

# NHS Fife Staff Governance Committee

Thu 28 October 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

Sinead Braiden

10:10 - 10:15  
5 min

3. Minutes of Previous Meeting held on Thursday 2 September 2021

Enclosed Sinead Braiden

Item 03 Staff Governance Committee Minutes 02.09.21 (Unconfirmed).pdf (10 pages)

10:15 - 10:25  
10 min

4. Matters Arising / Action List

Enclosed Sinead Braiden

Item 04 Table of Actions From Meeting Held on 02.09.21.pdf (2 pages)

10:25 - 10:55  
30 min

5. GOVERNANCE / ASSURANCE

5.1. Revision of NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability

Enclosed Linda Douglas

Item 5.1 Board Assurance Framework - Workforce Sustainability 28.10.21.pdf (5 pages)

Item 5.1 Appendix 1 - NHS Fife Board Assurance Framework - Workforce Sustainability.pdf (3 pages)

Item 5.1 Appendix 2 - Revised NHS Fife Board Assurance Framework - Workforce - October 2021.pdf (2 pages)

Item 5.1 Appendix 3 - BAF Risks - Workforce Sustainability - Linked Operational Risks as at 21.10.21.pdf (2 pages)

5.1.1. Linked Operational Risks Update - Medical Workforce Pressures

Enclosed Nicky Connor

Item 5.1.1 Linked Operational Risks Update - Medical Workforce Pressures 15.10.21.pdf (4 pages)

5.2. HR Policies Monitoring Update

Enclosed Sandra Raynor

Item 5.2 HR Policies Monitoring Update 28.10.21.pdf (3 pages)

5.3. Annual Internal Audit Report 2020/21

Enclosed Margo McGurk

Item 5.3 Annual Internal Audit Report 2020-21 Covering Paper.pdf (3 pages)

10:55 - 11:15  
20 min

## 6. STRATEGY / PLANNING

### 6.1. Strategic Planning and Resource Allocation Process 2022/23

Enclosed Margo McGurk

- Item 6.1 SPRA 2022-23 v0.2.pdf (3 pages)
- Item 6.1 SPRA Process Letter Appendix1.pdf (4 pages)
- Item 6.1 SPRA 22-23 to 26-27 Appendix 2.pdf (7 pages)

### 6.2. Redesign of Urgent Care

Enclosed Chris McKenna

- Item 6.2 Redesign of Urgent Care Report.pdf (12 pages)

### 6.3. Workforce Implications of MOU2 Implementation

Enclosed Nicky Connor

- Item 6.3 - Workforce Implications of MOU2 Implementation.pdf (7 pages)

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11:15 - 11:30  
15 min

## 7. QUALITY / PERFORMANCE

### 7.1. Integrated Performance & Quality Report

Enclosed Linda Douglas

- Item 7.1 IPQR Covering Paper.pdf (3 pages)
- Item 7.1 IPQR October Report.pdf (50 pages)

### 7.2. NHS Fife Workforce Information Overview

Enclosed Kevin Reith

- Item 7.2 NHS Fife Workforce Information Overview - 28.10.2021.pdf (10 pages)

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11:30 - 11:40  
10 min

## 8. ANNUAL REPORTS

### 8.1. Medical Appraisal & Revalidation Annual Report 2020/21

Enclosed Chris McKenna

- Item 8.1 Medical Appraisal and Revalidation Annual Report 2020-2021.pdf (3 pages)
- Item 8.1 Medical Appraisal Revalidation Report 2020-2021 Draft.pdf (8 pages)

### 8.2. Volunteering Annual Report 2020/21

Enclosed Janette Owens

- Item 8.2 Volunteering Annual Report.pdf (13 pages)

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11:40 - 11:45  
5 min

## 9. LINKED COMMITTEE MINUTES

### 9.1. Minutes of the Area Partnership Forum dated 22 September 2021 (unconfirmed)

*Enclosed*

 Item 9.1 APF Minuntes 22.09.21 (Unconfirmed).pdf (11 pages)


## **9.2. Minutes of the Health & Social Care Partnership Local Partnership Forum held on 11 August 2021 (unconfirmed)**

*Enclosed*

 Item 9.2 - H&SC LPF Minutes 11.08.21 (Unconfirmed).pdf (7 pages)

## **9.3. Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 19 August 2021 (unconfirmed)**

*Enclosed*

 Item 9.3 ASD& CD Local Partnership Forum Minute 19.08.21 (Unconfirmed).pdf (13 pages)

## **9.4. Minutes of the NHS Fife Strategic Workforce Planning Group held on 24 August 2021 (unconfirmed)**

*Enclosed*

 Item 9.4 NHS Fife Strategic Workforce Planning Group Minutes 24.08.21 (Unconfirmed).pdf (5 pages)

## **9.5. Minutes of the Health and Safety Sub Group held on 14 September 2021 (unconfirmed)**

*Enclosed*

 Item 9.5 H&S Sub Committee Minutes 14.09.21 (Unconfirmed).pdf (3 pages)

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**11:45 - 11:50**  
5 min

## **10. ESCALATION OF ISSUES TO NHS FIFE BOARD**

### **10.1. To the Board in the IPQR & Chair's Comments**

*Verbal*

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**11:50 - 11:55**  
5 min

## **11. ANY OTHER BUSINESS**

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**11:55 - 12:00**  
5 min

## **12. Date of Next Meeting: Wednesday 12 January 2022 at 10am via MS Teams**

**MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY  
2 SEPTEMBER 2021 AT 10AM VIA MS TEAMS**

**Present:**

S Braiden, Non-Executive Member (Chair)	C Cooper, Non-Executive Member
A Morris, Non-Executive Member	C Potter, Chief Executive
W Brown, Employee Director	J Owens, Director of Nursing
S Fevre, Co-Chair, Health & Social Care Partnership Local Partnership Forum	A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum
K MacDonald, Whistleblowing Champion (Agenda items 1 - 5.1)	

**In attendance:**

K Berchtenbreiter, Head of Workforce Development & Engagement  
C Dobson, Director of Acute Services  
L Douglas, Director of Workforce  
S Fraser, Associate Director of Planning & Performance (agenda items 6.2 and 6.3)  
G MacIntosh, Head of Corporate Governance & Board Secretary  
F McKay, Head of Strategic Planning, Performance & Commissioning (*deputising for N Connor*)  
M Michie, Deputy Director of Finance (*deputising for M McGurk*)  
S Raynor, Head of Workforce Resourcing & Relations  
K Reith, Deputy Director of Workforce  
R Waugh, Head of Workforce Planning & Staff Wellbeing  
L Anderson, PA to Director of Workforce (*observing*)  
H Thomson, Board Committee Support Officer (Minutes)

Sinead Braiden, in her new role as Chair of the Committee, welcomed everyone to the meeting, in particular Hazel Thomson, the Board Committee Support Officer, who is providing secretarial support to the Committee for this meeting, and to Lakshmi Anderson, PA to the Director of Workforce, who is observing the meeting today and will provide the secretariat to the Committee going forward. A welcome was also extended to Maxine Michie, Deputy Director of Finance, deputising for the Director of Finance & Strategy and attending her first meeting, and to Fiona McKay, Head of Strategic Planning, Performance & Commissioning, deputising for the Director of Health & Social Care.

The Chair advised the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the Emergency Footing that continues across NHS Scotland to 30 September 2021 and commended staff for their ongoing efforts and resilience, at a time of increasing demand on our services.

## **1. Apologies for Absence**

Apologies for absence were received from Dr J Tomlinson (Director of Public Health – who was to attend the meeting as part of her Board induction), N Connor (Director of Health & Social Care), and attendee M McGurk (Director of Finance & Strategy).

## **2. Declaration of Members' Interest**

There were no declarations of interest made by members.

## **3. Minutes of the last Meeting held on Thursday 1 July 2021**

The minute of the last meeting was **agreed** as an accurate record.

## **4. Matters Arising / Action List**

### **Corporate Objectives 2021/2022**

The Director of Workforce advised that a group has been established to take forward the Internal Communications strategy, and the first meeting has been arranged for the end of September 2021. The timescale for this action was noted and further updates will be provided to the Committee.

### **Board Assurance Framework – Workforce Sustainability**

The Head of Workforce Planning & Staff Wellbeing advised that this item is on the agenda, and the second action in relation to providing an update to the Board has been carried out (July 2021 Board Meeting) and can now be closed.

The Committee **noted** the updates provided and the closed items on the Action List.

## **4.1 Role of Whistleblowing Champion**

The Whistleblowing Champion provided a verbal update to members on her role on the Board.

It was advised that the National Whistleblowing Standards came into effect on 1 April 2021 and there is a requirement for all NHS staff and providers of NHS services to follow certain principles and ensure adherence to the Whistleblowing Standards.

The role of the Whistleblowing Champion is an assurance role, which supports and monitors delivery of the NHS Fife Whistleblowing Policy. The aim of the policy is to ensure staff and contractors have confidence to share concerns and be assured their concerns will be dealt with. The role also has critical oversight into how concerns are handled by managers, and covers services provided by the Board directly and those delivered by primary care contractors etc.

It was advised that the policy is still being adopted and NHS Boards across Scotland are at different stages in implementing the required practices. The Whistleblowing Champion meets regularly with a national Whistleblowing Champion network, which includes the Independent National Whistleblowing Officer (INWO) and Government

representatives, to discuss good practice, barriers to implementation and operational details. The aim of the meetings is to gather information to feedback to Boards to ensure consistency of approach.

The Whistleblowing Champion assured the Committee that detailed work is being undertaken to implement the Whistleblowing Standards in Fife, and at a leadership level, concerns are being appropriately addressed.

The effectiveness of the two-stage process, and assurance around that, was not possible at this stage due to the Whistleblowing Standards not currently having been invoked. However, a considerable amount of work has been undertaken to determine what would be included in future reporting, to evidence an open and learning culture. Work and support to develop more data, metrics and our approach to handling Whistleblowing complaints will be undertaken, and further reporting will be provided to the Committee.

It was noted that specific training in relation to the Whistleblowing Standards is also available for all staff, as part of the mandatory training modules staff are expected to complete.

## **5. GOVERNANCE / ASSURANCE**

### **5.1 Whistleblowing Data Quarterly Report**

The Head of Workforce Resourcing and Relations advised that the Datix system (used nationally across all NHS Boards) is used for the recording of Whistleblowing complaints. Training has been carried out for Managers who record cases raised under the Standards within Datix. Other reporting, not deemed as Whistleblowing by virtue of not being submitted via the Standards, is recorded in the eESS Employee Relations Module; if case work becomes a Whistleblowing issue, it would then be recorded on the Datix system.

Staff confidence in the use of Datix and the reporting of Whistleblowing complaints was raised by the Employee Director, who questioned at what level potential concerns raised in anonymous letters are taken forward. In response, it was advised that anonymous letters would not fall within the scope of the Whistleblowing Standards, however, the principles and framework of approach are applied as far as possible. The Head of Workforce Resourcing and Relations advised that Datix reporting would be completed by the relevant manager on receipt of a Whistleblowing complaint, as opposed to the individual raising the concern. The Chief Executive, as Accountable Officer, assured the Committee all letters / complaints, including anonymous letters, are formally investigated and taken with due seriousness, with action taken.

It was advised that work is being carried out on guiding principles for patient safety and patient care. Messages will be strengthened for professional responsibility and accountability for concerns in these areas. The Director of Nursing highlighted that all registrants have a responsibility to raise concerns in line with the relevant professional guidelines.

The Whistleblowing Champion then highlighted that the Whistleblowing Data Quarterly Report, which has been provided to the Committee, outlines Whistleblowing concerns raised under the Standards, and is very specific and limited to concerns of those

nature. A meeting is being arranged to discuss how to monitor and record Whistleblowing complaints, (including those not raised under the Standards), in line with the guidance. It was advised that Whistleblowing Data Reports, both quarterly and annually, will be provided to the Committee; the report will be iterative, qualitative & quantitative, and developed for assurance. It was agreed to keep Whistleblowing reporting on the Agenda and Workplan for regular reporting to the Committee.

The Committee **noted** the Whistleblowing Data Quarterly Report.

## **5.2 Board Assurance Framework – Workforce Sustainability and Linked Operational Risks Update**

The Director of Workforce gave an update on the Workforce Sustainability Board Assurance Framework (BAF). A review of workforce risks is being carried out, alongside a detailed review of the BAF, which will be presented at the November 2021 Committee meeting.

The Chief Executive advised that a workshop for the Executive Directors Group (EDG), to review risks in general, has been scheduled for the end of September 2021. A separate session will be arranged with the Board in due course.

Concern was raised around the absence in the current BAF of nursing workforce pressures, which currently has no specific risk. It was agreed to add this as a new risk, rather than it be included as part of the main recruitment risk and this will be taken forward by the Director of Nursing at the EDG workshop. It was noted that nursing pressures is a national issue.

**Action: Director of Nursing**

The Committee was invited to provide feedback on the level of assurance for reports received.

The Committee **noted** the content of this report and **approved** the current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework.

### **5.2.1 Workforce Pressures within Radiology Services**

The Director of Acute Services provided an update on this linked operational high risk.

The paper provided outlines the current position in Radiology Services, and concerns both the Consultant and Radiographer workforce. There are national and local workforce challenges and a number of actions are ongoing to address the situation. The Committee was provided with assurance that staffing is monitored on a weekly basis by the Head of Service within the Radiology Department.

The Director of Acute Services expanded on efforts to improve recruitment and enhance opportunities for advanced practice and noted associated costs are closely monitored. Recruitment is stable due to outsourcing and support from Lothian Health Board.

Assurance was provided on extant service level agreements, and it was noted that work is still ongoing to secure input. The Director of Acute Services agreed to explore additional options for potential joint recruitment within other Health Boards.

It was advised that NHS Fife is involved in national training programmes and are also connected into new national operational modules around Radiology and Radiography.

The Committee **noted** the current workforce issues within Radiology and the actions which are underway to manage and mitigate the risk that the situation presents.

### **5.3 Corporate Calendar – Proposed Committee Dates 2022/23**

The Head of Corporate Governance & Board Secretary presented the proposed Committee Dates for 2022/2023, and advised that work is in progress with the Integration Joint Board on finalising the full Corporate Calendar. The dates provided are indicative, and final dates will go to the Board for approval on 28 September 2021. Once the Board and IJB have approved the Corporate Calendar, diary invites will be sent to all Committee members and attendees, (around October 2021).

It was noted that the Staff Governance Committee (SGC) has historically been the first Committee meeting in the cycle, and, for 2022/2023, dates have been moved slightly to ensure that the SGC meeting is not always the first Committee meeting in the cycle, which can have an impact on papers received through other Groups.

The Committee **agreed** the proposed dates for the 2022/2023 meetings.

### **5.4 Staff Governance Standards**

The Workforce Leadership Team gave a detailed presentation on the NHS Scotland Staff Governance Standards and the work underway locally to implement these across NHS Fife across a range of activities.

The presentation will be shared with the Committee.

**Action: Director of Workforce**

The Committee **noted** the content of the presentation and the on-going work in relation to the implementation of the Staff Governance Standards.

### **5.5 Staff Governance Annual Monitoring Return 2020/21**

The Head of Workforce Resourcing and Relations spoke to the paper, updating the Committee on the work previously outlined on the engagement process to populate the return, before finalisation for submission to Scottish Government by 24 September 2021 and welcomed questions.

The Committee discussed the content of the draft Staff Governance Annual Monitoring Return for 2020/2021.

Staff engagement, particularly around the rates of completion for the iMatter questionnaire, was raised as a potential issue and it was noted this is likely to be negatively impacted by the pressures affecting staff, in the current climate. The



importance of promoting the questionnaire by the Communications Team was highlighted, particularly in the innovative way it had been publicised in the past, and it was queried what else can be done. The Head of Workforce Development will arrange a discussion outwith the meeting to consider ways to continue to promote the importance of iMatter and give staff a voice, noting options which were used previously e.g. laptop / iPad tea trolley could not be used given the current restrictions due to COVID-19. Promotional methods to date were outlined, such as StaffLink and desktop banners, and it was advised that Health and Social Care Partnership colleagues have been fully supportive in encouraging participation, and of the benefits for staff, and are working with a number of groups to promote.

An update was provided on the Kindness Conference held in May 2021, which was a virtual celebration of health and wellbeing activity within NHS Fife, including acts of kindness during the pandemic. Positive feedback had been received, and a full evaluation report is expected in due course. It is anticipated that another conference will be held next year.

The Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum noted findings have been collated from a survey that was commissioned for UNISON members and this has been shared with relevant staff.

Subject to making any further amendments, the Chair of Staff Governance Committee and Employee Director will **approve** the final draft Staff Governance Annual Monitoring Return for 2020/2021, prior to submission to the Scottish Government.

## **6. STRATEGY / PLANNING**

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

The Deputy Director of Workforce gave a brief overview and advised that the NHS Fife Interim Joint Workforce Plan 2021/22 Scottish Government feedback predominately focuses on themes and additional workforce data that the Workforce Directorate at Scottish Government (SG) would like to see included in the 2022-2025 three-year plan to be published in March 2022. Comments around service delivery modelling changes, and reflections on alignment to our local employment markets, will be considered in the three-year plan. Engagement continues with SG colleagues at regional and national workforce levels.

It was advised that the SG will be publishing the National Workforce Strategy at the end of 2021. NHS workforce challenges were highlighted as a national issue, and it was noted the National Strategy is key to inform local plans. It was also noted the Scottish Executive HR Directors Group are having an emergency meeting on 3 September 2021, to discuss workforce issues, and a paper is being produced at a national level on staffing pressures and workforce challenges across Scotland.

The Committee **noted** the content of the Scottish Government feedback in respect of the Interim Joint Workforce Plan for 2021/2022 and **noted** that the feedback and related actions will be incorporated into the development of future workforce strategic documents.

### **6.2 NHS Fife Population Health and Wellbeing Strategy Progress**

The Associate Director of Planning & Performance provided a summary on progress to date to support the NHS Fife Population Health & Wellbeing Strategy and Portfolio (PHWS) Board.

Assurance was provided to the Committee that staff engagement will fully support development of the strategy. Following a question from a Committee Member, it was confirmed a staff representative will be a member of the PHWS Board.

The Committee **noted** the establishment of the NHS Fife Population Health and Wellbeing Portfolio and progress of the development of the strategy.

### **6.3 Joint Remobilisation Plan (RMP3/RMP4)**

The Associate Director of Planning & Performance outlined the paper on the Joint Remobilisation Plan (RMP3/RMP4) and noted the fourth Joint Remobilisation Plan to be submitted to Scottish Government (SG) is to the end of March 2022.

Assurance was provided to the Committee that the process is in place to produce the Joint Remobilisation Plan 2021/22 RMP4, which incorporate RMP3 actions; information is being gathered and documented across the organisation, including NHS, Health & Social Care and the Remobilisation Forum.

