required by the people of Fife.

Training and Development

Social work and social care staff:

The Workforce Development Plan 2020-21 was paused due to the pandemic. Existing training was adapted, and new training developed, over a very short space of time to prepare Team Fife volunteers to support the Care at Home Service should they be needed. 62 volunteers from Fife Council (not including existing Health and Social Care staff who took on new roles to support services) completed the training programme.

Training included:

- Adult Protection
- Care at Home
 - Support Plan Familiarisation
 - Personal Care
 - Continence and Catheter Care
 - Personal Protective Equipment (PPE)
- Data Protection
- Food Hygiene Awareness
- Lone Working
- Moving and Handling

Across all services, the emphasis has been on staff wellbeing and increasing support, ensuring staff were kept informed of the online resources which were available to staff including support to cope with grief, loss and bereavement. Staff health and wellbeing will continue to be a priority for 2021-22, and information will be tailored with team development sessions, which not only reflect on the learning over the past year but bring a focus on moving forward and understanding what staff need to do this effectively.

Collaborative work with external providers to adapt existing training to a virtual delivery, without losing quality, has resulted in more flexible, blended learning opportunities for staff. This includes working with Scottish Autism, Talking Mats and Fife Carers Centre. The training on Autism, Talking Mats and Implementing the Carer's (Scotland) Act continues into 2021-22, with new modules to extend learning further becoming available.

Whilst essential training in Adult Protection and Mental Health were adapted to be delivered as webinars, other training required face-to-face delivery. This included Moving and Handling, Emergency First Aid and administration of Midazolam. These training courses were offered online as an interim measure to reduce the face-to-face delivery time. Any face-to-face sessions needed, have continued with additional safety measures in place.

Priorities for 2021-22, in addition to the ongoing essentials for service delivery, include:

- leadership and management
- assessment and management of risk
- succession planning and talent management
- adapting to new working styles and the shift in work culture

Health staff:

Classroom training was paused during the pandemic, however, training for several offerings has recently been re-introduced, including Recruitment and Selection, TURAS Appraisal, Foundation Management, and preparing for retirement courses (all delivered via MS Teams). 200 staff from the Partnership attended the Turas appraisal training between January and March 2021.

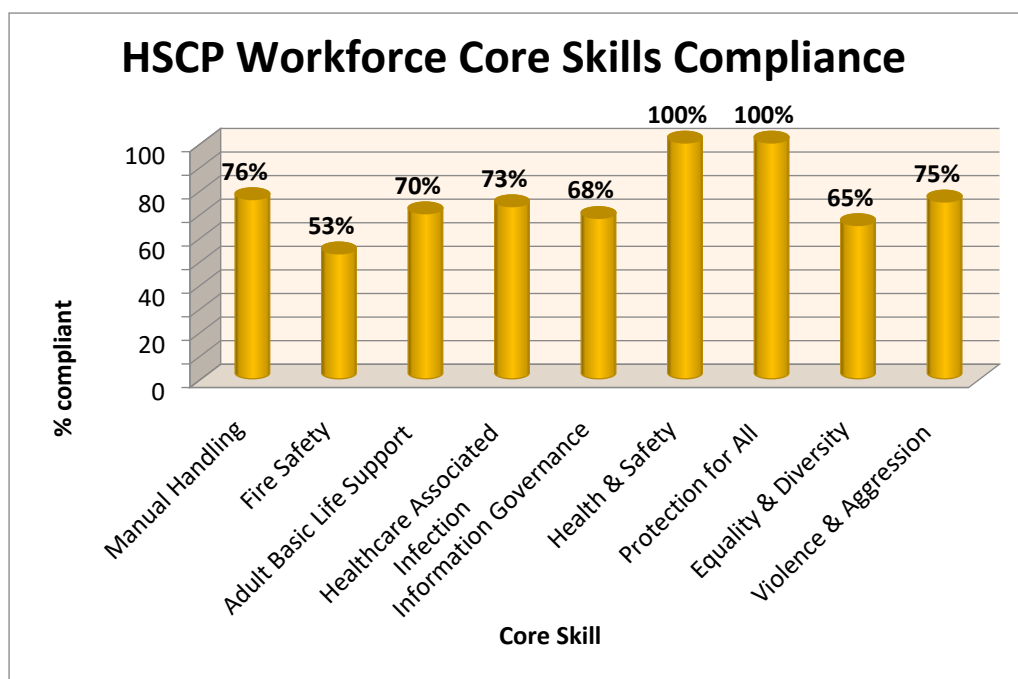
More training courses will become available over the course of 2021/22 via Teams – staff feedback on this has been positive and welcomed.