The submission date for the draft RMP4 is at the end of September 2021, and this will be brought back to the next Committee meeting in October 2021 and include initial feedback from SG.

**Action: Director of Finance & Strategy**

The Committee **noted** the Joint Remobilisation Plan 2021/22 RMP3 and the process in place for production of the RMP4.

## **7. QUALITY / PERFORMANCE**

### **7.1 Integrated Performance & Quality Report**

The Director of Workforce provided an update on the Integrated Performance & Quality Report (IPQR).

An increase in sickness absence, which was not unexpected given the on-going COVID-19 challenges, was reported. It was advised that related actions are being progressed have not been as impactful as desired. The impact of stress was highlighted, being the most prevalent absence reason and it was advised that relevant teams are working to maximise appropriate interventions and will continue to work diligently to resolve cases of stress-related absences.

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

### **7.2 NHS Fife Workforce Information Overview**

The Deputy Director of Workforce provided an overview on the NHS Fife Workforce Information paper and noted that more detailed reporting is provided at operational level.

It was questioned if there is information on current vacancy rates and funded establishment gaps. In response, it was advised collation and reporting of data around vacancies is complex and work is in progress to meet this aim. The information will be brought back to a future meeting, noting that existing systems are used to provide data, rather than manual intervention.

The Deputy Director of Workforce was commended on the format of the report, which will continue to be developed for ease of scrutiny.

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

### 7.3 Staff Health and Wellbeing Update

The Head of Workforce Planning and Staff Wellbeing gave an update on the Staff Health and Wellbeing activities, both at local and national level.

Key activities were highlighted:

- On-going development of the staff hubs within the community hospitals is progressing
- Ongoing staff support session sessions for Managers attended by over 150 staff, to date
- On-going work in development of peer support activity
- Staff support policy is being considered
- Better use of outdoor spaces, subject to funding

An update was provided on sickness absence, the report covers the months April to July 2021. There has been an increasing trend over the last four months, with the July 2021 absence rate reducing slightly. The cumulative absence rate (from 1 April 2021) is 5.65%. Long-term sickness absence is the main driver, and this is a common theme across other organisations.

Assurance was provided to the Committee on the ongoing commitment to promoting attendance training monthly, and there has been a focus on occupational health and mental health nursing input for staff. Issues around Long COVID are currently being considered by our Occupational Health staff, alongside the case management approach with our HR, managerial and staff side colleagues.

It was advised funding is now available for administrative support at ward level and will include supporting health and wellbeing activities.

It was suggested by a Committee Member that it would be beneficial for the Committee to see statistics separately on sickness absence for Health and Social Care Partnership and Acute Services Division. It was also suggested the Committee be presented with the number of additional hours / overtime / extra hours staff carry out, to give a more nuanced picture of the potential impact on other staff. In terms of governance, it was highlighted by a Committee Member that a focus for the Committee

is on strategic direction and assurance and not operational issues, and consideration is thus required on the right level of detail to provide assurance. The Director of Workforce will consider the metrics within the IPQR and the most effective way to present information to the Committee.

**Action: Director of Workforce**

Discussion took place on the difficulties of Line Managers dealing with sickness absence, particularly due to time constraints. A suggestion was made by a Committee Member to consider a taskforce on sickness absence to ensure staff are supported during absences, and processes are followed through. It was advised that a taskforce has been previously discussed, and timing is crucial in implementing this. It was agreed that a meeting will be arranged to discuss the suggested taskforce and implementing this at the right time. The Employee Director, Co-Chair, Health & Social Care Local Partnership Forum and Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum will meet with colleagues from the Workforce Directorate, to progress.

**Action: Director of Workforce**

Supplementing the detail within the update, it was reported by the Co-Chair of the Health and Social Care Partnership Local Partnership Forum, that a large amount of work was carried out previously on Staff Health & Wellbeing Hubs, and the issue now is moving temporary hubs to permanent locations, which is a slow process and requires acceleration.

The Committee **noted** the contents of the Staff Health and Wellbeing update.

## **8. LINKED COMMITTEE MINUTES**

The Committee noted the following minutes:

- 8.1 Minutes of the Area Partnership Forum, dated 21 July 2021 (unconfirmed)
- 8.2 Minutes of the Health & Social Care Partnership Local Partnership Forum, dated 6 June 2021 (unconfirmed)
- 8.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum, dated 24 June 2021 (unconfirmed)
- 8.4 Health and Social Care Partnership Local Partnership Forum Annual Report 2020-21
- 8.5 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2020-21

## **9. ISSUES TO BE ESCALATED TO FIFE NHS BOARD**

The Committee agreed to recommend to the Fife NHS Board that a new risk on nursing workforce be added to the Board Assurance Framework – Workforce Sustainability, in context of recognising ongoing work and the requirement to have an explicit reference to the challenges currently facing nursing workforce, with further work to be carried out.

## **10. ANY OTHER BUSINESS**

### **10.1 Agenda Setting Meetings**

The Employee Director asked if she could be included in Agenda setting meetings for the Staff Governance Committee with the Chair and Workforce Directorate colleagues and it was agreed that this would be discussed prior to the next Committee cycle.

**Date of Next Meeting:** Thursday 28 October 2021 at 10.00 am via MS Teams.

<b>KEY:</b>	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.	2 September 2021	<b>Joint Remobilisation Plan (RMP3/RMP4)</b>	Director of Finance to bring back draft RMP4 to a future meeting.	<b>MMcG</b>	TBC	Agenda Item for future meeting.	In progress
2.	1 July 2021	<b>Corporate Objectives 2021/2022 – Internal Communications with Staff</b>	Linked to Appendix 1: Corporate Objectives 2020/21 - Review to ensure effective staff engagement and communication – develop and implement an effective Internal Communications Strategy.	<b>KMacG</b>	30 September 2021	Internal Communications Officer now in post. Development of an Internal Communications plan to include further development of Staff Link, enhancements to the weekly staff update, ONELAN screen review and desk-top graphic scheduling. First Staff Link User Group meeting scheduled for 3 November 2021.	Closed
3.	1 July 2021	<b>Board Assurance Framework - Workforce Sustainability</b>	Provide additional reporting on impact on workforce and service delivery of linked operational risks and review future reporting.	<b>RW</b>	28 October 2021	Director of Workforce provided an update on the BAF for Workforce Sustainability at SGC on 2 September 2021. A review of workforce risks is being carried out, alongside a detailed review of the Workforce Sustainability BAF, which will be provided at the next Committee meeting on 28 October 2021.	Closed

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
4.	2 September 2021	<b>Board Assurance Framework – Nursing Workforce Pressures</b>	Nursing Workforce Pressures to be added as a new risk.	JO	28 October 2021	Now added to Datix and as a linked operational risk to the Workforce Sustainability BAF.	Closed
5.	2 September 2021	<b>Staff Health and Wellbeing Update (Sickness Absence Taskforce)</b>	Director of Workforce to meet with Employee Director, Co-Chair, Health & Social Care Local Partnership Forum and Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum, to discuss Sickness Absence Taskforce.	LD	28 October 2021	Meeting convened on 28 September 2021.	Closed
6.	2 September 2021	<b>Staff Health and Wellbeing Update (IPQR Metrics)</b>	Director of Workforce to consider the metrics within the IPQR and the most effective way to present information to the Committee.	LD	28 October 2021	The absence data contained in the Staff Health and Wellbeing Report continues to be developed to show data relating to H&SP, Acute Services and Corporate Services. See agenda item of 28 October 2021.	Closed
7.	2 September 2021	<b>Escalation to the Board</b>	Relevant items to be highlighted to the Board.	SB	28 September 2021	Agreed items from 2 September 2021 meeting to be escalated to the Board meeting on 28 September 2021.	Closed
8.	2 September 2021	<b>Staff Governance Standards</b>	Director of Workforce to share presentation on the NHS Scotland Staff Governance Standards and the work underway locally to implement these across NHS Fife with the Committee.	LD	6 September 2021	Presentation shared on 6 September 2021.	Closed

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting Date:</b>	<b>Thursday 28 October 2021</b>
<b>Title:</b>	<b>Revision of NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Rhona Waugh, Head of Workforce Planning and Staff Wellbeing</b>

## 1. Purpose

**This report is presented to Staff Governance Committee members for:**

- Assurance

**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 Staff Governance Committee members with the revised and updated version of NHS Fife's Board Assurance Framework on Workforce Sustainability, for approval.

The BAF is intended to provide accurate and timely assurances to Executive Directors Group, the Staff Governance 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
- NHS Fife Workforce Strategy 2019 - 2022

The Staff Governance Committee has a vital role in scrutinising the risk and, where indicated, Committee Chairs will seek further information from risk owners.



Staff Governance Committee members will be aware that additional assurance has been provided to recent meetings of the Committee via verbal updates, or papers provided by the respective EDG members on the linked operational high risks and the resultant impact on service delivery.

## 2.2 Background

It has been acknowledged over the past reporting cycles that the Workforce Sustainability BAF required to be updated to reflect changes which have occurred during the COVID-19 pandemic period, the content of the Interim Joint Workforce Plan 2020 / 2021 and the future development of NHS Fife Population Health and Wellbeing Strategy, alongside planning for the revised Workforce Plan for 2022 – 2025 and the associated strategy.

The proposed content of the revised Workforce Sustainability BAF details pertinent information on the areas of current workforce risk, integrating objectives, risks, controls assurances and additional mitigating actions. It additionally:

- Identifies and describes the key controls and actions in place to reduce or manage the risk.
- Provides assurances based on relevant and sufficient evidence that controls are in place and are having the desired effect.
- Links to performance reporting to the Bard and associated risks, legislation and standing orders or opportunities.
- Provides a brief assessment of current performance. In due course, the BAF will provide detail on the progress of the risk over time and the rating.

## 2.3 Assessment

This report provides Staff Governance Committee members with details of the proposed revisions to the content of the Workforce Sustainability aspect of NHS Fife's BAF. The risks associated with the BAF have been reviewed and renewed, taking account of the following:

- Consideration of the risk ratings since addition.
- Identification of whether there has been a deterioration or improvement of risk over time.
- Review of the management actions.
- Assessment of the speed at which the risk will impact on NHS Fife.
- Management recommendation as to whether the risk should be 'accepted' or 'monitored'.

The current risk wording, which has been in place since 25 August 2017 is as follows:

"There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy."

This description only partly reflects the current position of workforce planning and resourcing, the development of the Workforce Plan for 2022 to 2025, which will be aligned to the new NHS Fife Population Health and Wellbeing Strategy and associated changes, together with the on-going managerial and service activity to mitigate current workforce challenges.

The proposed revised risk wording is as follows:

“There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future population Health & Wellbeing Strategy and the challenges and demands associated with the current COVID-19 pandemic.”

The previous BAF is attached at **Appendix 1** and following consideration and agreement of the new proposed risk wording and the updated management actions and mitigations, will be archived with the Staff Governance Committee’s agreement.

The proposed revised BAF, managerial actions and mitigations are attached at **Appendix 2**.

**Appendix 3** provides the on-going linked high 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 21 October 2021. The agreed overview for Staff Governance Committee members on the impact and mitigations of the current linked risks at service level will be concluded within the current cycle of meetings, with the impact of Risk ID 1324 being under a separate item at this meeting. This Risk has subsequently been downgraded to moderate.

The Nursing Workforce Risk ID 2214: Nursing and Midwifery Staffing Levels, has been added as a new linked operational high risks since the previous BAF was presented to the Staff Governance Committee on 2 September 2021.

In addition, a full review of all workforce risks within the Board has been undertaken and feedback is being provided to risk owners, in order that the respective service risk registers can be updated on Datix.

### 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. The content of the revised Workforce Sustainability Risk within the Board Assurance Framework is designed to reflect all strands of the NHS Scotland Staff Governance Standard.

### 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 the Workforce Sustainability risk through the BAF process ensures that work to mitigate these risks is agreed, delivered and / or adjusted, as required, and provides a mechanism for escalating risks to ensure effective management.

### 2.3.5 Equality and Diversity, including health inequalities

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

### 2.3.6 Other Impact

N/A

### 2.3.7 Communication, Involvement, Engagement and Consultation

Workforce Leadership Team Members, Risk Management Team 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 meeting held on 2 September 2021. The Committee has supported the content and the review which has been undertaken, leading to the revised 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

Staff Governance Committee members are invited to **discuss** and **agree** the change in the risk associated with the Workforce elements of the Board Assurance Framework, specifically the:

- Revised wording of the BAF Risk on Workforce Sustainability
- Updated managerial actions and mitigations
- Archiving of the previous BAF content
- Linked Operational High Risk updates
- New linked operational High Risk ID 2214: Nursing and Midwifery Staffing Levels

### 3. List of Appendices

The following appendices are included with this report:

Appendix 1: Board Assurance Framework – Workforce Sustainability

Appendix 2: Board Assurance Framework – Workforce Sustainability (revised)

Appendix 3: Linked Operational High Risks

#### **Report Contact:**

Linda Douglas, Director of Workforce

Email: [linda.douglas@nhs.scot](mailto:linda.douglas@nhs.scot)

NHS Fife Board Assurance Framework (BAF)

																Target Score												
Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score	
Board Assurance Framework (BAF) - Workforce Sustainability																												
1	E	1	8	7	A	M	2	H	L	M	1	H	Failure in this area has a direct impact on patients’ health. NHS Fife has an ageing workforce with recruitment challenges in key specialities. Failure to ensure the right composition of workforce with the right skills and competencies gives rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; and staff engagement and morale. Failure would also adversely impact on the implementation of the Clinical strategy.	L	Staff Governance	<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 &amp; Social Care Workforce Strategy to support the Health &amp; 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&amp;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.</p> <p>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&amp;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 &amp; 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>	U	M	4	L	C	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



NHS Fife Board Assurance Framework (BAF)

					Initial Score		Current Score												Target Score								
Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)	Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Likelihood (Target)	Consequence (Target)	Rating (Target)	Level (Target)	Rationale for Target Score
Board Assurance Framework (BAF) - Workforce Sustainability																											
1673	Exemplar Employer	01/10/2021	12 November 2021	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future population Health & Wellbeing Strategy and the challenges and demands associated with the current COVID-19 pandemic.	Almost certain	Major	20	High Risk	Likely	Major	16	High Risk	Workforce failures may have consequences for patients' health outcomes. NHS Fife has an ageing workforce, with recruitment challenges in many disciplines. Failure to ensure the right composition of workforce with the right skills and competencies continues to give rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; staff engagement, staff absence, staff attrition and morale. Failure may also adversely impact on the implementation of the current Clinical Strategy and the future NHS Fife Population Health & Wellbeing Strategy.	Linda Douglas	Director of Workforce	<i>Ongoing actions designed to mitigate the risk including:</i>  WORKFORCE – GENERAL • Implementation of the Workforce Strategy to support the Clinical Strategy and Strategic Framework; development of Workforce Strategy and Workforce Plans for 2022 to 2025. • Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025. • Implementation of the NHS Fife Board Strategic Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours. • Implementation of the NHS Fife / H&SCP Joint Interim Workforce Plan for 2021/2022.  WORKFORCE CAPACITY • Current resourcing actions include: active local and international recruitment campaigns and expansion of bank and supplementary staffing resources, including recruitment of newly qualified nurse practitioners in all disciplines, Band 4 pre-registered nurses, additional Band 2 bank HCSWs, fast track process to support appointable candidates being appointed to other vacancies and admin support roles as part of a commitment to support Senior Charge Nurses and nursing teams. • Planning and delivery of actions undertaken by respective COVID-19 and Workforce Groups at various levels, including inter alia local workforce groups, workstreams associated with new programmes of work, for example, Community Treatment and Care, Vaccination and Implementation of the General Medical Services contract. • Planning to meet future service needs, applying workforce planning forecasting skills in support of service delivery, using the workforce modelling and abstraction techniques learned during the pandemic and managing staff availability to respond to escalation requirements. • Supporting service delivery through implementation and integration of systems and joint working with services.  WORKFORCE CAPABILITY • eLearning and training offers aligned to current work modes • Continuation of fast track induction and related activity, including new welcome and orientation package. • Implementation of Practice Development initiatives to support changes in service delivery and preparation for further escalation requirements, for example training for non-clinical staff to support clinical service delivery. • Ensuring managers and staff are prepared for the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. • Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning. • To prioritise staff personal / professional development needs that have been delayed or restricted due to COVID-19 response as restrictions are eased, through Directorate development delivery plans. • To progress actions in support of the employability agenda.  WORKFORCE ENGAGEMENT • Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised. • iMatter – supporting action planning and Board actions arising from the 2021 cycle of feedback and reporting. • Supporting staff through changes in ways of working and providing access to new and different career opportunities. • Realising the benefits of the Internal (Staff) Communication Strategy and ensuring that StaffLink and other mediums for example the weekly Team and Chief Executive Briefings, joint managerial / partnership walkabouts support organisational objectives. • Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce.  WORKFORCE SUPPORT & WELLBEING • Provision of support and wellbeing initiatives which contribute to staff maintaining and enhancing their personal health and wellbeing at work and creating a great place to work. • Access to OH, H&S, Peer Support, Psychology, Spiritual Care, Staff Listening • Integration of Mindfulness, Good Conversations and Our Space support for staff as part of Going Beyond Gold Programme, contributing to a culture of kindness and staff recovery. • Consistent application of NHS Fife and Once for Scotland employment policies • Provision of a healthy and safe working environment, including access to refreshments in the workplace and ongoing development of Staff Hubs, Pause Pods and rest areas. Management of leave and encouraging rest and recuperation.	Nil	WORKFORCE – GENERAL • Implementation and review of workforce plans and strategies to ensure that these support service delivery and the provision of appropriate and safe care to the population of Fife. • Ensuring workforce preparedness for any further COVID-19 escalation requirements, working in partnership through the respective Workforce Groups and command structure. • Support for capacity building within and across the organisation to make sure we make the best use of the skills of all of our workforce and to foster an environment for staff development.  WORKFORCE CAPACITY • Consideration of redesign of roles and services, for example: expansion of Health Care Support Worker and Nursing Associate roles, Advanced Practitioners, Pharmacy Technicians and Physicians Associates, combined with targetted ward administrative support, to enable clinical time to be released. • Consideration of alternative ways to attract and recruit staff, or redesign of job roles to support service delivery models and the future supply pool. • Realising the benefits of implementation of the regional recruitment model. • Harnessing the benefits of digital technology and automation.  WORKFORCE CAPABILITY • Consideration of and implementation of learning and development activities in support of skill mix and associated actions. • Contributing to NHS Scotland developments in Learning and Development. • Realising benefits from the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. • Supporting managers to harness the benefits of Tableau, TURAS and other systems integration aligned to workforce planning. • Provision of workforce planning training and support for managers. • Develop and deliver further phases of the framework to improve leadership capability and embed talent management and succession planning. • Consideration of the functionality of TURAS Learn to support capture and to facilitate reporting and analysis of training and development data.  WORKFORCE ENGAGEMENT • Continuation of active partnership working through APF and LPFs, with staff side colleagues key stakeholders in the development of the next Workforce Strategies and Action Plans. • Continue to promote NHS Fife as an employer to enhance our ability to recruit and retain staff, utilising positive Communication support and social media. • To develop mechanisms which enable everyone to feel more valued and involved on a collaborative basis throughout health and social care.  WORKFORCE SUPPORT & WELLBEING • Review of Staff Health & Wellbeing Strategy to take account of COVID-19 lessons learned and evaluation of activities to establish which are most appreciated by staff. • Provision of additional staff support and wellbeing initiatives which contribute to staff health and wellbeing, staff resilience and staff retention, showcasing NHS Fife as an exemplar employer in the local labour market. • Continue to hold Gold HWL Award status and deliver on HPHS commitments. • Consideration of support for the ageing workforce and opportunities for job redesign.  Responsible Person/s: Director of Workforce	1. Regular performance monitoring and reports to Executive Directors Group, Area Partnership Forum, Local Partnership Fora and Staff Governance Committee  2. Staff Governance activities are reported to EDG, APF, LPFs and Staff Governance Committee	1. Use of national data for comparative purposes  2. Internal Audit reports  3. Audit Scotland reports  4. Bench - marking against other NHS Boards	Full implementation and utilisation of eESS, Job Train, Tableau and TURAS will provide integrated workforce systems which, alongside access to national data via the NES Portal will capture and facilitate reporting, including all learning and development activity.	Overall NHS Fife has robust workforce planning, 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 full implementation and use of eESS, should provide appropriate levels of control.	Unlikely	Major	8	Moderate Risk	Continuing improvements in current controls, ongoing review and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk to moderate, taking account of current and potential future workforce challenges.



Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1652	Lack of Medical Capacity in Community Paediatric Service	Active Risk	High Risk	25	Dobson, Claire
2214	Nursing and Midwifery Staffing Levels	Active Risk	High Risk	20	Owens, Janette
90	National Shortage of Radiologists	Active Risk	High Risk	16	Dobson, Claire
1324	Medical staff recruitment and retention	Active Risk	Moderate	12	Kennedy, John

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner

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, Gynaecology and Paeds Risk Register	12/11/2019	Lack of Medical Capacity in Community Paediatric Service	<p>The Community Paediatric Service staffing has reduced from 14wte in 2014 to 4.25 wte substantive general community paediatricians now in 2020. This is due to the service being unable to fill vacancies following retirements. Permanence and Child Protection specialist posts are delivered by 1.7 wte.</p> <p>The service is unable to meet demand both in terms of new patient and review patient caseloads. There is a risk that care will be compromised and patient safety impacted.</p> <p>Complaints are significant in number and many have been received from MSP's and local councillors.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	<p>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>	5 - Almost Certain - Expected to occur frequently - more likely than not	5 - Extreme	High Risk	25	3 - Possible - May occur occasionally - reasonable chance	4 - Major	Moderate Risk	12	Dobson, Claire	Galloway, Donna	17/06/2021	31/12/2021
2214	NHSFBD - Nursing Directorate Risk Register	21/10/2021	Nursing and Midwifery Staffing Levels	<p>There is an established and continuing risk that safe nursing and midwifery levels cannot be achieved.</p> <p>NHS Fife is experiencing critical nursing and midwifery shortfalls, similar to other Boards across NHS Scotland. Vacancy rates, sickness absence levels and high activity related to consequences of the pandemic are aligned to the unprecedented demand on clinical services and on nursing and midwifery. There continues to be a heavy demand on supplementary staffing.</p> <p>Impact on quality of care remains a consequential concern.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	<p>21.10.2021</p> <p>1. NURSING AND MIDWIFERY WORKFORCE PLANNING GROUP re-established: aims to drive nursing and midwifery workforce planning and development activity across NHS Fife. The Group is responsible for over-seeing the implementation of the Health and Care (Staffing) (Scotland) Act 2019, nursing and midwifery recruitment and retention, and supplementary staffing.</p> <p>2. RECRUITMENT ACTIVITY:</p> <p>2.1 NQPs: 135 WTE recruited. To minimise orientation periods, where possible, students' final placements have been allocated in line with the substantive post offered, allowing NQPs to become part of the clinical team for 3 months prior to commencing as a registrant. Additionally, NHS Fife has offered NQPs the opportunity to be appointed at Band 4 following confirmation from the Exam Board that they had successfully completed their studies and practice hours. There is normally a 4-6 week delay from Exam board confirmation and allocation of NMC PIN (noting national work to ensure delays are minimised). This period has provided an opportunity to attract early recruitment at Band 4.</p> <p>2.2 NURSE BANK:</p> <p>.Increase in Bank Team resources, supported by the Director of Workforce, which has facilitated increased recruitment.</p> <p>.A recent advert for non-registered staff yielded significant number of applicants - 107 have been shortlisted for interview.</p> <p>•The university student advert is open with 109 applicants currently to be followed by an advert for Fife College Students</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Owens, Janette	Robertson, Nicola		31/01/2022

1324	90	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Directorate Risk Register																			
COMMUNITY SERVICES EAST - RISK REGISTER	02/12/2016	Medical staff recruitment and retention	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.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	06/09/21 Previous management actions continue Good discussion with NHS Lothian around forward planning and additional split posts. Regular meetings set up	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Dobson, Claire Galloway, Donna	05/09/2021	05/01/2022
					There is an established and continuing risk of significant medical workforce depletion in both Cameron & Glenrothes community hospitals which will result in significant challenges to maintaining service delivery.	4 - Likely - Strong possibility this could occur	3 - Moderate	Moderate Risk	12	11/10/2021 CDF in place covering Glenrothes and Cameron. Therefore risk is now moderate.  02/06/21- Awaiting confirmation of CDF posts, all areas covered with August 2021- CDF in place in both Cameron and GRH , no Medical risk factors for the next year  Bank/Locum /CDF. Ongoing actions to secure permanent medical staffing structure.  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.  26/08/20 - There is currently only 1 clinical Fellow and 1 Bank Medic to cover Glenrothes and Cameron sites as the substantive Specialist Registrar remains on special leave. A request has been made for a further Clinical fellow, and if necessary, a Locum will be progressed via the relevant channels. 03/08/20- CDF have been employed for the next year. Locum cover will be required for Annual Leave. Speciality Doctor post to be advertised. JD requires collation. Consultant will support with this	4 - Likely - Strong possibility this could occur	3 - Moderate	Moderate Risk	12	2 - Unlikely - Not expected to happen - potential exists	1 - Negligible	Very Low Risk	2	Kennedy, John Nolan, Karen	11/10/2021	09/05/2022

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting Date:</b>	<b>Thursday 28 October 2021</b>
<b>Title:</b>	<b>Medical Workforce Pressures</b>
<b>Responsible Executive:</b>	<b>Lynne Garvey, Head of Community Care Services</b>
<b>Report Author:</b>	<b>Karen Nolan and Michelle Williamson Clinical Services Manager</b>

## 1. Purpose

**This is presented to the Staff Governance Committee for:**

- Awareness and Discussion

**This report relates to an:**

- Ongoing issue

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

- Safe, Effective and Person Centred

## 2. Report Summary

### 2.1 Situation

There are well-documented pressures on Medical Workforce pressure across the UK. This paper will describe that workforce plan relating to medical cover for Community Hospital In Patient Services.

### 2.2 Background

The demographic shift in our population in Fife has resulted in considerably greater activity levels of more complex cases within the community hospitals. Simultaneously, the medical workforce had diminished to a non-sustainable situation with associated weekly challenge to achieve safe levels of cover. This specifically affected Glenrothes and Cameron Hospitals over the past few years, and is a recorded risk.

Within Queen Margaret Hospital a different model of Medical Workforce model and funding stream exists. Queen Margaret Hospital also has Hospital at Night provision for the Out of Hours period.

## **2.3 Assessment**

### **Glenrothes Hospital**

Glenrothes Hospital is a Consultant Led site and has in place a Clinical Fellow Monday to Friday 0900-1800 covering Wards 2/3.

Glenrothes Ward 1 is a GP led unit with Bank Medical cover in place Monday to Friday 0900-1800

### **Cameron Hospital**

Cameron Hospital is a Consultant led site and is covered by 2 Clinical Fellows and a Bank Speciality Doctor, Monday to Friday 0900-1800. The Clinical fellows are in post for 12 months and will be recruited to on an ongoing basis by working in conjunction with our Acute Services Colleagues. The substantive Specialty Doctor has been on long terms absence/shielding over the last 18months. They are currently unable to return to a Ward setting and will be supporting the Flow and Navigation Hub virtually from November.

Provision in the out of hour's periods is covered by the on call GP service across all East hospitals.

### **Queen Margaret Hospital**

Queen Margaret Hospital Wards 5 and 7 have a GP ST Monday to Friday 0800-1800, and these beds are Consultant led. Ward 6 has a Speciality Doctor Monday to Friday 0800-1800 and these beds are also Consultant beds. Ward 3 has a 2 Locum doctors and a Locum Consultant who also provides support to any surge capacity.

QMH also has Hospital at Night provision for the Out of Hours period.

### **Tarvit**

This is a GP led unit and they provide day to day cover Monday to Friday 0800-1800

Provision in the out of hour's periods is covered by the on call GP service across all East hospitals.

### **St Andrews Community Hospital**

These are GP led units and they provide day to day cover Monday to Friday 0800-1800.

Provision in the out of hour's periods is covered by the on call GP service across all East hospitals.

### **2.3.1 Quality / Patient Care**

The above actions have resulted in a much better position for the year ahead, however the dependency of a challenging workforce profile makes sustainability a key risk for the organisation.

### **2.3.2 Workforce**

#### **Recruitment**

Recruitment for a part time Speciality doctor is currently underway to support the inpatient areas in Queen Margaret Hospital. This will eliminate the need for Locum cover and increased associated costs.

## 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.

The content of the Medical Workforce Pressures report is designed to reflect all strands of the NHS Scotland Staff Governance Standard.

### 2.3.3 Financial

Premium costs for Locum support contribute to cost pressures in the service. This however will reduce over the next year due to the employment of the 3 Clinical Fellows. East In patient areas have a dedicated budget for Medical Workforce. Queen Margaret Hospital GPST cover is funded by Acute Services whilst Locum costs are covered by the Service.

### 2.3.4 Risk Assessment / Management

Medical workforce is on the East Division risk register as a Moderate risk for the next year due to the recruitment of the Clinical Fellows.

### 2.3.5 Equality and Diversity, including health inequalities

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

### 2.3.6 Other impact

N/A

### 2.3.7 Communication, involvement and engagement

Associate Medical Director, Clinical Director and Consultants.

### 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 Community Hospitals 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:**  
**Karen Nolan**  
**Clinical Services Manager**  
[Karen.nolan@nhs.scot](mailto:Karen.nolan@nhs.scot)

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>Thursday 28 October 2021</b>
<b>Title:</b>	<b>HR Policies Monitoring Update</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Sandra Raynor, Head of Workforce Resourcing and Relations</b>

## 1. Purpose

**This is presented to Staff Governance Committee members for:**

- Awareness

**This report relates to a:**

- Government policy / directive and legal requirement

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

- Safe, Effective and Person Centred

## 2. Report Summary

### 2.1 Situation

This report provides an update to the Staff Governance Committee on the HR Policy development and review activity. It details the policies which have been approved at the HR Policy Group since the last update provided in October 2020.

### 2.2 Background

The HR Policy Group is a partnership group which conducts the work of developing and maintaining HR policies. It meets bi-monthly and ensures all policies meet the minimum requirements of NHS Scotland Partnership Information Network Policies (PIN) and are sent to the Area Partnership Forum for approval.

### 2.3 Assessment

Following Scottish Workforce and Staff Governance Committee (SWAG) formal approval in 2019 of Phase 1 of the 'Once for Scotland' Workforce Policies Programme, the launch of the first 6 Once for Scotland (OfS) policies in April 2021 on Attendance, Bullying & Harassment, Capability, Conduct, Grievance, and a Workforce Policies Investigation



Process has been completed. From 1 April 2021, the OfS Whistleblowing Standards have also been launched nationally.

The 'Once for Scotland' Workforce Policies Programme formally restarted on 1 August 2021, following a period on pause as efforts focused on the response to the coronavirus (COVID-19) pandemic. In the first stage, the programme will focus on refreshing the remaining policies within the extant Supporting the Work-Life Balance PIN that sit alongside the NHSScotland Flexible Work Location Policy. In response to the current pressures facing Health Services, the Once for Scotland Workforce Policies Programme of work has been further paused until April 2022.

In the meantime, the HR Policy Group has continued to review existing policies in line with legislative requirement and has also been engaged in the production of adapted policies to support staff in response to the COVID-19 pandemic.

At the HR Policy Groups held since October 2020 to date, the following policies have been reviewed, updated and re-issued:

- HR25: Evaluation of New Agenda for Change (AfC) Posts, Creation of Generic Job Descriptions or Banding Review of Existing Posts Subject to Significant Change (Request for Grading Review)
- New: Working from Home Policy – COVID-19
- HR5: NHS Fife Policy on the Use of Fixed Term Contracts
- HR34: NHS Fife Relocation Expenses Policy
- HR15: NHS Fife Organisational Change Policy
- HR44: NHS Fife Application of Working Time Regulations
- HR48: NHS Fife Voluntary Retirement and Return to Part-time Working Policy
- HR49: Menopause Policy and Guidance for Staff and Managers
- HR24: NHS Fife Parental Leave Policy
- HR33: NHS Fife Facilities Arrangements for Trade Union and Professional Organisations Policy

### **2.3.1 Quality / Patient Care**

Providing effective HR policies in line with National PIN guidelines and employment legislation assists in ensuring engaged workforce committed to excellent patient care.

### **2.3.2 Workforce**

The work experience of staff is enhanced by the HR policies available to them. The content of the HR Policy Monitoring Update meets the Treated Fairly and Consistently strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

N/A

### **2.3.4 Risk Assessment / Management**

N/A

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other Impact**

N/A

### **2.3.7 Communication, Involvement, Engagement and Consultation**

Remaining HR Policies that fall outwith the scope of the Once for Scotland Workforce Policies Programme are developed and reviewed by the HR Policy Group, which is a partnership subgroup of the Area Partnership Forum. All new and amended policies are agreed by the HR Policy Group and endorsed by the Area Partnership Forum.

### **2.3.8 Route to the Meeting**

This paper has been considered by the Senior Workforce Directorate team as part of its development and their feedback has informed the development of the content presented in this report.

## **2.4 Recommendation**

The Staff Governance Committee is asked to **note** the work undertaken by the HR Policy Group in developing and maintaining HR policies that fall outwith the scope of the Once for Scotland Workforce Policies paused programme.

## **3. List of Appendices**

N/A

### **Report Contact:**

Sandra Raynor  
Head of Workforce Resourcing and Relations  
e-mail: [Sandra.raynor@nhs.scot](mailto:Sandra.raynor@nhs.scot)

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>28 October 2021</b>
<b>Title:</b>	<b>Internal Audit Annual Report</b>
<b>Responsible Executive/Non-Executive:</b>	<b>M McGurk, Director of Finance</b>
<b>Report Author:</b>	<b>T Gaskin, Chief Internal Auditor</b>

## 1 Purpose

**This is presented to the Staff Governance Committee for:**

- Assurance

**This report relates to a:**

- Government policy/directive
- Legal requirement

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

- Effective

## 2 Report summary

### 2.1 Situation

The purpose of this report is to present the final 2020/21 Annual Internal Audit Report to the NHS Fife Staff Governance Committee.

### 2.2 Background

This annual report provides details on the outcomes of the 2020/21 internal audit and the Chief Internal Auditor's opinion on the Board's internal control framework for the financial year 2020/21.

## 2.3 Assessment

Based on work undertaken throughout the year the auditors concluded that:

- The Board has adequate and effective internal controls in place;
- The 2020/21 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

In addition, they did not advise management of any concerns around the following:

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

The overall audit opinion was that:

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

The report noted the following key themes:

- As noted in the ICE, during the first part of the year the Board maintained and improved its governance arrangements and has performed well in exceptionally difficult circumstances, facing the unprecedented challenges created by Covid19. The auditors welcomed the progress with the Strategic Allocation and Resource Process which has informed the annual plan (RMP3).
- The development of the Health and Wellbeing Strategy, which will supersede the current Clinical Strategy, is due to be presented to the Board for approval in March 2022.
- Strong communication within the Board, in challenging times, with Staff Link providing a constant feed of news and a Weekly News Roundup via email, which provides Operational, Clinical, Workforce, Staff Health & Wellbeing and Research & Development updates, as well as a useful links and updates from the Health & Social Care Partnership (HSCP) Director.
- Highlighted changes to the risk environment in which the Board operates. There are opportunities now to enhance governance further through the application of assurance mapping principles and our report contains comments aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance. They noted the progress with the update of the Digital and Information, Strategic Planning and Financial Sustainability BAFs.
- The Quality and Safety BAF is planned for review as part of ongoing with the Assurance Mapping work and the auditors highlighted the importance of this in ensuring effective management of clinical risk.
- The reported noted positive improvements in a number of areas and specifically highlighted those in relation to Information Security and Information Governance.

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews. The content of the Annual Internal Audit report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

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

### **2.3.4 Risk Assessment/Management**

Individual internal audit assignments identify the key risks at the planning stage and are designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impacts**

N/A

### **2.3.7 Communication, involvement, engagement and consultation**

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

### **2.3.8 Route to the Meeting**

The report was reviewed by the Audit and Risk Committee.

## **2.4 Recommendation**

The Staff Governance Committee is asked to:

- Take assurance from this annual report and specifically to note the aspects pertinent to this committee.

## **3 List of attachments**

The following attachment is included:

- Annual Internal Audit Report 2020/21

# FTF Internal Audit Service

## Annual Internal Audit Report 2020/21

### Report No. B06/22

**Issued To:** Carol Potter, Chief Executive  
Margo McGurk, Director of Finance and Strategy  
NHS Fife Executive Directors Group

Gillian MacIntosh, Head of Corporate Governance and Board  
Secretary

Audit & Risk Committee  
External Audit

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Draft Report Issued	30 August 2021
Management Responses Received	08 September 2021
Target Audit & Risk Committee Date	16 September 2021
<b>Final Report Issued</b>	09 September 2021

## INTRODUCTION AND CONCLUSION

1. This annual report to the Audit and Risk Committee provides details on the outcomes of the 2020/21 internal audit and my opinion on the Board's internal control framework for the financial year 2020/21.