Future improvements will see NHS Fife move from LearnPro to TURAS Learn as the preferred Learning Management System for all eLearning courses. This move will offer a significant benefit to the Partnership as this platform will be accessible to third sector organisations ensuring they have access to the same learning opportunities. The TURAS Learn platform will also be able to provide real time reporting data.

Core skills compliance

Core skills training is monitored at a local level in accordance with organisational policy and statutory/regulatory requirements. All nine Core topics (included in the table) are considered compulsory. Not all staff will be able to comply with the mandatory requirements due to long-term leave.

Please note that there are ongoing efforts in place to bring the compliance levels up for fire safety, information and governance and equality and diversity. The planned programme of work to address this provides all managers with detailed compliance data for their teams along with some supporting guidance materials, enabling them to identify outstanding Core Training for each member of staff.



Induction

From March 2020, as part of the initial response to the pandemic, the Induction programme for NHS Fife employees moved to an online model where new employees undertook induction via a blend of e-learning, videos and links to digital resources.

There is no desire to return to a classroom-based induction, there is a commitment to develop staff from the outset of their employment. Ensuring new employees receive essential organisational information and Core Skills training relevant to their role as soon as they commence employment is extremely beneficial and helps to facilitate the delivery of safe and effective, person-centred care. We continue to identify areas for improvement in this programme and have successfully inducted 240 new starts in the H&SC Partnership between 1 April 2020 and 31 March 2021.

Over the coming months a new 'welcome and orientation' package (hosted on TURAS Learn) will support rapid induction for Partnership staff.

The Partnership is also developing a specific welcome and induction programme for new starts to the Partnership.

Health and Safety

The main focus of Health and Safety throughout 2020-21 has been supporting staff through the pandemic.

Before the pandemic, health and safety leads from NHS Fife and Fife Council were working with the Director of Fife Health and Social Care Partnership and the Health & Safety Forum in developing workplan for 2020-21. This work was paused.

The Health & Safety Forum was also paused during 2020/21 to concentrate efforts to support the pandemic.

To keep the Local Partnership Forum updated on health and safety developments, health and safety leads attended the Local Partnership Forum meetings and also participated in the Partnership's Silver Command structure meetings and Senior Leadership Team meetings.

The ability to participate in these meeting has been of real benefit and ensured that any health and safety issues were escalated and managed throughout the pandemic.

Moving and handling

The Moving and Handling training continued to run essential face to face courses throughout the pandemic. The MHT Team re-developed the existing training package to comply with the guidance in place.

This allowed more staff to be trained with an increase of around 30% compared to previous years. New and existing staff have been able to access regular training to ensure they are fully competent. This increase in training is due to additional resources to deliver this.

Personal protective equipment

Personal protective equipment (PPE) has been a major for colleagues in NHS Fife, particularly FFP3 masks and respiratory protection and the supply of gloves, aprons and surgical masks.

Due to a change by the UK Resuscitation Council meant that the health and safety teams with input from colleagues the Partnership and NHS Fife, were instrumental in a large-scale rapid mask fit-test programme with approx. 2000 fit tests carried out in May to June 2020,

Any issues identified were quickly addressed through collaborative working with Procurement (locally and nationally), Health & Safety, Occupational Health and Infection Control.

As restrictions start to ease, the ligature risk assessment programme for the Partnership will be available. Some work on updating action plans and processes has been undertaken. The process and programme for these assessments is also being reviewed using small test of change methodology to provide better quality and more consistent assessments and this will be a significant piece of work for 2021 – 2022.

Looking forward, with changes to the management structures in both Partnership and Acute, governance and committee structures are probably due a timely review.

Next steps

There will be a focus on re-introduction face-to-face training when this is safe to do so and develop a recovery plan to ensure staff that could not access the training during the pandemic have the up-to-date training.

Consider health and safety leads involvement on the Local Partnership Forum on a more formal basis.

Equality and Fairness

For some groups the impact of covid has been felt more greatly. During 2020/21, much of work on equality and inclusion as an employer was in response to the Covid-19 pandemic. More than ever, it's been recognised the importance of being a flexible and family-friendly employer.

Within NHS Fife a new BAME Network (Black, Asian, and Minority Ethnic (used to refer to members of non-white communities in the UK). was established with an open invitation to colleagues from all sectors and staff side colleagues. The inaugural meeting was very well attended and received, with a Chair and Co-Chair nominated from within the group. The Network will take forward local actions in terms of training, education and support and will also seek to participate in the new National network being established in April 2021.