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

- The Board has adequate and effective internal controls in place.
- The 2020/21 internal audit plan has been delivered in line with Public Sector Internal Audit Standards.

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

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

## ACTION

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

## AUDIT SCOPE & OBJECTIVES

5. The Strategic and Annual Internal Audit Plans for 2020/21 incorporated the requirements of the NHSScotland Governance Statement and were based on a joint risk assessment by Internal Audit and the Director of Finance. The resultant audits range from risk based reviews of individual systems and controls through to the strategic governance and control environment.
6. The authority, role and objectives for Internal Audit are set out in Appendix 3 of the Board's Standing Financial Instructions and are consistent with Public Sector Internal Audit Standards.
7. Internal Audit is also required to provide the Audit and Risk Committee with an annual assurance statement on the adequacy and effectiveness of internal controls. The Audit & Assurance Committee Handbook states:

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



## INTERNAL CONTROL

8. The Internal Control Evaluation (ICE), issued January 2021, was informed by detailed review of formal evidence sources including Board, Standing Committees, Executive Directors Group (EDG), and other papers. The ICE noted actions to enhance risk reporting and clinical governance arrangements, with progress in improvements in Information Governance arrangements. Internal Audit concluded that NHS Fife's assurance structures were adequate and effective and made 6 recommendations for improvement by year end. The status of previous recommendations is summarised in table 1 below.
9. During the year we worked with management to review and update outstanding internal audit recommendations to take account of Covid19, including those arising from the previous ICE report.
10. Throughout the year, our audits have provided assurance and made recommendations for improvements. Of these, the ICE was the most significant. We have undertaken detailed follow up of the agreed actions arising from that report as well as testing to identify any material changes to the control environment in the period from the issue of the ICE to the year-end. We have reflected on the impact of Covid19 and the governance arrangements in place during the year, taking into account developments since year-end where relevant. Some areas for further development were identified and will be followed up in the 2021/22 ICE and, where applicable, our detailed findings have been included in the NHS Fife 2020/21 Governance Statement.
11. Our assessment of the progress taken to address ICE recommendations is detailed in table 1 on page 11. NHS Fife has demonstrated good progress with only minor slippage on some actions, despite the continuing difficulties caused by Covid. Several of the more strategic actions are not yet due for completion but are progressing well. We will comment on the effectiveness of the action taken in the 2021/22 ICE.
12. For 2020/21, the Governance Statement format and guidance were included within the NHSScotland Annual Accounts Manual. Whilst Health and Social Care Integration is not specifically referenced, the guidance does make it clear that the Governance Statement applies to the consolidated financial statements as whole, which would therefore include activities under the direction of IJBs.
13. The Board has produced a Governance Statement which states that:

'During the 2020/21 financial year, no other significant control weaknesses or issues have arisen, in the expected standards for good governance, risk management and control'.
14. Our audit work has provided evidence of compliance with the requirements of the Accountable Officer Memorandum and this, combined with a sound corporate governance framework in place within the Board throughout 2020/21, provides assurance for the Chief Executive as Accountable Officer.
15. Therefore, **it is my opinion** that:
  - The Board has adequate and effective internal controls in place.
  - The Accountable Officer has implemented a governance framework in line with required guidance sufficient to discharge the responsibilities of this role.

16. All Executive Directors and Senior Managers were required to provide a statement confirming that adequate and effective internal controls and risk management arrangements were in place throughout the year across all areas of responsibility and, this process has been enhanced with guidance on content provided by the Director of Finance and Strategy. These assurances have been reviewed and no control issues, breaches of Standing Orders / Standing Financial Instructions were identified.
17. The Governance Statement reflects the necessary changes to Board governance and operating arrangements due to Covid19 and the work to remobilise. The Governance Statement includes details of the Board performance and risk profile and future changes to Strategy Development and Strategic Planning and Resource Allocation. The risk management section of the Governance Statement is particularly helpful in describing the enhancements required to the risk arrangements and profile of the organisation. All elements of the Governance Statement have been considered by Internal Audit.

### Key Themes

18. As noted in the ICE, during the first part of the year the Board maintained and improved its governance arrangements and has performed well in exceptionally difficult circumstances, facing the unprecedented challenges created by Covid19. We welcome the progress with the Strategic Allocation and Resource Process which has informed the annual plan (RMP3).
19. We are pleased to note that new Health and Wellbeing Strategy, which will supersede the current Clinical Strategy, is under development and due to be presented to the Board for approval in March 2022.
20. We highlight the strong communication within the Board, in these challenging times, with Staff Link providing a constant feed of news and a Weekly News Roundup via email, which provides Operational, Clinical, Workforce, Staff Health & Wellbeing and Research & Development updates, as well as a useful links and updates from the Health & Social Care Partnership (HSCP) Director.
21. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. There are opportunities now to enhance governance further through the application of assurance mapping principles and our report contains recommendations aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance. We note the progress with the update of the Digital and Information, Strategic Planning and Financial Sustainability BAFs. The Quality and Safety BAF is planned for review as part of the work ongoing with the Assurance Mapping Group.
22. Whilst there have been positive improvements in a number of areas, we would highlight in particular Information Security and Information Governance, where the Board's own systems have identified issues in addition to those highlighted by Internal Audit and made the improvements necessary to achieve minimum standards.

### Key developments since the issue of the ICE included:

- The third iteration of the Remobilisation Plan, RMP3 covering the period April 2021 – March 2022, was submitted to the Scottish Government on 26 February 2021 and presented to the Board, as soon as possible, in May 2021.
- Corporate Objectives have been developed and were approved at the 27 July 2021 Board Meeting.

- Overall, there has been good progress on recommendations from the ICE. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.
  - The development of the Health and Wellbeing Strategy and timetable agreed.
23. During 2020/21 we delivered 28 audit products to the NHS Fife Audit and Risk Committee (May 2020 to June 2021 meetings). These audits reviewed the systems of financial and management control operating within the Board and provided opinions on the adequacy of controls in these areas. Summarised findings or the full report for each review were presented to the Audit and Risk Committee throughout the year.
  24. A number of our reports, including the ICE and Sustainability work, have been wide ranging and complex audits which have relevance to a wide range of areas within Fife. These should provide the basis for discussion around how NHS Fife can best build on the very good work already being done to improve and sustain service provision.
  25. Board management continue to respond positively to our findings and action plans have been agreed to improve the systems of control. Internal Audit have maintained a system for the follow-up of audit recommendations and reporting of results to the Audit and Risk Committee. In March 2021, Internal Audit carried out a review of outstanding recommendations and removing from the Audit Follow Up system actions which had been completed, or were consolidated and superseded by recent audit products. As reported to the 17 June 2021 Audit and Risk Committee, of the 49 audit actions remaining, 33 had date extensions, 6 were overdue and 10 were not yet due.

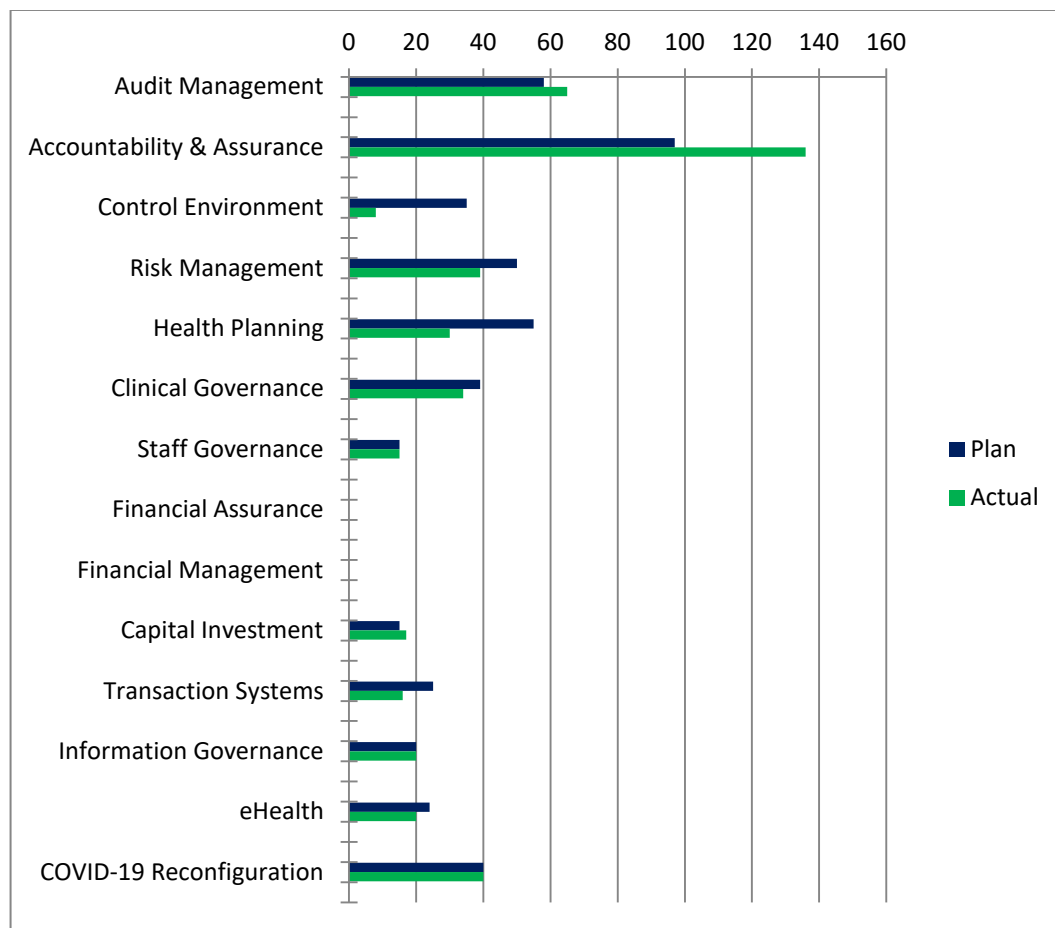
## ADDED VALUE

26. The Internal Audit Service has been responsive to the needs of the Board and has assisted the Board and added value by:
  - Examining a wide range of controls in place across the organisation.
  - In conjunction with Local Authority Internal Auditors, providing advice and support during 2020/21.
  - Providing opinion on and evidence in support of the Governance Statement at year-end and conducting an extensive Internal Control Evaluation which permitted remedial action to be taken in-year. This review made recommendations focused on enhancements to ensure NHS Fife has in place appropriate and proportionate governance, which supports and monitors the delivery of objectives and is commensurate with the challenging environment within which it is operating.
  - Continuing to liaise with management and providing ad-hoc advice on a wide-range of governance and control issues.
  - Provision of Committee Assurance principles and risk guidance which were considered and endorsed by the Audit and Risk Committee for adoption by Standing Committees. We continue to engage with national groups to ensure that our approach is congruent with forthcoming SGHSCD developments.
  - Assurance mapping and risk advice, in particular on Digital and Information risks.
  - Consideration of how best to provide Directors' assurances required under the Scottish Public Finance Manual and production of a potential template for use in future years.

- Advice provided to the process maps for agency nurses and authorisation of invoices, etc.
  - Initial review of NHS Fife's proposed approach to strategic planning and resource allocation.
  - Advice on the revised Terms of Reference for the Digital Information Board, Information Governance and Security Steering and Operational Groups and attendance at their meetings.
  - Suggested amendments to the draft Integration Scheme and preparation for assumption of the Chief Internal Auditor role for Fife IJB from April 2021 onwards.
27. Internal Audit have also used any time made available by necessary senior management prioritisation of Covid19 duties to reflect on our working practices, both to build on action taken in response to previous External Quality Reviews and to adapt to a post Covid19 environment. This has included:
- Revision of the internal audit reporting protocol and flowchart.
  - Development of a revised client quality questionnaire.
  - Update and enhancement of the FTF Intelligence Library.
  - Review of internal documentation and processes including analytical review and performance review, again to ensure we add value wherever possible.
  - Review and update of our risk assessment categorisation.
  - Ongoing development of the FTF website.
  - Review and update of the FTF self assessment against the Public Sector Internal Audit Standards.

## INTERNAL AUDIT COVER

28. Figure 1: Internal Audit Cover 2020/21



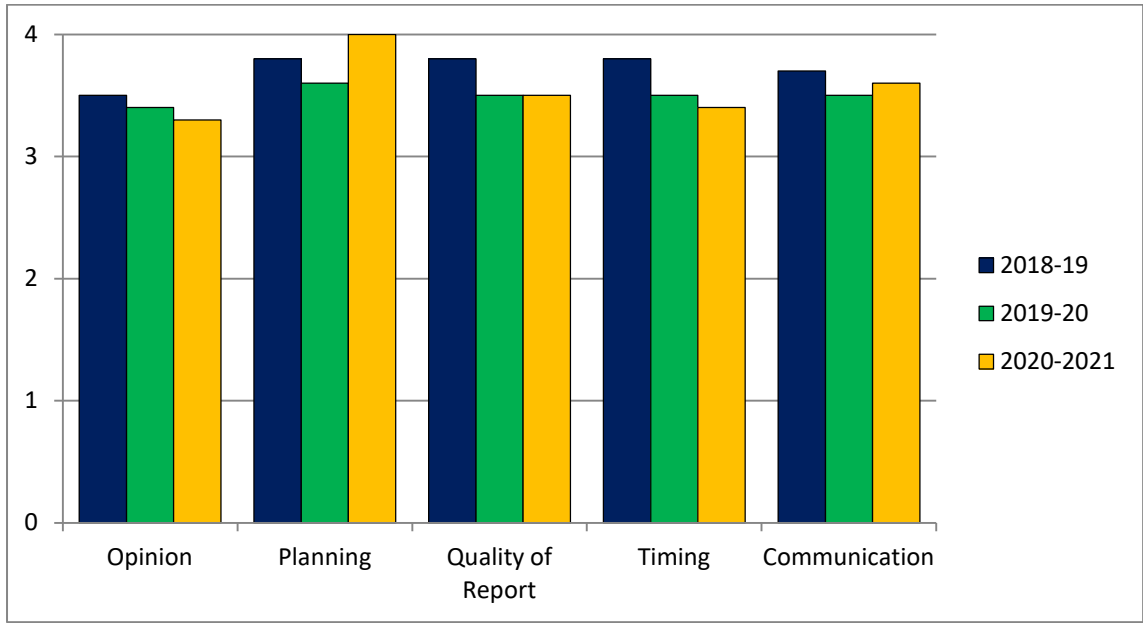
29. Figure 1 summarises the 2020/21 outturn position against the planned internal audit cover. The initial Annual Internal Audit Plan was approved by the Audit and Risk Committee at its meeting on 13 July 2020. It was agreed at that time that the plan would be revised as changes to the risk profile and other factors became better known, and the Audit and Risk Committee approved amendments in March 2021. We have delivered 439 days against the available 473 days.
30. Following a recommendation from the External Quality Assessment (EQA) carried out on Internal Audit in 2018/19, we continue with the agreed process of risk assessing outstanding 2020/21 audits for inclusion in the 2021/22 plan.
31. A summary of 2020/21 performance is shown in Section 3.

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

32. Due to prioritisation of Covid19 duties, the FTF Partnership Board met only once in 2020/21. The Partnership Board is chaired by the NHS Tayside Director of Finance and the FTF Client Directors of Finance are members. The FTF Management Team attends all meetings. During the year the Partnership Board reviewed the Internal Audit Shared Service Agreement 2018-2023 and the Internal Audit Service Specification, as well as approving the 2020/21 budget. The Partnership Board also approved revised risk assessment definitions for internal audit reporting.
33. We have designed protocols for the proper conduct of the audit work at the Board to ensure compliance with the specification and the Public Sector Internal Audit Standards (PSIAS).
34. Internal Audit is compliant with PSIAS, and has organisational independence as defined by PSIAS, except that, in common with many NHSScotland bodies, the Chief Internal Auditor reports through the Director of Finance rather than the Accountable Officer. There are no impairments to independence or objectivity.
35. Internal and External Audit liaise closely to ensure that the audit work undertaken in the Board fulfils both regulatory and legislative requirements. Both sets of auditors are committed to avoiding duplication and securing the maximum value from the Board's investment in audit.
36. Public Sector Internal Audit Standards (PSIAS) require an independent external assessment of internal audit functions once every five years. The most recent External Quality Assessment (EQA) of the NHS Fife Internal Audit Service in 2018/19, concluded that *'it is my opinion that the FTF Internal Audit service for Fife and Forth Valley generally conforms with the PSIAS.'* FTF has updated its self assessment and this will be reported to the NHS Fife Audit and Risk Committee in early 2021/22.
37. A key measure of the quality and effectiveness of the audits is the Board responses to our client satisfaction surveys, which are sent to line managers following the issue of each audit report. Figure 2 shows that, overall, our audits have been perceived as good or very good by the report recipients.

38. Figure 2: Summary of Client Satisfaction Surveys

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



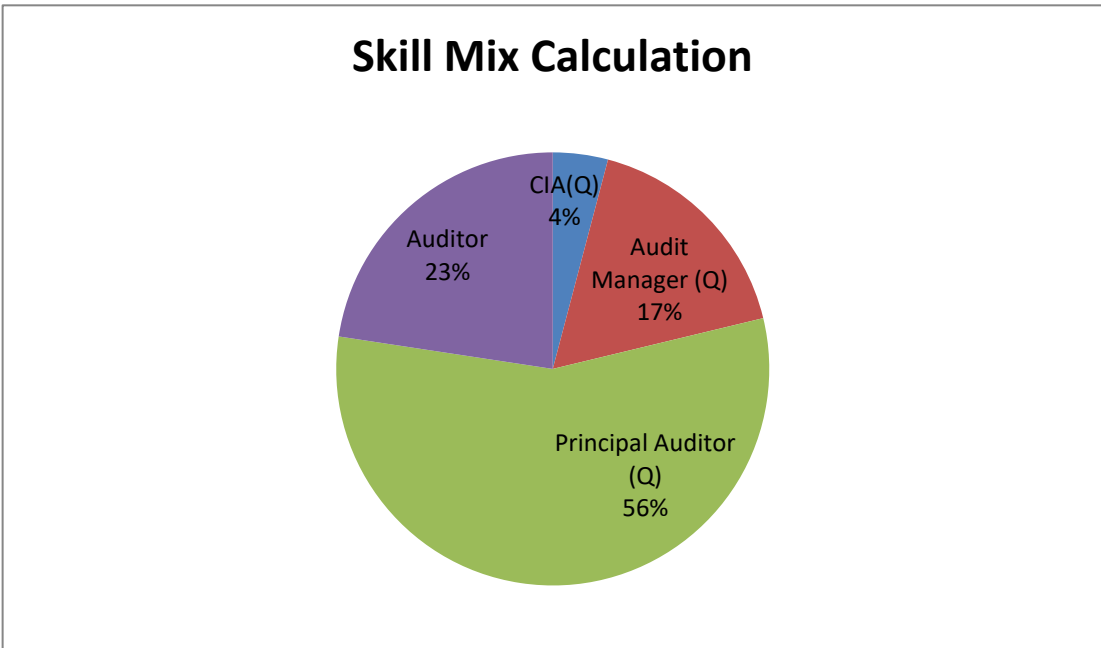
39. Other detailed performance statistics are shown in Section 3.