Fife Council has committed to actions following the Scottish Parliament's enquiry on Race Equality, Employment and Skills including improving equality data at all stages of the employment cycle – recruitment, reviewing training provisions relating to diversity and inclusion and working to explore opportunities for increased community engagement (including BAME community groups) through Fife Centre for Equalities.

The impact of the pandemic has also highlighted the need for flexibility. We were part of a Scottish Government research project and our case study is available to read [here](#). We also provided specific support for those from BAME communities, those with caring responsibilities, those experiencing domestic abuse and those with underlying health conditions. Further information about this can be found in our latest Equalities in Employment Report on fife.gov.uk.

Reporting and Setting a new Equality Outcome

The Equality Act 2010 (Specific Duties) Regulations 2012 place specific duties on Fife Council and NHS Fife to gather, use and publish employee information and publish pay gap information every two years. It also requires Fife Council and NHS Fife to publish an equal pay statement every four years.

Fife Council and NHS Fife meet the specific duties in relation to the publishing of information about the workforce and pay practices within Equality in Employment Reports / Equal Pay report (available on fife.gov / the NHS Fife website). These reports provide employee information across all of the protected characteristics including recruitment, training, dismissals, discipline and grievance. The appendices of these reports also provide information about gender, race and disability pay gaps, as well as occupational segregation.

In our April 2021 reports both NHS Fife and Fife Council published their revised equal pay statement.

Looking forward

In 2021/22, we will continue to monitor and review policies, procedures and practices relating to the pandemic and ensure that we consider the impact on protected groups when making any further changes.

Both NHS Fife and Fife Council are committed to progressing their outcomes detailed in their Equality Outcomes and mainstreaming plans for 2021-2025. This means advancing equality of opportunity, fostering good relations and eliminating discrimination within the workforce.

The NHS Fife plan seeks to improve the health and welfare of BAME staff groups.

We will act on the listened to recommendations and issues faced by institutionalised behaviours that affect certain protected characteristics staff groups.

We will continue to support the development of the BAME Network in line with local needs and expectations and national guidance ensuring their voice is heard across the NHS, nationally and including at NHS Fife Board level.

Fife Council's proposed outcome is to understand the workforce better and reflect the diversity of the local population. To do this, there will be engagement with local communities about workplace practices and work to improve the information about employees. Other actions proposed to take can be found in our [Equality in Employment Report 2021](#).

As you can see from the word cloud respondents were most worried about Covid, work, patients, colleagues and their home lives.

It is important to recognise the level of change being experienced by staff during the pandemic with around a quarter of the respondents working in a different location, having school age children at home or providing support to vulnerable relatives living elsewhere. These changes to personal circumstances place an additional pressure on staff.

Staff Health and Wellbeing continues to remain a priority. Many local and national resources have been created, to support the workforce in a focussed way and in recognition of the changing priorities and pressures on the workforce over the last months.

The pulse survey focused on staff experience during the Covid-19 period, however this was one element of a whole system approach to continually improve our staff's experience. The iMatter Programme will commence in September 2021 and we will continue work developing a new, bespoke Dignity at Work tool, enhanced wellbeing and resilience strategies and wider equalities, diversity and inclusion action.

National Whistleblowing Standards

New National Whistleblowing Standards for the NHS in Scotland were introduced from 1 April 2021. This will be a change in how whistleblowing concerns are dealt within the NHS Fife. The Standards are underpinned by legislation and cover all NHS providers.

The key aim is to ensure everyone is able to speak out and to raise concerns, when they see harm or wrongdoing, putting patient safety at risk or become aware of any other forms of wrongdoing.

This learning will become a core requirement over the course of 2021/22 to ensure that all members of staff are appropriately trained. This training can be accessed via TURAS.



NHS Fife Acute Services Division Local Partnership Forum - Annual Report 2020/21



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MESSAGE FROM THE LOCAL PARTNERSHIP FORUM CO-CHAIRS

We would like to welcome you to the first annual report of the Local Partnership Forum. It has been a very challenging year for our workforce, for services and for NHS Fife. Our workforce has worked tirelessly to ensure that people are cared for and supported. Whilst the COVID pandemic has presented many challenges it has also presented opportunities for us to work in different ways. Over the course of the pandemic the LPF has continued to meet to ensure a continued and renewed approach to partnership working. As you will see the report outlines many of the ways in which workforce support has been enhanced over the past year.

This report provides an overview of the activity of the NHS Fife Acute Services and Corporate Divisions Local Partnership Forum (LPF) carried out during 2020/2021 and provides assurance that partnership working is in place to support the delivery of NHS Fife's strategic objectives. The report also outlines the focus of activity in the coming year.

We would like to take this opportunity to say a huge thank you to all staff. Our workforce is the heart of our organisation. The LPF will continue its work as a strong partnership to ensure that our workforce are well, safe and supported at work.



Claire Dobson

LPF Co-Chair

Director of Acute Services NHS Fife



Andrew Verrecchia

LPF Co-chair (Staff Side)

COMMUNICATION

Over the past year communication has been enhanced across the organisation. This was supported by a command structure and the Hospital Control Team. Consistent and proactive internal communications which have included examples of good practice and positive feedback have been supported via the Local Partnership Forum.

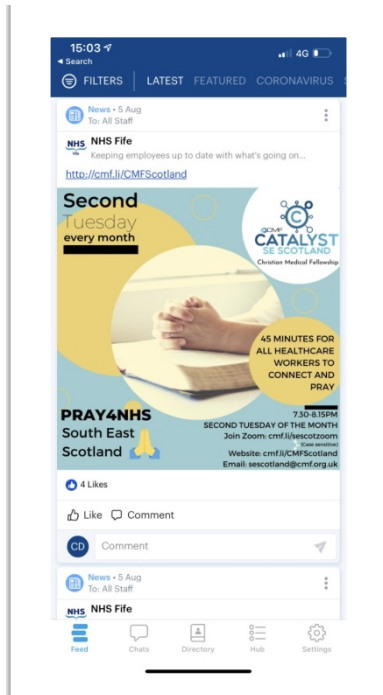
The introduction of the Chief Executives weekly brief has been welcomed and has helped the organisation to connect across the system as well as connect with the board, the Chief Executive and the Executive Directors.

The Patient Safety Huddle now takes place each weekday morning via Teams. Important messages for staff are shared at this forum as well as through Blink.

Leadership walkabouts have started to be re-introduced as the pandemic subsides.

Key Priorities for 2021/22

- Leadership walkabouts
- Q & A sessions – staff will be invited from across the Division to take part in sessions with the Senior Leadership Team
- We will continue to look for new ways to share good news stories and the work that we do
- Continuing and enhancing communication with staff to ensure that everyone is well informed

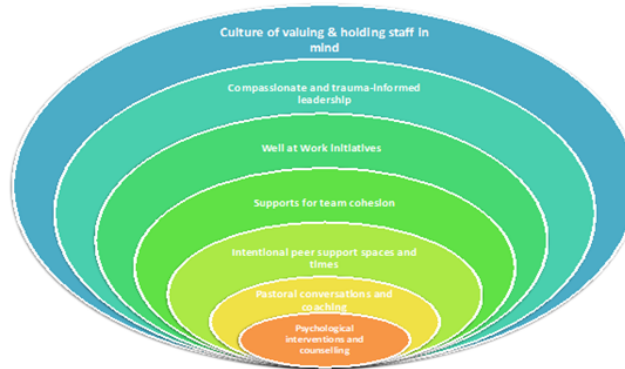


Our People and the Pandemic

People are what makes NHS Fife and it was vital that staff across NHS Fife were supported during the response to the pandemic, especially those working directly on the frontline.

An NHS Fife Health and Wellbeing Bronze Command group was established to provide a focus for staff health and wellbeing support and to co-ordinate the organisational response to ensure that all our staff were mentally and physically supported during the pandemic.

Key dimensions of staff support



Psychological First Aid during the Pandemic

The principles of Psychological First Aid which recognises people's resilience, their need for practical care, the importance of connection, information, emotional and social support and the fostering of useful coping. Was adopted to support the organisational response to Health and Wellbeing throughout the response to the pandemic and will underpin our work in this field moving forward.