STAFFING AND SKILL MIX

40. Figure 3 below provides an analysis, by staff grade and qualification, of our time. In 2020/21 the audit was delivered with a skill mix of 77%, which substantially exceeds the minimum service specification requirement of 50% and reflects the complexities of the work undertaken during the year.

41. Figure 3: Audit Staff Skill Mix 2020/21

Audit Staff Inputs in 2020/21 [days] Q= qualified input.




## ACKNOWLEDGEMENT



42. On behalf of the Internal Audit Service I would like to take this opportunity to thank all members of staff within the Board for the help and co-operation extended to Internal Audit.
43. My team and I have greatly appreciated the positive support of the Chief Executive, Director of Finance and Strategy, the Board Secretary, EDG and the Audit and Risk Committee.


**A Gaskin, BSc. ACA**  
**Chief Internal Auditor**





TABLE 1 - ICE 2020/21 (B08/21) - Update of Progress Against Actions

Agreed Management Actions with Dates	Management Actions Updates with Dates	Assurance Against Progress
<p><b>1. Long term Strategy</b></p> <ul style="list-style-type: none"> <li>The EDG should jointly agree how the various strands of work to inform and deliver the long term strategy for NHS Fife will be analysed and translated into a co-ordinated programme, building on the progress already made through the SPRA as well as remobilisation planning, considering how best use can be made of existing expertise and data and understanding constraints on resources.</li> <li>This review should also consider how best to ensure effective governance and oversight of this key area in advance of the Board Development Session</li> <li>A timetable for development of the new Strategy and supporting strategies should be reported to the NHS Board. Reporting on progress should be clearly assigned to an Assurance Committee or the NHS Board and should include a broad overview of whether Recovery, Remobilisation and strategy development is on track, key achievements, challenges and risks and any significant implications for strategy and priorities.</li> </ul>	<ul style="list-style-type: none"> <li>The Board noted and approved the RMP 3 at the May 2021 Board meeting.</li> <li>The Board has been kept informed of the development of the Strategy through a number of updates including a Board Development Session on the progress of the Population Wellbeing Strategy for Fife on 27 April and an update on Strategy Development on 29 June 2021.</li> <li>An update on the Strategic Planning &amp; Resource Allocation Process (SPRA) was presented to the 12 January 2021 meeting of the Finance Performance &amp; Resources Committee (FP&amp;RC). The SPRA process was planned to support the development of an organisational strategy and 3 year financial and strategic plan. However, disruption caused by Covid has necessitated a more fluid and agile approach to planning this year. The Remobilisation plan RMP3 has been informed by the SPRA process and was approved by the Board in May 2021. A Remobilisation Forum has been established to update the tracker for the RMP3. This will also be used to track progress with RMP4, which is due to be submitted to the Scottish Government in September 2021.</li> <li>The update on SPRA presented to the 12 January 2021 FP&amp;RC meeting included a timetable the submission of directorate templates by 31 March 2021.</li> <li>The SBAR to the FP&amp;RC meeting held on 16 March 2021 stated 'the output from the SPRA process will</li> </ul>	 <p><b>On track</b></p>
<p><b>Action Owner: Chief Executive</b></p>		

	<p><i>be part of the development of the new Health and Wellbeing Strategy following on from the Clinical Strategy. This is due to be presented to the Board in March 2022'.</i></p> <p>The reporting on progress of the RMP3, is through a Tracker which will be monitored by the EDG and Remobilisation Forum. The FP&amp;R Committee receive updates on the SPRA. The RMP3 is also monitored through the ESIPQR performance reporting to the Board.</p>	
<p><b>2. Governance and Year end Assurances</b></p> <p>Coordination of the year-end governance reports and statements of assurance is well underway. This will conclude in the normal timeframes – <b>June 2021</b>, specifically</p> <ul style="list-style-type: none"> <li>Adoption of Assurance Mapping principles – <b>June 2021</b></li> </ul> <p><i>Action Owner: Director of Finance and Strategy</i></p>	<ul style="list-style-type: none"> <li>Templates were produced for year end assurances and governance reports and statements have been provided.</li> <li>Year End Review shows significant progress, with workplans for Standing Committees being reviewed, to ensure that they are fit for purpose in a covid related environment.</li> <li>Year-end governance reports and statements were comprehensive and meaningful.</li> <li>Significant progress has been made with the implementation of Assurance Mapping principles. The Committee Assurance Principles for best practice, produced by Internal Audit were presented to the March 2021 meeting of the Audit and Risk Committee and were considered and endorsed. The Environmental Sustainability &amp; IJB BAFs require an update on narrative and Covid risks.</li> </ul>	 <p><b>On track</b></p>
<p><b>3. Clinical Governance Framework</b></p> <p>Development of the Clinical Governance Strategy and Clinical Governance Assurance Framework with a focus on risk, informed by Committee Assurance and Integration Principles.</p> <p><b>Action Owner: Medical Director</b></p>	<ul style="list-style-type: none"> <li>As per internal audit report B19/21 the Clinical Governance Strategy and Framework are being revised. A consultation process, including evaluation of the current governance reporting lines, is underway and an outline timetable is in place with a final version of the revised strategy scheduled to be presented to the CGC and Fife NHS</li> </ul>	 <p><b>On track</b></p>

	<p>Board towards the end of 2021/22.</p> <ul style="list-style-type: none"> <li>The approach to presentation of the BAFs and corporate risks are currently being reviewed by the Director of Finance &amp; Strategy (Executive Lead for RM) with full involvement of EDG.</li> </ul>	
<p><b>4. Whistle Blowing</b></p> <ul style="list-style-type: none"> <li>An annual report from the Whistleblowing Champion (WBC) cannot be provided until a WBC is appointed to NHS Fife. In the absence of a WBC a report is being presented to the Board which includes whistleblowing data. The SGC action plan 2021/22 will include the reporting requirement from the Whistleblowing Champion – <b>March 2021</b></li> </ul> <p><b>Action Owner: Director of Human Resources</b></p>	<ul style="list-style-type: none"> <li>The Whistleblowing Champion Non-Executive resigned from Fife NHS Board during 2020/21 and their replacement attended their first Staff Governance meeting as a member on 1 July 2021 and provided an update to the Staff Governance Committee on the role of the Whistleblowing Champion at the September meeting.</li> <li>Fife NHS Board was updated, on 31 March 2021, regarding the new Whistleblowing Standards, which came into effect on 1 April 2021 and provided the 2020/21 annual report. The update stated that that no Whistleblowing concerns had been raised in the financial year to 31 March 2021. Future reports will facilitate discussion around whether this indicates whether staff are sufficiently encouraged/facilitated staff to raise concerns.</li> <li>The SGC Workplan for 2021/22 includes 'Whistleblowing – Reporting of Incidents/Data' will be reported quarterly to the SGC which started September 2021 with the first quarter 1 April to 30 June 2021.</li> <li>The report template of annual and quarterly assurance reports is being further developed to include the statistical information, analysis and conclusions required by the standard in order to allow a conclusion on the adequacy and effectiveness of whistleblowing arrangements.</li> </ul>	 <p>On track</p>

<p><b>5. Property Management Strategy</b></p> <ul style="list-style-type: none"> <li>Property and Asset Management Strategy (PAMS) is on the Agenda for the NHS Board in March 2021.</li> <li>We anticipate that there will be a requirement for an East Regional PAMS report in the near future. The data in this document represents NHS Fife position as at 1 April 2020.</li> <li>The 2020 PAMS document is largely retrospective and represents the pre-Covid19 landscape, the Impact of Covid19 will be further considered as part of the 2021 full PAMS which will be compiled between April and July 2021 by NHS Fife and likely submitted as part of an East Regional PAMS report – August 2021</li> </ul> <p><b>Action Owner: Director of Property and Asset Management</b></p>	<ul style="list-style-type: none"> <li>The interim PAMS for 2020 was presented to the FP&amp;RC in March 2021 and reflected the position from 1 April 2020 to March 2021. Currently the target for approval of the NHS Fife PAMS document by the NHS Board is November 2021 following scrutiny by EDG, FCIG and FP&amp;RC. NHS Fife is currently reviewing any requirement for a regional component of PAMS going forward.</li> </ul>	 <p>On track</p>
<p><b>6. Information Governance and Security</b></p> <ul style="list-style-type: none"> <li>Establishment of IG&amp;S Operational Group and Steering Group ToR</li> <li>Digital and Information Board to provide additional support and assurance to IG&amp;S and its alignment to strategy and operational performance – <b>April 2021</b></li> <li>IG&amp;S Assurance Report and Framework – <b>March 2021</b></li> <li>Assurance report will be made available for consideration at the next Clinical Governance Meeting, following the IG&amp;S Steering Group meeting on 23 March 2021.</li> <li>Risk associated with resources and requirement for business cases when delivering the Digital and</li> </ul>	<ul style="list-style-type: none"> <li>Annual Assurances were received by the CGC from the Information Governance &amp; Security Steering Group and the Digital and Information Board. The IG&amp;SSG statement recognised the requirement to '<i>further enhance and develop suitable controls in some areas</i>'. This is consistent with our report on D&amp;I Governance Arrangements (B28/21) which followed up this ICE recommendation.</li> <li>Additional assurance reporting has been included in the Clinical Governance Committee Annual Workplan with IG&amp;S reporting to the Committee in July 2021 with a follow up to be agreed later in the year.</li> <li>The risk regarding affordability of the NHS Fife D&amp;I Strategy was reflected in the most recent iteration of the D&amp;I BAF and</li> </ul>	 <p>On track</p>

## Section 2

## Follow Up of ICE Recommendations

Information Strategy will be documented within the related BAF – <b>April 2021</b> <b>Action Owner: Associate Director of Digital</b>	included in the D&I Strategy Update provided to the June Clinical Governance Committee meeting.	
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## Corporate Governance

### BAF Risks:

- **Risk 1675 – Strategic Planning** - There is a risk that the development and the delivery of the new NHS Fife Population Health and Wellbeing strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements.
- **Risk 1676 – Integration Joint Board** - There is a risk that the Fife Integration Scheme does not clearly define operational responsibilities of the Health Board, Council and Integration Joint Board (IJB) resulting in a lack of clarity on ownership for risk management, governance and assurance.

### Strategy

The ICE report highlighted the opportunity to build on the strong foundation of existing reconfiguration and remobilisation processes, in order to produce an overarching strategy which allows effective prioritisation and creates sustainable services allowing for the changes to demand, resources and modes of operation created by Covid19.

The Strategic Planning Resource Allocation (SPRA) Framework was created to inform both a medium term strategy and support the development of a longer term organisational strategy. The Directors discussed and agreed the output of the SPRA process on 22 February 2021, where three key objectives were identified. The output of the SPRA process was presented to the March 2021 meeting of the Finance, Performance and Resources Committee:

- Minimise transmission of Covid19 and support health protection
- Improve whole system capacity and flow to ensure timely and appropriate access to health care when required
- Support the actions required to reduce health inequalities

The SPRA process also informed the key objectives for NHS Fife for 2021/22. An EDG workshop was held in March 2021 where key Strategic Priorities for the organisation were agreed, prior to Board approval on 27 July 2021 and represent the key objectives for delivery in 2021/22. These priorities, each aligned to a Executive Director, will be used as the framework to provide assurance to the Board on delivery of the Corporate Objectives:

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

The SBAR presented to the July 2021 meeting of the CGC provided assurance that the objectives for 2021/22 are aligned to NHS Fife Strategic Priorities and will be aligned to the 'in development' Population and Wellbeing Strategy which is due to be presented to the Board in March 2022, with progress monitored by the EDG and the recently established Population Health and Wellbeing Committee.

### Covid19 & Governance

NHS Fife has continued to monitor and adapt governance arrangements whilst taking account of the pressures on management and the need to free operational staff to prioritise the response to Covid19. Covid reporting to the Board has continued and covers: Covid19

Vaccination, Test and Protect and Covid19 Testing in Fife.

A revised Code of Corporate Governance was approved by the Board in May 2021, which includes the recently revised remits of the Board Committees. The SBAR presented to the Board noted that further changes to the Code are likely to be required to reflect the work underway for the implementation of the NHS Scotland Blueprint for Good Governance.

#### **Assurance Mapping**

The Chief Internal Auditor, working with officers from NHS Fife and other Client Health Boards, developed a set of Committee Assurance Principles, together with a series of questions which would help Standing Committees assess the assurances they receive on risks delegated to them. These were recommended for use by Standing Committees at the May 2021 Audit and Risk Committee. B12/21 Assurance Framework, provided assistance to the Board in developing an assurance map for key aspects of the Digital and Information Governance BAF.

#### **Remobilisation**

The draft NHS Fife Remobilisation Plan - April 2021 to March 2022 (RMP3) was submitted to Scottish Government (SG) on 26 February 2021. Feedback and sign off from SG was received on 2 April 2021 and the RMP3 was presented to the Board for formal approval at the May 2021 Board Meeting which was the earliest opportunity following the Scottish elections.

The ICE 2020/21 report recommended establishing greater formality of reporting of remobilisation progress through governance structures. An action tracker has been developed by the Executive Directors Team (EDG). A Remobilisation Plan Forum has been re-established to review the Action Tracker, which will be updated every 2 months, in preparation for presentation to the EDG. The update on RMP3 due in July was not taken through the EDG and Standing Committees but we have been informed that subsequent updates will be presented to the EDG and on to the Standing Committees of the Board. The RMP3 activity template is an integral part of the performance reporting to the Board and is included within the Fife Integrated Performance & Quality Report Executive Summary. The Associate Director of Strategic Planning has advised that the Remobilisation Plan Forum will meet every two weeks in preparation for the submission of the RMP4 to the Scottish Government for 30 September 2021. The RMP4 is planned for presentation to the Board in November 2021. We note the extremely challenging ambition within Fife's response to RMP4 guidance and the intention to increase elective output above pre-covid levels.

#### **Risk Management**

As reported within the B08/21 ICE 2020/21 report, a number of BAFs have been updated for Covid19; however the Board has not received an overall Covid19 risk or been informed on how these will be incorporated into the BAF. The Quality and Safety BAF will be reviewed as part of B11/22 Assurance Framework. As noted previously, the IJB BAF and the Environmental Sustainability BAF still require review and update to reflect the current risks and mitigating actions.

The risk profile remained largely static throughout the year, again as noted within the ICE, with the exception of both the Financial Sustainability and Strategic Planning BAFs risk ratings which were updated appropriately.

During the year, a high level covid risk register of the highest organisational risks was developed via the Emergency Command structures which were considered by the EDG, although they were not presented to the Board or a Standing Committee nor were they incorporated into the BAF. Standing Committees and the full Board were however presented with regular updates on the activities and risks included in the ongoing response to the



Covid pandemic.

The SBAR presented to the June 2021 Audit and Risk Committee advised that the Corporate Risk Register (CRR) will be presented to the EDG, where all escalated active high risks or operational risks will be considered for inclusion on the CRR and/or as a linked risk on the BAF; this is still ongoing. Draft Internal Audit report B13/21 - Risk Management Strategy Standards and Operations Phase 1 identified key areas for improvement for the revised Risk Management Framework. We were pleased to note that the Executive Lead for Risk Management has agreed to secure a short-term resource to undertake a risk maturity assessment of the organisation and review and improve risk management arrangements, priorities and risk structures including the development of detailed improvement plans and focussed reporting.

### **Performance**

The Board was presented with the Integrated Performance Quality Report Executive Summary (ESIPQR) at the July 2021 meeting.

Highlights include that NHS Fife has continued to exceed the Cancer 31-day Diagnostic Decision to first Treatment (DTT) target and inpatient falls with harm. Drug and Alcohol Treatment Waiting Times are also above target performance.

The Patient Treatment Time Guarantee (TTG), New Outpatients and Diagnostics are all performing below target, although they are all well above the Scotland average.

There are continued challenges with meeting targets for the following key indicators: 4 Hour Emergency Access, where current performance is 3.1% under the target of 91.9% although over the Scotland average of 88.7%; Complaints (stage 2 closure rate) where current performance is 21.6% with a target of 65%; 18 weeks RTT where current level is 69.2%, slightly below the Scotland average of 75.9%; the Sickness Absence rate is currently 5.07% with a target of 4.0%. It was noted that Covid19 related absence affected approximately 1.52% of the NHS Fife workforce in March and 0.62% in May.

NHS Fife are successfully delivering against the remobilisation plan for TTG Inpatient/Daycase Activity; New OP Activity; Elective Imaging Activity; A&E Attendance; Emergency Admissions; Urgent Suspicion of Cancer; CAMHS and Psychological Therapies. The Board has been less successful meeting the projected targets for Elective Scope Activity and 31 Day Cancer – First Treatment and the challenges are likely to increase given the ambitions around elective activity and the likely backlog of unrecognised need and higher case mix in relation to both targets.

### **Integration**

An update on the review of the Integration Scheme was presented to the March 2021 Board meeting. The Scottish Government indicated that due to the constraints placed on Boards caused by the Pandemic, they are content that local reviews are concluded with an indicative timescale provided on the planned conclusion. The revised Scheme will be considered for approval by the Board in September 2021, before being submitted to Scottish Government for final sign-off.