Staff Support Hubs

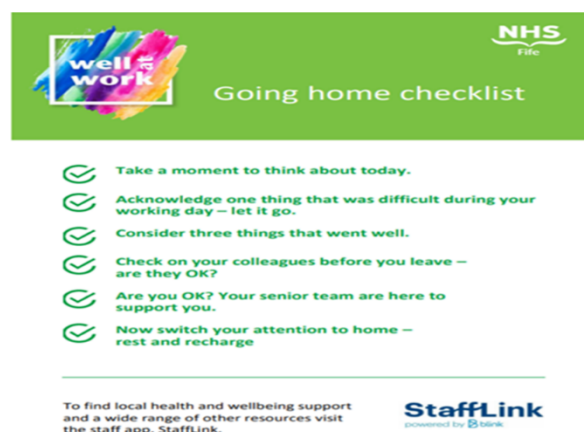
Staff Support Hubs were established at various locations throughout NHS Fife following the onset of the pandemic. Staff from psychology and spiritual care were onsite in the larger hubs, between April and October 2020, providing 1:1 support as required. This model is now going to continue with funding secured via the Fife Health Charity to develop purpose-built hubs at Victoria Hospital, Kirkcaldy and Queen Margaret Hospital, Dunfermline

Listening Service

NHS Fife's Spiritual Care Team's provided a Staff Listening Service and a network of quiet zones throughout 2020/21, with the team also present in the designated red zones for informal staff support.

Dedicated Information and Resources

A range of staff health and wellbeing materials were produced in collaboration with Psychology, Communications and Workforce teams, this included a dedicated hub on Staff Link, NHS Fife's employee communications app, along with a Wellbeing Resource pack, a Psychology Support pack and a range of other materials including a "Going Home" checklist poster, Staff Huddle template and stress leaflet. All the material was available to download online or hard copies distributed to wards and departments as well as the Staff Hubs.



Mindfulness Sessions

These have been introduced as part of the NHS Fife Going Beyond Gold work to bring mindfulness into the workplace. Staff have had access to free lunchtime and evening introductory and drop-in sessions, telephone peer support and Mindful movement sessions. Full Mindfulness courses are also currently being offered online via a 8-week course, that are regularly oversubscribed.

To supplement this a suite of accessible video clips were launched in January 2021 - "Mindful Pauses for Our Wellbeing" and a new "Pause Pod" room was opened for staff to rest and recharge their body and mind at the Whyteman's Brae Hospital.

Psychological Interventions and Counselling

A Psychology staff support helpline was established during 2020. This has now been replaced by direct self-referral for psychological support via the Access Therapies Fife website, with additional resources from Scottish Government supporting delivery. An additional Mental Health nursing resource has been secured within NHS Fife Occupational Health service and a bid has been prepared to be considered by the Endowments Committee for funding of additional Counselling Service support.

Peer Support Sessions

Peer Support Sessions provide a safe environment for staff to come together, to talk, share experiences and be listened to in a non-judgmental, informal space. During the spring of 2021, two four week online “Our Space” Peer Support Sessions were arranged for staff who had been shielding or exclusively home working. Training to support the roll out of other forms of peer support is currently underway.

Gold Standard - Healthy Working Lives Employer

NHS Fife has long-term commitment to supporting staff health and wellbeing. We are a committed healthy working lives employer - achieving and retaining the Gold Healthy Working Lives (HWL) Award.

NHS Fife - Well@Work

“Well @Work” is NHS Fife’s employee Health and Wellbeing programme. Prior to the pandemic this meant actively supporting staff health and wellbeing by raising awareness of health promotion and protection topics. In recognition of a requirement to develop our approach, a plan for “Going Beyond Gold” was developed in 2018. The plan is focused upon achieving a culture of kindness as part of our organisational culture. As we start to emerge from the pandemic, this work will have a renewed focus to ensure that all staff feel fully supported as we remobilise and embed new ways of working.

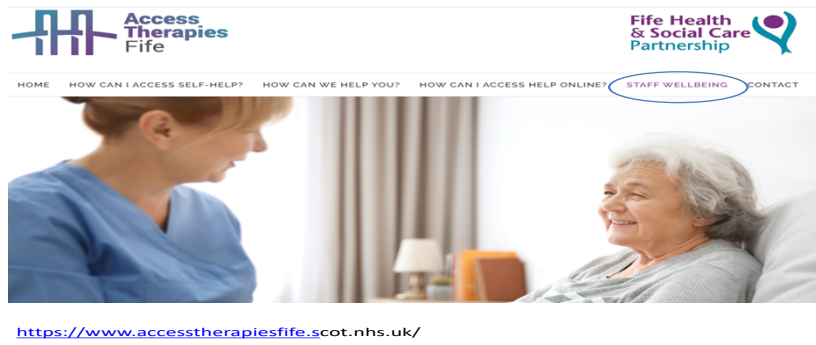
A host of Well@Work wellbeing activities are on-going with more planned, such as support for cycling and other physical activity.

Support for Managers

A short life working group, of the Bronze Staff Health and Wellbeing group, assessed gaps in the managerial support available locally and nationally. Training is being provided by the Psychology Service to support managers in having conversations with staff including those with a focus on health, wellbeing, and attendance and to ensure that managers are aware of the range of supports available.

Access Therapies Fife website

A new staff support, and wellbeing section was launched in March 2021 as part of the Fife Psychology Access Therapies Fife website. The section provides staff with easily accessible resources, and further resources are currently being developed using a blended approach. These will include stress, e-learning and creating a library of webinars, exploring leading compassionate care in a crisis, compassionate self-care, and resilience.



National Workforce Wellbeing Champions Network

NHS Fife is represented on the National Workforce Wellbeing Champions Network and sharing of learning via this is shaping thoughts on future strategy and approach.

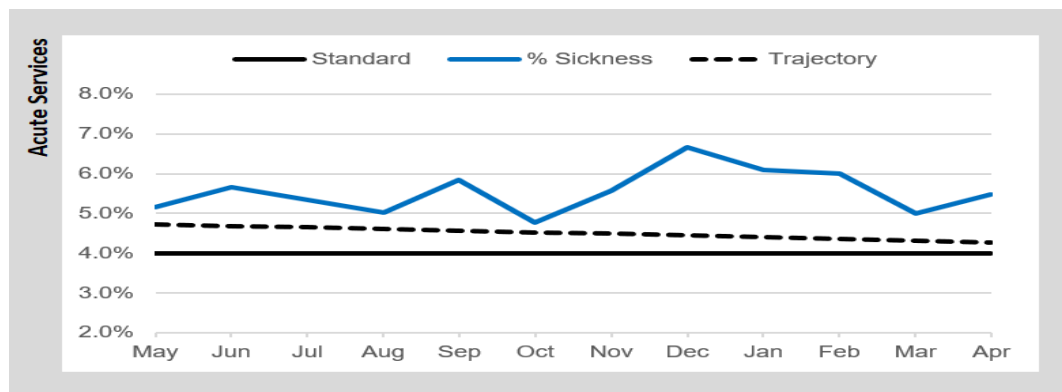
Key priorities for 201/22

- Ensuring sustained focus on staff support and wellbeing and on prevention of stress
- Shaping organisational culture

A key priority for the Local Partnership Forum is promoting attendance. This section of the report provides an overview of the sickness absence data available in the year to date, management actions and performance against the trajectory for staff in the Division.

The absence rates and agreed trajectory setting in respect of the respective Acute Services Division areas are detailed the graph below, based on March 2021 figures. It is disappointing to note that the trajectories set have not been met. However, it is positive to note that there has been an improvement in the sickness absence rates for the 2020/2021 financial year when compared with the previous year.

Acute Services Division Sickness Absence Rates / Trajectory Position



Locally, General Managers and the Promoting Attendance Review and Improvement Panels continue to review the data and individual cases to ensure appropriate action is being taken, to support staff attendance and to review trajectory positions on a regular basis.

Key priorities for 2021/22 will be:

- To continue with the implementation of the new Once for Scotland Promoting Attendance policy
- To ensure that managerial training for Promoting Attendance meets organisational needs
- To continue to focus on cases of long-term absence and to promote early intervention to minimise long-term absence, wherever possible
- To continue to promote mental health in the workplace training, given that this is the highest on-going reason for absence
- To continue with the rollout and access to Tableau, to assist managers with the identification of trends, hot spots, and outliers in respect of absence issues within their service areas
- Ensuring Occupational Health support for these areas and any impacts of Long COVID

Thinking outside the box

Classroom training remains paused, however, training for several offerings has recently been re-introduced, including Recruitment and Selection, Turas Appraisal, Foundation Management, and preparing for retirement courses (all delivered via MS Teams). Almost 100 members of the Acute Directorate attended the Turas appraisal training between January and March 2021, and another 50 are booked on forthcoming sessions.