<b>Clinical Governance</b>
<b>BAF Risks:</b> <ul style="list-style-type: none"> <li>• <b>Risk 1674 – Quality and Safety - There is a risk that due to failure of clinical governance, performance and management systems (including information &amp; information systems), NHS Fife may be unable to provide safe, effective, person centred care.</b></li> </ul>
<b>Annual Report</b> <p>The Clinical Governance Committee (CGC) annual report provided a reflective and nuanced conclusion that the Committee had fulfilled its remit and that adequate and effective clinical governance arrangements were in place throughout NHS Fife during the year. The narrative in the report includes detailed reflection on key areas including nosocomial covid infection, the risk based approach taken to service pause during the pandemic and mitigating action taken to minimise the impact of this on patient treatment and diagnosis.</p> <p><b>Pandemic</b></p> <p>The CGC received reports on Shielding, Testing, Care Homes, PPE, Medicines Availability, Remobilisation of Clinical Services, Nosocomial Related infections and the Covid Vaccination Programme during 2020/21.</p> <p>During the year, the Board experienced significant challenges initially in delivering the seasonal flu programme. The Chief Executive commissioned an independent review which made 9 recommendations. The CGC in January 2021 was informed that 4 actions had been completed and the remainder were on track, although no subsequent reports were produced to provide assurance that the remaining actions were complete.</p> <p>An external review of all immunisation programmes in NHS Fife subsequently made recommendations to allow NHS Fife to meet the increasing demands and expectations for childhood and adult immunisation programmes. Recommendations were approved by the EDG at their 6 May 2021 meeting and are due to be presented to an extraordinary meeting of CGC in September 2021, which will consider the forthcoming flu and Covid19 booster immunisation programmes.</p> <p><b>Clinical and Care Governance Strategy and Framework</b></p> <p>A revised Clinical Governance Strategy, now to be referred to as the Clinical Governance Framework, is in development. This will contain reference to the integration framework which is also in development. An engagement process has been established with the finalised strategy scheduled to be presented to the NHS Fife Clinical Governance Committee and Fife NHS Board by January 2022. There are also a number of contributing Workstreams underway which will enable and inform the Framework development including:</p> <ul style="list-style-type: none"> <li>• Adverse Event Process and Policy Review</li> <li>• Development of an Organisational Learning Group</li> <li>• Review of Internal Audit Findings</li> <li>• Review of the Risk Management Framework.</li> </ul> <p>Internal audit report B19/21 followed up previous internal audit reports on Clinical Governance Strategy and Assurance. Most recommendations had been implemented or superseded although there is still a need to ensure that the revised strategy and framework provide a clear vision of responsibility for clinical governance across NHS Fife's span of</p>

responsibility including clinical areas delegated to the Integration Joint Board. Clearly, the Clinical Governance Framework will need to align with the development of other NHS Fife strategies including the Population Health and Wellbeing Strategy for NHS Fife.

#### **CGC Governance and Assurance**

The workplan is reviewed following each meeting to assure the committee that key business has been covered and to track any delayed items.

The work being undertaken to develop the new Clinical Governance Framework will consider all groups and committees in the framework to ensure that appropriate assurance reporting and scrutiny is provided as efficiently as possible. The committee and integration assurance principles prepared by Internal Audit will be used as a guide in this process.

#### **Risk Management**

The scoring and information on the 3 BAFs considered by the CGC (Strategic planning, Quality and Safety, and Digital and Information) did not significantly change during 2020/21, despite enormous changes to the risk environment and to the application of a number of key controls. A complete review of all BAFs and corporate risks is underway being led by the Executive Director for Risk Management (Director of Finance and Strategy) and will include integrating risk management in the strategic planning process. A commitment was made at CGC to specifically consider combining remobilisation, transformation and strategic planning into one BAF and responsibility for this BAF has transferred from the Medical Director to the Director of Finance and Strategy.

Our work in internal audit B11/22 will include providing guidance regarding assurance mapping and will specifically consider the Quality and Safety BAF.

Risk management arrangements are continuing to evolve, with dedicated senior Leadership from the Risk Manager and Adverse Events now managed separately.

Pandemic related risks were considered via the Bronze, Silver and Gold command structure. However the risk associated with interruptions to treatment and diagnostic services and resultant patient harm were not recorded overtly even though it has the potential to be one of, if not the most significant threat to the wellbeing of patients. Whilst we are aware that some controls are in place, it is of concern that this key risk has not been included within the risk register nor discussed with the CGC, which would provide the opportunity to assess and assure the adequacy and effectiveness of these key controls.

We recommend the development of a specific risk, delegated to the CGC, to capture the clinical implications of Covid19 on waiting times and the associated impact on patient safety, clinical effectiveness and strategic prioritisation. This would allow the CGC to understand the quantum of the risk and also to monitor the controls already in place to mitigate it, for example, the clinical prioritisation and remobilisation framework developed in line with Scottish Government guidance.

#### **External Review**

The NHS Fife CGC Annual Assurance Report now includes reference to the External Reports related to NHS Fife Clinical Governance that have been published during the year and high level assurances on action being taken to address issues identified. We previously highlighted the need to triangulate data and information from different sources in order to assess the reliability of internal assurances; this has not yet been implemented but will be considered as part of the revised internal control framework for Clinical Governance and developed further through the Organisational Learning Group.

**Significant Adverse Events**

A full review is currently being undertaken of the processes associated with recording and investigating adverse events and for ensuring the required actions are implemented in all areas of the organisation they apply to. A Short Life Working Group (SLWG) is being established to take this forward and will consider the overall process, the triggers for LAERs and SAERs and the education, learning and communication required related to the process. The SLWG is to commence its work in September 2021 and will report to the Adverse Events & Duty of Candour Group and the Clinical Governance Oversight Group with a paper detailing the outcome to be presented to the Clinical Governance Committee when the work is complete.

**Organisational Duty of Candour**

The Organisational Duty of Candour Annual Report for 2020/21 is on the Clinical Governance Workplan for November 2021. In future a short summary report should be provided to the CGC at year-end for consideration when concluding on its Annual Assurance Report and Statement.

**Clinical Policies and Procedures**

The latest report to the Clinical Governance Oversight Group in April 2021 indicated that 100% of Clinical Policies and Procedures had been reviewed by their scheduled review date.

**Other Areas**

Inpatient falls with harm have increased during the pandemic. Improvement work has been undertaken in those areas that have seen the largest spike in numbers and the Inpatient Falls Steering group are refreshing their workplan to include learning from experiences during Covid and how care needs to adapt.

Efforts are underway to address the backlog of complaints caused by the pandemic and to bring response timescales back in line with legislative timescales.

**Action Point Reference 1 - Increased Risk of Harm****Finding:**

Pandemic related risks were considered via the Bronze, Silver and Gold command structure. However there are major risks associated with SGHSCD mandated interruptions to treatment and diagnostic services. These have the potential for significant resultant patient harm which have not been recorded overtly even though they have the potential to be one of, if not the most significant threats to the wellbeing of patients. Whilst we are aware that some controls are in place, it is of concern that this key risk has not been included within the risk register nor discussed overtly as a risk with the CGC, which would provide the opportunity to assess and assure the adequacy and effectiveness of these key controls.

**Audit Recommendation:**

A specific risk should be recorded, delegated to the CGC, to capture the clinical implications of Covid19 on waiting times and the associated impact on patient safety, clinical effectiveness and strategic prioritisation. This would allow the CGC to understand the quantum of the risk and also to monitor the controls already in place to mitigate it, for example, the clinical prioritisation and remobilisation framework developed in line with Scottish Government guidance.

The risk should include clear controls and assurance sources looking at reducing avoidable harm caused by delays in diagnoses and treatment and should reflect:

- The key priorities and aims for 2021/22 within the current remobilisation plan.
- Other relevant controls, such as implementation of RCS guidelines
- A description of controls to address the current pressure on scheduled care as a result of imbalance in demand and capacity; additional pressures due to Covid19; possible pent up demand due to reduction in referral rates.
- Identified requirements to redesign services.

**Assessment of Risk:**

Significant



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

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

**Management Response/Action:**

The development of a risk as recommended above will form part of the review and update of the Quality & Safety BAF. This review will take account of the short, medium and longer term impact of the pandemic on service provision and consider the corresponding controls and assurances that require to be in place, linking to the evolving Population Health and wellbeing Strategy.

**Action by:****Date of expected completion:****Head of Quality and Clinical Governance****November 2021**

## Staff Governance

### BAF Risks:

- **Risk 1673 - Workforce sustainability** - There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy.

### Governance

The April 2021 Staff Governance Committee (SGC) received a self-assessment by members of the operation of the committee together with improvement actions including number of attendees, role and contribution; agenda management; and report content and related actions.

The SGC Annual Statement of Assurance concluded that the Staff Governance Committee fulfilled its remit and that adequate planning and monitoring arrangements were in place.

### Pandemic

Regular updates on Staff Health and Wellbeing were presented to SGC in 2020/21 which included assurances regarding staff resourcing, induction and learning, communications & guidance, staff wellbeing hubs and psychological support for staff but no information on PPE, Social Distancing or Home Working, which were key risks at that time. The HSE issued a 'Notice of Contravention' following their spotcheck of Covid Management at Victoria Hospital in November 2020. This was considered by the December 2020 Health and Safety Sub Committee (and reported to the January 2021 SGC) with assurance that an official response would be provided to HSE by the end of January 2021 by which time most actions would have been implemented. The HSE closed the Contravention Notice on 31 March 2021. It is not clear that the committee received comprehensive, overt internal assurances on the impact of Covid19 on staff throughout the year.

### Risk Management

The Workforce Sustainability BAF was considered at SGC meetings other than 4 March 2021.

The content of the Workforce Sustainability BAF has not altered significantly during 2020/21 and the current risk rating remains high. The Director of Workforce informed the July 2021 SGC that the development of the Workforce Strategy 2022-2025 will provide the opportunity for a thorough review of the BAF.

### Staff Governance Action Plan

No specific year-end assurance provided to SGC on the Staff Governance Action Plan as work on this was paused due to the pandemic. The SGC Annual Statement of Assurance states that '*A particular strand of the Staff Governance standards is reviewed at each meeting, ensuring full coverage over the year's meeting schedule*'. Although papers relating to each strand of the Staff Governance were discussed throughout the year, their strand to which they relate was not always highlighted in the papers, agenda or minutes and there was no year-end summary to demonstrate coverage achieved. However, it is included in the 2021/22 workplan going forward and will be made overt in future papers.

The action lists from SGC meetings held in 2020/21 record the pausing of the Staff

Governance Action Plan.

### **Staff Governance Standard Annual Monitoring Return 2020/21**

Scottish Government has requested returns from all Boards by 24 September 2021. The NHS Fife return, which focuses on the five individual strands of Staff Governance as well as staff experience and culture, has been developed and presented to Executive Directors Group, Area Partnership Forum, and the Staff Governance Committee. The Return will be signed by the Chair of Staff Governance Committee and the Employee Director will endorse the Return in September 2021 prior to being submitted to Scottish Government.

### **Workforce Strategy, Planning and Delivery**

SGC were updated at their 1 July 2021 meeting that the NHS Fife Workforce strategy refresh will be completed in conjunction with the development NHS Fife Population Health & Wellbeing strategy. Consultation and engagement timescales for the Workforce Strategy development will therefore progress in parallel.

The Operational Workforce Planning Group, with oversight from the Strategic Workforce Planning Group, is in the process of reviewing the extant Workforce Strategy and associated action plans prior to March 2022. Service leads have been asked to update action plans produced as part of the 2019-2022 Workforce Strategy, confirming the status of each commitment, the results of which will be summarised at a future Staff Governance Committee. The review is being led by the development of the new NHS Fife Population and Wellbeing Strategy and is considering short term issues such as current capacity and staffing requirements as well as longer term prognoses for need and provision.

A draft Interim Joint Workforce Plan 2021/2022 was presented to SGC on 29 April 2021 prior to submission to the Scottish Government. The plan includes an emphasis on the staff wellbeing agenda, focusing on the ongoing implications of Covid delivery in terms of test and protect, staff and patient testing, vaccination, occupational health and infection control.

### **Whistleblowing**

The Whistleblowing Champion Non-Executive resigned from Fife NHS Board during 2020/21 and the newly appointed Whistleblowing Champion attended her first Staff Governance meeting as a member on 1 July 2021.

The March 2021 Board was informed of the implementation of the Whistleblowing Standards, which came into effect on 1 April 2021 and the June Audit and Risk Committee was informed that regular Whistleblowing reports would be provided in future. No Whistleblowing concerns were raised in first quarter of 2021/22. A report on implementation of the standards has been presented to the SGC and future reports will contain the data required by the new national standards as they evolve.

### **Performance Development Plans**

The SGC was updated regarding the completion of Performance Development Plan Reviews at its September 2020 and January 2021 meetings. To reflect the impact of the pandemic, the target was reduced from 80% completion target to 55%. However, year-end completion was only 36% as noted in the Staff Governance Annual Report.

### **Medical Revalidation and Appraisal**

The General Medical Council deferred revalidation for a year for all those due 16 March 2020 - 31 March 2021 and medical appraisal was paused across Scotland from 16 March 2020 - 1 October 2020. In Fife there was an additional pause at the beginning of January 2021 for 6 weeks. Many medical staff were given exemptions for 2020/21 as a result. It is



anticipated that 2021-22 will see a partial return to normal practice, although there are likely to be some technical difficulties with some aspects of required experience.

#### **Attendance Management**

Papers to SGC in 2020/21 indicate that efforts continue to be made to reduce staff absences including staff wellbeing activity such as mindfulness sessions, staff wellbeing hubs and access to psychological support.

The average percentage of staff absent in 2020/21 was 5.06% which is an improvement on the 2019/20 figure of 5.85% but still significantly higher than the notional national target of 4%.

Covid19 related absences are not included in the absence data quoted above and for 2020/21; the average percentage of hours lost due to Covid19 related absences within NHS Fife was 2.27%.

#### **Remuneration Committee**

The Remuneration Committee met on 5 occasions in 2020/21. The self assessment also considered that the operation of the committee during the pandemic had continued without interruption and that assurance could continue to be given to the Board on the areas under its remit.

### **Staff Governance**

#### **BAF Risks:**

- **Risk 1673 - Workforce sustainability - There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies deployed in the right place at the right time will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy.**

#### **Governance**

The April 2021 Staff Governance Committee (SGC) received a self-assessment by members of the operation of the committee together with improvement actions including number of attendees, role and contribution; agenda management; and report content and related actions.

The SGC Annual Statement of Assurance concluded that the Staff Governance Committee fulfilled its remit and that adequate planning and monitoring arrangements were in place.

#### **Pandemic**

Regular updates on Staff Health and Wellbeing were presented to SGC in 2020/21 which included assurances regarding staff resourcing, induction and learning, communications & guidance, staff wellbeing hubs and psychological support for staff but no information on PPE, Social Distancing or Home Working, which were key risks at that time. The HSE issued a 'Notice of Contravention' following their spotcheck of Covid Management at Victoria Hospital in November 2020. This was considered by the December 2020 Health and Safety Sub Committee (and reported to the January 2021 SGC with assurance that an official response would be provided to HSE by the end of January 2021 by which time most actions would have been implemented. The HSE closed the Contravention Notice on 31 March 2021. It is not clear that the committee received comprehensive, overt internal assurances on the impact of Covid19 on staff throughout the year.

**Risk Management**

The Workforce Sustainability BAF was considered at SGC meetings other than 4 March 2021. The content of the Workforce Sustainability BAF has not altered significantly during 2020/21 and the current risk rating remains high. The paper presented to the 1 July 2021 SGC indicated that the development of the Workforce Strategy 2022-2025 will provide the opportunity for a thorough review of the BAF.

**Staff Governance Action Plan**

No specific year-end assurance provided to SGC on the Staff Governance Action Plan as work on this was paused due to the pandemic. The SGC Annual Statement of Assurance states that *'A particular strand of the Staff Governance standards is reviewed at each meeting, ensuring full coverage over the year's meeting schedule'*. The agenda and minutes of the SGC do not specifically highlight the papers presented relevant to each strand of the Scottish Government standards and no table illustrating this was included in its annual statement of assurance but a review of the papers indicates that papers relevant to each strand were discussed at the meetings. The action lists from SGC meetings held in 2020/21 record the pausing of updating the Staff Governance Action Plan.

**Staff Governance Monitoring Return 2020/21**

Scottish Government has requested returns from all Boards by 24 September 2021. The NHS Fife return, which focuses on the five individual strands of Staff Governance as well as staff experience and culture, will be completed and presented to Area Partnership Forum for approval in September 2021 prior to being submitted to Scottish Government.

**Workforce Strategy Development and Delivery**

SGC were updated at their 1 July 2021 meeting that the NHS Fife Workforce strategy refresh will be completed in conjunction with the development of the NHS Fife Population Health & Wellbeing strategy. Consultation and engagement timescales for the Workforce Strategy development will therefore progress in parallel.

The Operational Workforce Planning Group, with oversight from the Strategic Workforce Planning Group, is in the process of reviewing the extant Workforce Strategy and associated action plans prior to March 2022. Service leads have been asked to update action plans produced as part of the 2019-2022 Workforce Strategy, confirming the status of each commitment, the results of which will be summarised at a future Staff Governance Committee. The review is being led by the development of the new NHS Fife Population and Wellbeing Strategy and is considering short term issues such as current capacity and staffing requirements as well as longer term prognoses for need and provision.

An action plan to underpin the strategy is being developed by the Operational Workforce Planning Group which will include commitments within the Joint Interim Workforce Plan for 2021/2022, the Remobilisation Plan and other service review programmes.

**Workforce Planning**

A draft Interim Joint Workforce Plan 2021/2022 was presented to SGC on 29 April 2021 prior to submission to the Scottish Government. The plan includes an emphasis on the staff wellbeing agenda, focusing on the ongoing implications of Covid delivery in terms of test and protect, staff and patient testing, vaccination, occupational health and infection control.

**Whistleblowing**

The Whistleblowing Champion Non-Executive resigned from Fife NHS Board during 2020/21 and their replacement attended their first Staff Governance meeting as a member on 1 July



2021.

The March 2021 Board was informed of Whistleblowing standards, which came into effect on 1 April 2021 and the June Audit and Risk Committee was informed that regular whistleblowing reports would be provided to the NHS Fife Board in future. No whistleblowing concerns were raised in first quarter of 2021/22 and no report was provided to the Board. A draft quarterly whistleblowing report template was presented to the EDG on 5 August 2021 but Internal Audit have noted that it did not contain provision for recording much of the information required by the new standards.

#### **Performance Development Plans**

The SGC was updated regarding the completion of Performance Development Plan Reviews at its September 2020 and January 2021 meetings. To reflect the impact of the pandemic, the target was reduced from 80% completion target to 55%. However, year-end completion was only 36% as noted in the Staff Governance Annual Report.

#### **Medical Revalidation and Appraisal**

The General Medical Council deferred revalidation for a year for all those due 16 March 2020 - 31 March 2021 and medical appraisal was paused across Scotland from 16 March 2020 - 1 October 2020. In Fife there was an additional pause at the beginning of January 2021 for 6 weeks. Many medical staff were given exemptions for 2020/21 as a result. It is anticipated that 2021-22 will see a partial return to normal practice, although there are likely to be some technical difficulties with some aspects of required experience.

#### **Attendance Management**

Papers to SGC in 2020/21 indicate that efforts continue to be made to reduce staff absences including staff wellbeing activity such as mindfulness sessions, staff wellbeing hubs and access to psychological support.

The average percentage of staff absent in 2020/21 was 5.06% which is an improvement on the 2019/20 figure of 5.85% but still significantly higher than the national target of 4%.

Covid19 related absences are not included in the absence data quoted above and for 2020/21; the average percentage of hours lost due to Covid19 related absences within NHS Fife was 2.27%.

#### **Remuneration Committee**

The Remuneration Committee met on 5 occasions in 2020/21. The self assessment also considered that the operation of the committee during the pandemic had continued without interruption and that assurance could continue to be given to the Board on the areas under its remit.