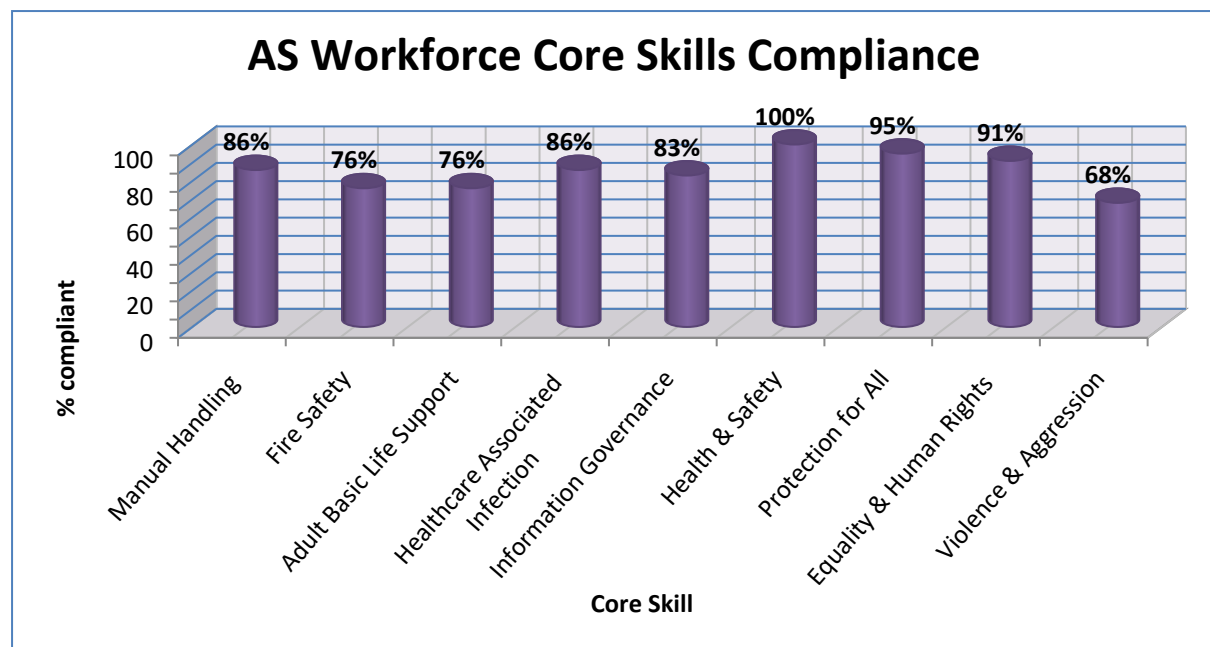
Future thinking

A range of training topics that were suspended at the beginning of the COVID-19 pandemic Will be delivered online during 2021/22 using MS Teams. This work will be supported with NHS Fife moving from LearnPro to Turas Learn as the preferred Learning Management System for all eLearning courses. This will provide the opportunity to create more engaging e-Learning courses that deliver better learning outcomes and reporting data

Core Skills Compliance

Core Skills training is monitored at a local level in accordance with organisational policy and statutory/regulatory requirements. All 9 Core topics (included in the table below) are considered compulsory. Work is underway to support staff to complete statutory training in 3 specific areas to ensure that organisationally we can achieve the required compliance rate.

- Fire safety
- Information Governance, and
- Equality and Diversity



Staff Induction

In 2020 our classroom Induction programme moved to an e-enabled model where new employees undertook induction via a blend of e-learning, videos, and links to digital resources.

Ensuring that all new employees receive essential organisational information and Core Skills training relevant to their role as soon as they commence employment. Between 1st April 2020 and 31st March 2021 almost 300 new starts from the Acute Directorate participated and were issued with fast track Induction packs. Over the coming months a new 'welcome and orientation' package (hosted on Turas Learn) will be introduced to support the rapid on boarding of staff.

Everyone Matters Survey

The Everyone Matters Pulse Survey replaced iMatter as NHS Scotland tool to aid the measure of staff engagement across all NHS Boards and HSCP in Scotland during 2020. The survey enabled staff to express their view, feelings, and experiences, over the 6 months 'COVID Period' from March to September 2020.

The survey was sent to all NHS Fife staff in September 2020 and the results were published in December 2020. Almost 1400 respondents from the Acute Directorate took part.

We results reinforced the level of change in Acute Services staff during the pandemic, with 73% of respondents experiencing a change in their job role, or the environment they are working in during the COVID-19 period.

These changes to working practice and location combined with changed personal circumstances, such as home schooling, placed an additional burden on staff. Throughout 2020 a range of support mechanisms were developed and evolved to support Acute Staff during this challenging period.

The iMatter annual survey will be re-introduced in September 2021 and work will continue to enhance well-being and resilience strategies and wider equalities, diversity and inclusion action highlighted in the one-off national Pulse Survey.

National Whistleblowing Standards

New National Whistleblowing Standards for the NHS in Scotland came into force from 1st April 2021.

The key aim is to ensure everyone can speak out and to raise concerns when they see harm or wrongdoing putting patient safety at risk or become aware of any other forms of wrongdoing.

This learning will become a core requirement over the course of 2021/22 to ensure that all members of staff are appropriately trained. The relevant learning can be accessed via the links below:

[Whistleblowing : staff needing an overview | Turas | Learn](#)

[Whistleblowing : managers and people who receive concerns | Turas | Learn](#)

NHS Fife also appointed a dedicated Whistleblowing Champion, Kirstie MacDonald, a non-executive member of the health board with responsibility for supporting a honest and open workplace culture across the board.



HEALTH AND SAFETY

The pandemic response posed some particular challenges around health and safety including, FFP3 masks, surgical masks, and PPE, along with the role of the NHS Fife Health and Safety team.

FFP3 Masks

To date over 300,000 FFP3 masks have been delivered to NHS Fife by National Procurement (NP) The Health and Safety team have conducted well over 2500 fit tests in the past year. This work has been supported by local fit testers with the result that the organisation has easily conducted over 4,500 fit tests, taking around 20-30 minutes per person to complete. This has been a huge achievement for all involved.

Type IIR Fluid Resistant Masks & Other PPE

Better known as 'surgical masks', NHS Fife has received nearly 6 million masks for use across the organisation. At the start of the pandemic face protection was also in short supply. Sterling efforts by colleagues in the NHS Fife Procurement team and then later by staff at NP helped to ensure that visor supply never reached critical levels.

The Health and Safety Team

Throughout the pandemic the team have continued to provide general health and safety support. In addition, this included a COVID-19 Spot check from the Health and Safety Executive (HSE) which resulted in a notice of contravention. Support was provided for the subsequent action plan and the notice was signed off in early 2021. There were also two complaints made to HSE which the team managed locally with services and these were resolved without any enforcement action



EQUALITY AND FAIRNESS

Supporting us all

During 2020/2021, much of NHS Fife's work on equality and inclusion as an employer and service provider was in response to the COVID-19 pandemic. More than ever, we recognised the importance of being a flexible and family-friendly employer. Measures included:

Staff Support

Domestic Abuse – guidance was published, with help from Fife's Violence Against Women Partnership, about the specific challenges and risks for employees experiencing domestic abuse and their children, whilst homeworking due to the COVID-19 restrictions.

Caring Responsibilities – it was recognised that many of our employees working from home during the pandemic were also fulfilling caring responsibilities. In exceptional cases, where employees could not work from home and had no available childcare, paid special leave was granted. Recognition was also given to staff with home schooling commitments.

EQIAs – we ensured that all temporary policies / procedures put in place due to the pandemic were appropriately equality impact assessed.

Interpreting and translation policy - giving guidance on the use of interpreters and importance of validated translations was also developed in 2020 to support staff and outlining a range of technological support available such Interpreter on Wheels.

BAME Network - Within NHS Fife, a new BAME Network was established. The Network will take forward local actions in terms of communication, training, education, and support and will also seek to participate in the new National network being established in April 2021.

Reporting and Setting a new Equality Outcomes

The Equality Act 2010 (Specific Duties) Regulations 2012 place specific duties on NHS Fife to gather, use and publish employee information and publish pay gap information every two years. It also requires NHS Fife to publish an equal pay statement every four years.

NHS Fife meets the specific duties in relation to the publishing of information about the workforce and pay practices within Equality in Employment Reports / Equal Pay report (available on the NHS Fife website). These reports provide employee information across all of the protected characteristics including recruitment, training, dismissals, discipline and grievance. The appendices of these reports also provide information about gender, race and disability pay gaps, as well as occupational segregation. In April 2021, NHS Fife published a revised Equal pay statement.

Service user support

Speak Clearly Stickers - NHS Fife have tested a patient centred improvement, aimed at helping staff and patients to hear each other from behind the face covering. The small stickers ask people to speak clearly and can be placed on facemasks or coverings.

Language Leaflet - NHS Fife have produced a small pocket-sized language leaflet, where patients can identify the language they speak, including BSL and request an interpreter.

Sunflowers - NHS Fife provided sunflower identification lanyards to assist patients who are exempt from wearing a face covering.

IN SUMMARY.....

We have identified key priority areas for 2021/22 throughout this report and work is already underway to address these.

We would like to take this opportunity to again say thank you to all of our staff and to underline our commitment to working in partnership to ensure that staff are safe, well and supported. The wellbeing of staff as we recover and remobilise following the COVID-19 pandemic is essential and we will work closely together as an LPF to support staff as we learn to live with COVID