## Financial Governance

### BAF Risk:

- **Risk 1671 – Financial Sustainability** - There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the COVID 19 pandemic, will not match costs incurred. Thereafter there is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework would result in the Board being unable to deliver on its required financial targets.
- **Risk 1672 – Environmental sustainability** - There is a risk that Environmental & Sustainability legislation is breached which impacts negatively on the safety and health of patients, staff and the public and the organisation's reputation

### Financial Targets and Savings

As reported to the 27 July 2021 Board, the draft financial outturn position to 31 March 2021 subject to external audit review, was:

- A surplus of £0.377m against a Revenue Resource Limit of £870.979m.
- 99.98% of total capital allocation spent against Capital Resources of £17.315m.
- 2020/21 savings delivered of £11.766m, of which £5.430m (46%) are recurring. Also received £8.3m support from Scottish Government in relation to Covid19 savings delays.

### Financial Planning 2020/21

NHS Fife considered the Financial Plan as part of its draft Annual Operational Plan for 2020/21 – 2022/23 at the March 2020 meeting of the FP&RC, noting that plans will be subject to constant review. The Plan set out a position to deliver financial balance, and the savings requirements, over the next 3 year period. The plan was based on NHS Fife's continuing response to the pandemic, recovery and remobilisation priorities.

The Financial Plan for 2021/22 is a part of the RMP3 for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership, with this plan to be the Annual Operational Plan for 2021/22. Key financial assumptions were included as part of the overall financial plan.

### Savings

Initial savings targets were set out in the 2020/21 financial plan. Savings in 2020/21 have come largely from unsustainable non-recurring sources which will increase the financial gap in future years. The gap in plan before efficiencies for 2021/22 is £21.837m with planned savings of £8.181m, which will make achieving financial balance in 2021/22 extremely difficult. In the longer term, financial sustainability will only be achieved through a combination of securing full NRAC parity, review of external commissioning costs and levels and the redesign of services with very clear priorities, which should arise from the new Health and well-being Strategy and the SPRA process.

### Financial Reporting

Finance reporting to Board and FP&RC has been transparent and the Director of Finance has consistently and clearly articulated financial challenges, including the need for confirmation

of allocations to cover Covid19 costs and the delay in delivering anticipated savings in 2020/21. We are aware of the ongoing discussions on potential IJB risk share options with Scottish Government and respective partners.

#### **Capital Plan and Property Strategy**

An Interim Property & Asset Management Strategy (PAMS) update for 2020 was provided to the March 2021 PRC. This followed Scottish Government reporting requirements and forms part of a 'state of the nation' report. An update was also provided to the July 2021 PRC around the production of the PAMS report for the year to 31 March 2021. This report is not mandatory but NHS Fife have decided to produce. Delays have been experienced due to the late release of the templates by the Scottish Government with the target for approval of the NHS Fife PAMS document by the NHS Fife Board in November 2021. It would be beneficial for the PAMS produced to have clear links to the Health and Wellbeing Strategy development.

The FP&RC receive regular updates on current major capital projects and property transactions including the impact of Covid19. The Business Case for the Orthopaedic Centre was approved by the FP&RC in November 2020.

#### **Best Value**

Internal Audit has previously recommended application of the Audit Scotland Best Value Tool Kit. However, given the pressures on officers due to Covid19 response, we do not consider this a priority for the Board at this time, especially as best value and effective allocation of resources are a key element of the new SPRA process.

#### **BAF – Financial Sustainability**

The Financial Sustainability BAF, as reported to the FP&RC during 2020/21, recognised the ongoing financial challenges facing Acute Services, the pressures within Health & Social Care Partnership, specifically in relation to social care budgets and the ongoing work to review the risk share arrangement and the impact of Covid19 in delivering savings.

## Information Governance

### BAF Risk:

- **Risk 1677 – Digital and Information - There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and enable transformation across Health and Social care to deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation.**

### Governance Arrangements and Assurance Reporting

During 2020/21 the governance arrangements for Digital and Information Governance have been reviewed and revised with newly formed Information Governance & Security Steering and Operational Groups and the evolution of the eHealth Board into the Digital and Information Board. Annual Assurance reports from Digital and Information Board and the Information Governance & Security Steering Group were presented to the CGC and included assurance on the key activities of both groups.

Recently issued audit report B28/21 - Digital and Information Governance Arrangements concluded that *'although the IG&S Operational Group has only recently started to meet, and much of the time at the meetings of the IG&S Steering Group held to date has necessarily been taken up with agreeing the new governance arrangements, assurance reporting has begun and is anticipated to evolve in 2021/22'*. The most recent report presented to IG&SSG on 1 June 2021 (IG&S Activity Tracker 2021-22) and the update provided to the Clinical Governance Committee on 7 July 2021 show an improving position regarding the quality of assurance provided with plans to further enhance.

B08/21 ICE 2020/21 notes that the work plan for the Clinical Governance Committee presented to its 30 April 2021 meeting, did not include provision for regular assurance reporting on Information Governance.

### Pandemic

Several projects and programmes of work were accelerated to allow remote working and new projects added regarding the management of Covid19. All work was undertaken at pace with high level risk assessments taking the place of documented Data Protection Impact Assessments, Information Sharing Agreements and System Security Policies which are now being addressed retrospectively.

### Digital and Information Strategy

The Digital and Information Strategy 2019-24 was approved by Fife NHS Board on 30 September 2020 and updates on the impact of the pandemic on the Digital and Information Strategy Delivery Plan were provided to CGC on 7 September 2020 and 7 July 2021. The later update considered the strategy's robustness and highlighted areas of reprioritisation.

The latest Digital and Information BAF presented to CGC on 7 July 2021 includes a revised risk description which recognises the risk to D&I Strategy implementation posed by lack of financial investment. This addresses a previous internal audit recommendation on this topic.

A paper on the funding challenges facing Digital and Information was presented to the Digital and Information Board on 21 July 2021 and highlighted areas of operating costs that require further consideration by NHS Fife. A financial plan is in development to address the significant challenges and we will consider this as part of our 2021/22 Internal Control

Evaluation work.

#### **Risk Management**

Internal Audit have continued to work with the lead for eHealth around improvements to the Digital and Information BAF. Initial changes were made and a full risk review within Digital and Information was undertaken and an improved Digital and Information BAF was presented to CGC on 7 July 2021.

Improvement to risk reporting to IG&SSG and Digital and Information Board have been made progressively throughout 2020/21 with the latest Risk Report presented to Digital and Information Board on 21 July 2021 including a new risk categorisation model and a new format of reporting including detailed analysis of one high risk and introducing the concept of 'risk velocity'.

The CGC Annual Assurance Report recognises that further work is required on Digital and Information risks and those related to transformation programmes noting that work on strategy development will bring an overall focus and direction to individual strands of work.

#### **External Review**

The Competent Authority NISR Audit Report was published 26 April 2021, with Compliance in 2021 audit at 69% (compared to 53% in 2020) which was recognised as 'a significant achievement especially in the midst of a pandemic'.

Internal Audit note the commitment made within the Medical Director's Annual Assurance letter that states *'the outcome and subsequent action plan will be considered by the IG&SSG in 2021/22, with intention to share, where appropriate, updates on the delivery of this plan with the Clinical Governance Committee'*.

#### **Information Governance Incidents**





During the financial year 2020/2021, 11 incidents were reported to the Information Commissioner's Office (ICO), with no further action required for 9 of the incidents. The ICO has since responded regarding the other 2 incidents reported in March 2021 indicating that no further action is required.

## Key Performance Indicators – Performance against Service Specification

	Planning	Target	2019/20	2020/21
1	Strategic/Annual Plan presented to Audit & Risk Committee by April 30th	Yes	No (June 20)	No (July 21)
2	Annual Internal Audit Report presented to Audit & Risk Committee by June	Yes	Yes	No
3	Audit assignment plans for planned audits issued to the responsible Director at least 2 weeks before commencement of audit	75%	95%	79%
4	Draft reports issued by target date	75%	76%	59%
5	Responses received from client within timescale defined in reporting protocol	75%	57%	68%
6	Final reports presented to target Audit & Risk Committee	75%	76%	47%
7	Number of days delivered against plan	100% at year-end	101% at year-end	93%
8	Number of audits delivered to planned number of days (within 10%)	75%	76%	77%
9	Skill mix	50%	72%	77%
10	Staff provision by category	As per SSA/Spec	Pie chart	
	Effectiveness			
11	Client satisfaction surveys	Average score of 3	Bar chart	

### Assessment of Risk

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

Fundamental		Non Compliance with key controls or evidence of material loss or error. <b>Action is imperative to ensure that the objectives for the area under review are met.</b>	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. <b>Requires action to avoid exposure to significant risks to achieving the objectives for area under review.</b>	One
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. <b>Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.</b>	None
Merits attention		There are generally areas of good practice. <b>Action may be advised to enhance control or improve operational efficiency.</b>	None

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>28 October 2021</b>
<b>Title:</b>	<b>Strategic Planning and Resource Allocation 2022/23</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning and Performance</b>

## 1 Purpose

**This is presented to the Staff Governance Committee for:**

- Awareness

**This report relates to:**

- Strategic Planning and Resource Allocation Process

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

- Safe
- Effective
- Person Centred

## 2 Report Summary

### 2.1 Situation

The Strategic Planning and Resource Allocation (SPRA) Process for 2022/23 is now underway.

The SPRA process is intended to create a planning and resource allocation framework to support the development of the organisational strategy for NHS Fife. This will inform the 5-year financial and strategic plan to support the delivery of the Population Health and Wellbeing Strategy.



At the beginning of October 2021, a revised template was sent to all directorates of NHS Fife for completion. This paper describes the SPRA process and provides an update on the submission process.

## **2.2 Background**

This is the second year of the Strategic Planning and Resource Allocation process which brings together the planning of services with financial and workforce implications of service delivery and change. Template has been revised and is similar to template provided by Scottish Government for RMP4.

## **2.3 Assessment**

Templates have been distributed and once returned, submissions will be collated and reviewed to report back to EDG on the list of service changes and programmes that will be discussed and then prioritised. These service changes and programmes will be considered in terms of the overall objectives, quality of care as well as financial and workforce implications.

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

Key dates:

11 October	SPRA Templates distributed to Directors
12 November	Deadline for SPRA submissions
16 December	Summary of submissions to EDG followed by prioritisation
21 December	Board Development Session
11 January	SBAR to Finance, Performance and Resource Committee
12 January	SBAR to Staff Governance Committee
13 January	SBAR to Clinical Governance Committee
29 March	Final SPRA report to Board

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

Workforce planning is key to the SPRA process. The content of the SPRA meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

Financial planning is key to the SPRA process.

### **2.3.4 Risk Assessment/Management**

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

### **2.3.5 Equality and Diversity, including health inequalities**

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

### **2.3.6 Other impact**

N/A.

### **2.3.7 Communication, involvement, engagement and consultation**

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

### **2.3.8 Route to the Meeting**

N/A

## **2.4 Recommendation**

The Staff Governance Committee is asked to:

**Note** the update to the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

## **3 List of appendices**

Appendix 1: Strategic Planning and Resource Allocation Letter from CE

Appendix 2: Strategic Planning and Resource Allocation Template

### **Report Contact**

Susan Fraser  
Associate Director of Planning and Performance  
Email [susan.fraser3@nhs.scot](mailto:susan.fraser3@nhs.scot)

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Telephone: 01592 643355  
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Executive Team  
NHS Fife

Date  
Your Ref  
Our Ref  
Enquiries to Susan Fraser  
Extension 07557 481351  
Email [Susan.Fraser3@nhs.scot](mailto:Susan.Fraser3@nhs.scot)

Dear Colleague

## Strategic Planning and Resource Allocation 2022/23 – 2026/27

As we continue to manage our organisational response to the impact of COVID, there is understandably a primary focus on maintaining delivery of our operational services and ensuring robust plans are in place to address the significant challenges of the winter period. However, in parallel to that, it is important that we also protect time to look to the longer terms, as we develop the Population Health and Wellbeing Strategy and our underpinning SPRA process. To deliver the latter successfully, I am seeking your support and collaboration across the directorates and strategic programmes for this second year of our SPRA process. To ensure completeness, the Health and Social Care Partnership will contribute through sharing their planning documentation.

Each director has a role to ensure that the knowledge and insights gathered from their individual or collective engagement with various national groups and key stakeholders, as well as their operational areas of responsibility, are reflected in the SPRA process and used to guide and inform our planning approach.

The process and documentation from 2021/22 has been reviewed and revised by Planning, Workforce and Finance colleagues to create more effective linkage between key objectives and any implications on workforce and finance and any associated risks.

Each Directorate is asked to provide a plan that articulates the scope of work which requires to be done to deliver our 4 recently agreed strategic priorities. It will be important that in developing these plans this is done collaboratively with clinical leaders and operational managers.

The SPRA timeline has been extended to 5 years rather than 3 to align with the developing Population Health and Wellbeing Strategy. Understanding the scope and the potential phasing of activity will support the overall prioritisation process required to create a deliverable 5-year plan. Whilst it is likely that there will be more detailed knowledge in relation to 2022/23, I am proposing that we provide as much information as possible for the remaining 4 years. This will



Chair Tricia Marwick  
Chief Executive Carol Potter  
*Fife NHS Board is the common name of Fife Health Board*

also ensure that the resources available to us are targeted to those prioritised objectives over time.

Each Directorate should review the key objectives that were agreed through the SPRA process for 2021/22, providing a mid-year update on progress as at the end of September 2021. It will be important that as an Executive Team we can report through our governance committees and the Board on both progress against our objectives for 2021/22 and our proposals for 2022/23 and future years.

The template for completion has changed with directorates being asked to provide the following information in detail for 2022/23 and in summary for 2023/24 to 2026/27.

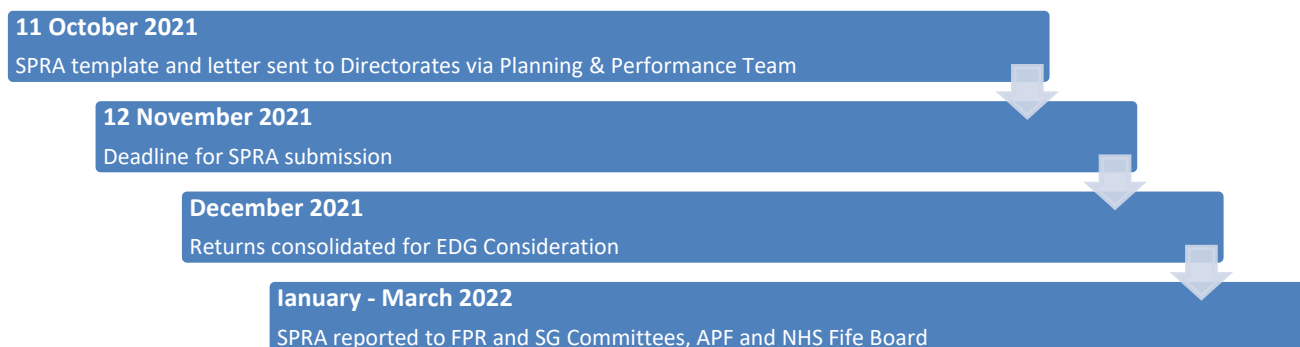
For each Key Objective

- Summary of activities
- Timescales
- Risks and controls
- Outcomes
- Links to strategies, plans and programmes
- Digital and innovation requirements and opportunities
- Property and asset management requirements
- Workforce profile and planning assumptions
- Finance profile and planning assumptions
- Efficiency savings plan

More detailed plans should be held within each service area.

Directorates should liaise closely with their relevant Finance Business Partner or Management Accountant to complete the Finance section and with Workforce colleagues in relation to staffing plans. Directorates should detail proposals/plans to address the legacy recurring savings gap from 2021/22 as well as the efficiency target for 2022/23.

The SPRA template should be completed by each Directorate within Acute Services and all Corporate Directorates. Templates should be returned by 12 November 2021 to be consolidated for full EDG consideration in December 2021. Progress on the process will be reported to Finance, Performance and Resources Committee, Staff Governance Committee and Area Partnership Forum in January 2022. Final proposals and report from the process will be considered by EDG during January and February 2022 and presented to Finance, Performance & Resources Committee, Staff Governance Committee, Area Partnership Forum and NHS Fife Board in March 2022.



This approach will allow enhanced scrutiny of SPRA plans, transparency of proposed service changes and seek to support more effective assurance on all aspects of planning and performance. It will facilitate development of corporate and individual objectives for 2022/23 and support delivery of future Remobilisation Plans. A mid-year review will take place in September/October 2022 to assess progress.

The SPRA Template should be submitted to Planning & Performance Team ([fife.planningperformance@nhs.scot](mailto:fife.planningperformance@nhs.scot)) no later than 12 November 2021.

As highlighted, support for completion of the SPRA template is available and contact can be made with Susan Fraser (ext. 20875, [Susan.Fraser3@nhs.scot](mailto:Susan.Fraser3@nhs.scot)) to arrange this.

This important annual planning exercise will inform how we manage the Covid19 pandemic alongside our collective priorities for the coming years. The NHS Board is committed to the delivery of the new strategy by March 2022, the work on our SPRA will provide a foundation upon which we will deliver this.

**Carol Potter**  
**Chief Executive**  
**NHS Fife**  
**For Action:**

## **Executive Team**

Janette Owens, Director of Nursing  
Chris McKenna, Medical Director  
Scott Garden, Director of Pharmacy & Medicines  
Joy Tomlinson, Director of Public Health  
Claire Dobson, Director of Acute Services  
Nicky Connor, Director of Health & Social Care  
Margo McGurk, Director of Finance & Strategy  
Neil McCormick, Director of Property & Asset Management  
Linda Douglas, Director of Workforce

## **For Information:**

### **Other Members of Executive Directors Group**

Susan Fraser, Associate Director of Planning & Performance  
Gillian MacIntosh, Head of Corporate Governance and Board Secretary  
Kirsty MacGregor, Head of Communications  
Wilma Brown, Employee Director

Guidance for completion

Review 21\_22

Please provide an update to key objectives agreed from SPRA for 2021/22.

RAG Status	assign status as at end of September 2021(based on key in top left)
End Date	proposed date that objective will be delivered, denote whether objective is to be carried forward into 2022/23
Progress against objective	outline progress made up until end of September 2021
Outcomes	denote outcome(s) of objective on once delivered
Strategies, plans & programmes	denote any strategy/plan/programme that the objective relates to

1YR 22\_23

Articulate the key objectives for your directorate to be delivered during 2022/23 which can be shared with staff and stakeholders.

5YR 26\_27

Articulate the key objectives for your directorate to be delivered by 2026/27 which can be shared with staff and stakeholders.

For both tabs, outline the summary of activities, associated risks and state other requirements/dependencies/implications for each objective:

- Digital requirements
- Property and Asset Management dependencies
- Workforce implications
- Financial implications
- Interdependencies - affects on other services

Workforce

Opening Position

Staff establishment information

Increases/Decreases

Please provide narrative and values around anticipated increases and decreases to the staff establishment over the next 3 years. The changes could be for example service redesign, skill mix or posts no longer required.

Safe Staffing

Please provide narrative and values on staffing requirements in order to meet safe staffing levels legislation.

Financial Plan

Opening Position

Full year budget information

Significant Cost Pressures

Please provide narrative and cost information for significant cost pressures affecting over the next 3 years.

Planned Reductions

Please provide narrative and cost information for any anticipated reductions over the next 3 years.

Efficiency Savings

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

NHS Fife – Review of Strategic Planning & Resource Allocation (SPRA) for 2021/22

Unlikely to complete on time/meet target

At risk - requires action

On Track

Complete/ Target met

RAG Status	Objective <i>these can be qualitative or quantitative</i>				Risks <i>list key risks to delivery and controls/mitigating actions</i>		Outcomes <i>include outcomes if possible – add multiple outcomes if required</i>	Strategies, plans & programmes
Sept 21 Status	Key Objective - Description (sample)	End Date	Carried over to next year? Y/N	Progress against objective	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the objective relates to
	Deliver a medium-term financial Strategy for NHS Fife							
	Support the development of the strategic plan that captures the NHS Fife vision on what it wants to deliver in Fife							
	Ensure that departments with procurement responsibility deliver consistent application of best procurement practice and Board Standing Financial Instructions to support the optimisation of savings							
	Support delivery of Strategic Planning and Resource Allocation							
	Develop and expand Programme Management Office (PMO) to create resource to progress transformation and change programmes at pace across the organisation							



NHS Fife – Strategic Planning & Resource Allocation (SPRA) 2022/23

Objective <i>these can be qualitative or quantitative</i>				Delivery Area	Risks <i>list key risks to delivery and controls/mitigating actions</i>	Outcomes <i>include outcomes if possible – add multiple outcomes if required</i>		Strategies, plans & programmes	Digital Requirements	Property & Asset Management Dependencies	Workforce Implication		Financial Implication			Inter-dependencies
Key Objective - Description	Summary of activities etc	Proposed Start Date	End Date	Delivery Area	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the objective relates to	Summarise below	Summarise below	summarise below, provide detail on Workforce template	Cost	summarise below, provide detail on Financial Plan template	Capital / Revenue	Cost	Please provide any detail of impact on other services

Objective <i>these can be qualitative or quantitative</i>				Delivery Area	Risks <i>list key risks to delivery and controls/mitigating actions</i>		Outcomes <i>include outcomes if possible – add multiple outcomes if required</i>	Strategies, plans & programmes	Digital Requirements	Property & Asset Management Dependencies	Workforce Implication		Financial Implication			Inter-dependencies
Key Objective - Description	Summary of activities etc	Proposed Start Date	End Date	Delivery Area	Key Risks	Controls/Actions	Outcome(s)	List any major strategies/ programmes that the objective relates to	Summarise below	Summarise below	Summarize below, provide detail on Workforce template	Cost	Summarize below, provide detail on Financial Plan template	Capital / Revenue	Cost	Please provide any detail of impact on other services

Workforce Plan	Key Objective	2021/22	2022/23	2023/24
		WTE	WTE	WTE
Opening Position				
Nursing & Midwifery				
Medical & Dental				
Admin & Clerical				
Medical Dental Support				
Healthcare Sciences				
Allied Health Professionals				
Personal Social Care				
Support Services				
Other Therapeutic				
Total		-	-	-
Workforce Plan		2021/22	2022/23	2023/24
		WTE	WTE	WTE
Increases/Decreases				
* Please give detail as appropriate				
Total		-	-	-
Workforce Plan		2021/22	2022/23	2023/24
		WTE	WTE	WTE
Safe Staffing in-year				
* Please give detail as appropriate				
Total		-	-	-
Workforce Plan		2021/22	2022/23	2023/24
		WTE	WTE	WTE
Summary Overall Position		-	-	-

Financial Plan	Key Objective	2021/22	2022/23	2023/24
		£'000	£'000	£'000
Opening Position				
Pay				
Non Pay				
Purchase Of Healthcare				
Total		0	0	0
Financial Plan		2021/22	2022/23	2023/24
		£'000	£'000	£'000
Significant Cost Pressures				
* Please give detail as appropriate				
Total		0	0	0
Financial Plan		2021/22	2022/23	2023/24
		£'000	£'000	£'000
Planned Reductions				
* Please give detail as appropriate				
Total		0	0	0
Financial Plan		2021/22	2022/23	2023/24
		£'000	£'000	£'000
Summary Overall Position		0	0	0



Meeting:	NHS Fife Staff Governance Committee
Meeting date:	28 October 2021
Title:	Update Report: Redesign of Urgent Care
Responsible Executive:	Dr Chris McKenna, Medical Director
Report Authors:	Belinda Morgan, General Manager ECD Chris Conroy, Clinical Services Manager (Primary and Preventative Care Directorate) Rose Robertson, Assistant Director of Finance Stephen McNamee, Portfolio Manager (Interim)

## 1 Purpose

**This is presented to Staff Governance Committee for:**

- Awareness

**This report relates to a:**

- Redesigning Urgent Care Programme

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

- Safe
- Effective
- Person Centred

## 2 Report summaries

### 2.1 Situation

This paper is presented to the Staff Governance Committee to provide an update on the delivery of the Redesigning Urgent Care Programme; outline the new governance arrangements in place; and to seek guidance on the establishment of an appropriate delegated budget. This is set against the backdrop of a system-wide redesign supported by some dedicated new non-recurring funding and a wider context of existing funding aimed at managing the increasing system wide demands for urgent and unscheduled care. Boards and HSCP's have been asked to develop a model where urgent care demand can be scheduled and delivered closer to home to ensure the right care is provided at the right place and right time. This Programme aligns with the new Scottish Government NHS Recovery plan.

### 2.2 Background

#### 2.2.1 Phase Two Governance Structure

A new governance structure (outlined in Appendix A) in support of our Redesign of Urgent Care programme comprises 4 workstreams and replaces the phase 1 model:

- Specialist Care Workstream

- Mental Health Pathways
- Urgent Care Access Workstream
- Urgent and Emergency Care – Footprint of the VHK

There are a further 2 tiers: RUC – Operational Group, which was chaired by Dr Rob Cargill; and the (to be established) Integrated Unscheduled Care Programme Board, chaired by Dr Chris McKenna. In addition, a core group is being established with stakeholders responsible for the operational delivery of urgent care within ASD and HSCP -linking directly to both SLTs.

### **2.2.2 Engagement & Feedback**

Over an 8 week period people attending ED were asked to take part in a Patient Pathway Survey. 378 responses were gathered. A full output from the Survey is attached as Appendix B of this report. Noteworthy findings from the survey are as follows:

- Over 50% of respondents were aged under 30 years
- There were a wide range of reasons for attendance with the highest grouping by far being Minor Injury attendances
- 55% of respondents came direct to ED having had no contact with other health services e.g.GP, NHS24, 111, Pharmacy, etc.)
- 25% of respondents had contacted NHS24 on their 111 number prior to attendance
- 13.5% had been in contact with their General Practice prior to attendance.
- Over 90% of respondents came because of two main factors:
  - They believed their attendance was appropriate for the Emergency Department
  - The Emergency Department was their closest service
- Only 25% of respondents were aware of changes in how Urgent Care is accessed in Scotland

Feedback suggests that more needs to be done around national public messaging on the redesign of urgent care. We also need to build on and increase our local messaging in support of the national message. Our communications strategy should pay particular attention to the under 30s as a target group.

### **2.2.3 GP Admissions Pathway**

As part of ongoing improvement work within AU1 and the early planning for phase 2 of RUC it was recognised that in terms of patient flows into the VHK that the FNC centre could play a crucial role in being a single point of access for assessing and navigating GP Medical admissions. As such, a short life working group was convened to develop acute admission pathways into Victoria Hospital Kirkcaldy. The aim for the short life working group was for the FNC clinical team to become the expert team to assess and navigate GP medical admissions to the most appropriate pathway, which would include non-admission to AU1. This would also include working closely with other services to support GPs accessing non acute admission pathways (i.e. H@H, ICASS, ECAS), whilst also supporting direct admission clinical discussions with Acute Specialty teams. Figure.1 below illustrates where the FNC assessment and navigation sits within the medical admission pathway.

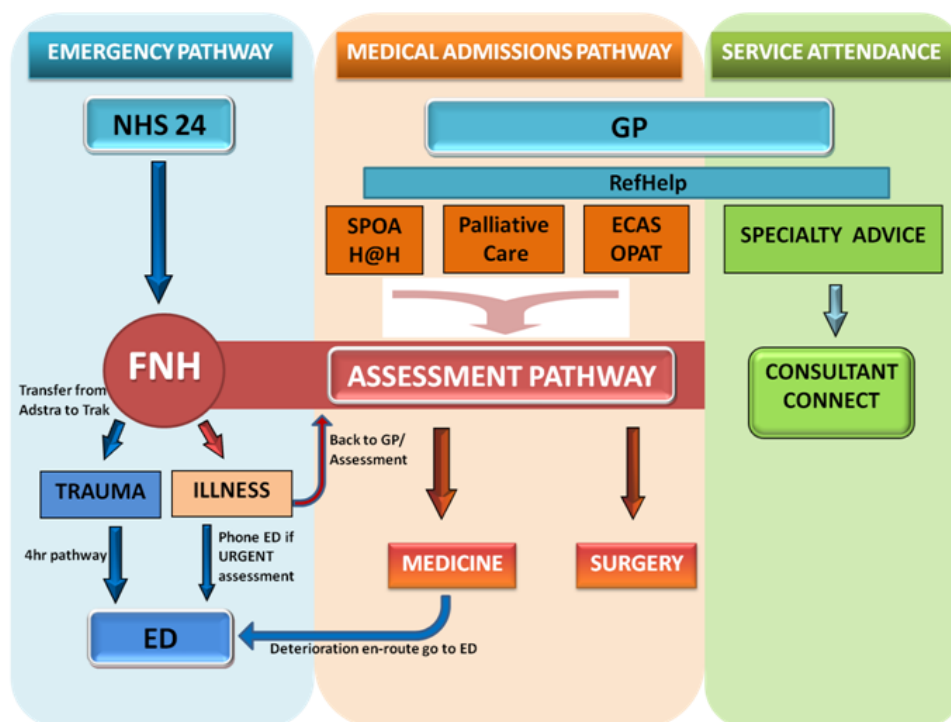


Figure 1 - NHS Fife Urgent Care System Schematic

Since 12th July 2021, acting as a single point of access for GP's across Fife, the FNC has commenced triaging all GP calls prior to direct admission to AU1 between the hours of 8-1, 7 days a week. Early results from the Test of Change show several improvements can be seen (first 6 weeks), with:

- A 32% redirection rate away from AU1 – of 435 people, 140 were redirected (18% prior to 12th July)
- A 24% non-admission rate (with some patients admitted directly to a specialist ward)
- An extensive suite of measures to allow for constant amendments to processes
- Good engagement from GP's with all practices utilising the model
- Extensive engagement with all key stakeholders, including staff surveys and regular MDT meetings
- Co-produced guidelines and pathways with GPs and Clinical Specialties
- A comprehensive handover to AU1 team which supports a more seamless triage and assessment process reducing duplication of information

From the end of September, FNC will fully transition to triaging all GP calls 24/7. Further developments are optimising H@H and social care pathways directly from the FNC single point of contact to reduce GP contacts with additional services. These developments will also look at whether there are opportunities to support Surgical admissions flows into VHK.

### Workforce

In terms of nursing recruitment, it was recognised that there was an opportunity to make the operation of the FNC more attractive to the ANP workforce we wish to recruit, whilst at the same time mitigating the risk that different services compete for that limited ANP resource. The aim is to have an integrated core workforce of ANPs directly managed within FNC management structures but who would rotate between Acute AU1/MIU's and FNC. This will have several benefits; increasing ANP capacity within AU1/MIUs, support skills and



competencies and develop a sustainable and resilient workforce who can work seamlessly between HSCP and ASD. This will further enhance and strengthen relationships supporting teams to work collaboratively to enable us to deliver the best care for the population of fife.

Recruitment is currently under way for 6 substantive ANPS, with 9 applicants shortlisted for interview. Supported via the ANP cohort currently covering admission referrals and a joint development plan between AU1 and Urgent Care Services, new recruits will commence at the beginning of October 2021.

2.2.4 Operational Update

Demand for Urgent and Emergency services continues at challengingly high levels. Emergency Department attendances have returned to or surpassed pre-Covid levels as outlined in Figure 2 below which provide a previous 6-month activity snapshot over the last 3 years. This demonstrates that whilst changes to how we delivery Urgent Care Services is changing, demand for overall unscheduled care services is increasing, therefore reinforcing the need to continue the delivery of the RUC Programme at pace.

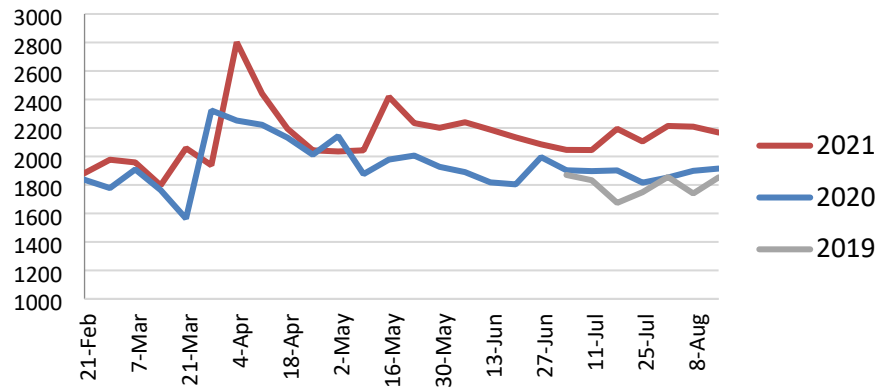
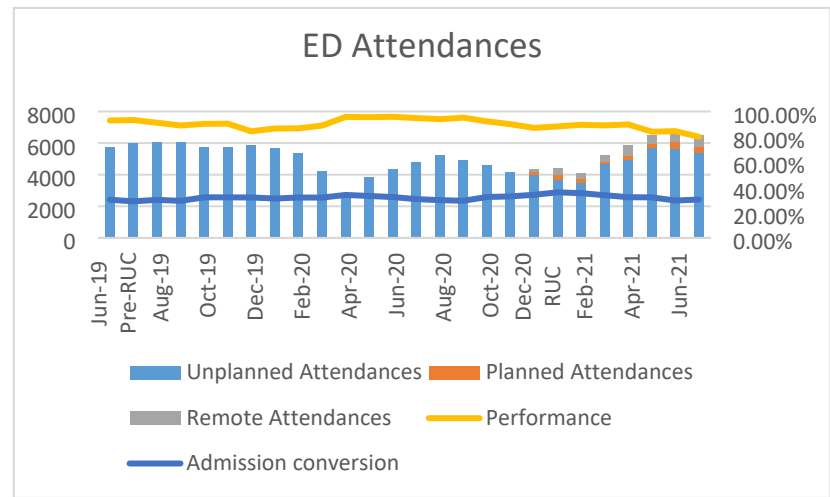


Figure 2 - ED activity from June 2019 – July 2021.

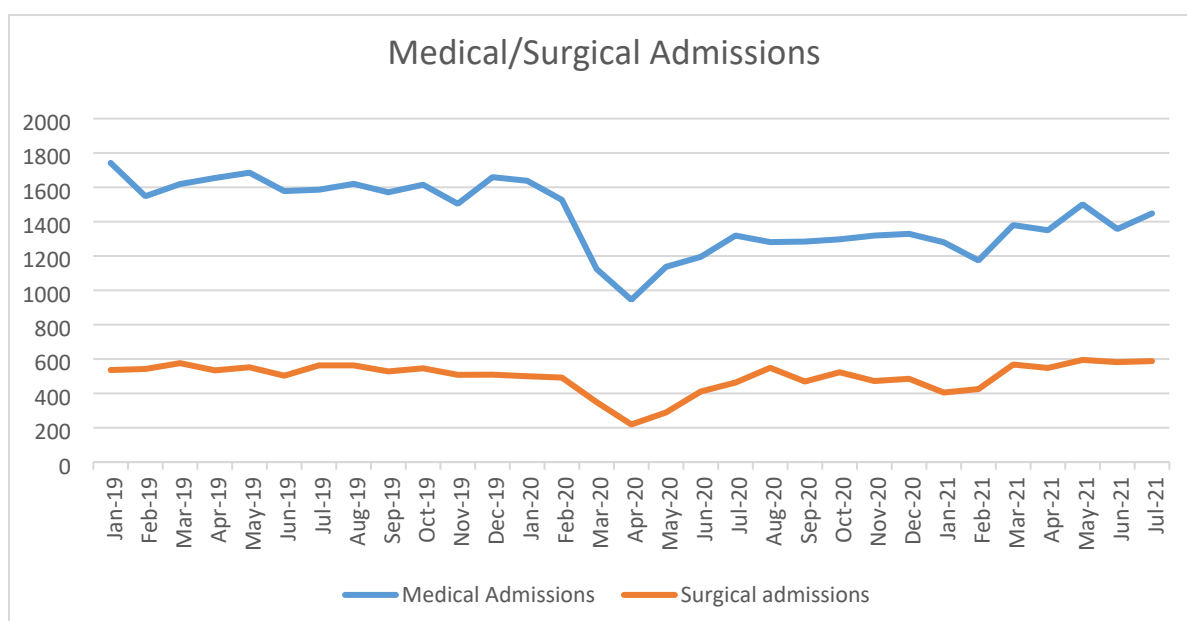


Overall ED activity: has increased over the last five months. Between July 2019 and July 2021 there has been a 9.1% increase in overall activity. Planned attendances have increased month on month with July 2021 recording the highest activity to date (434 attendances). Similarly, remote consultations have increased month on month but have seen a steeper increased in the previous 4 months (an increase from 394 pts in March to 747 in July).

Unplanned attendances: continue to make up the majority of ED's attendances. Attendances over the previous 4 months have increased however are still lower than recorded in both the summer and winter of 2019. Unplanned attendances in July 2021 were 10.8% lower than that of July 2019.

Remote consultation: A number of patients who have a remote consultation attendance will also then go on to have another attendance (recorded as a planned attendance). Meaning there may be more than one attendance for one clinical incident. Since the introduction of RUC in December 2020, the average percentage of patients who have a telephone triage appointment and then go on to have a face-to-face appointment is **70.3% (average of 186 pts/month)**.

### **Medical & Surgical Admissions through front door:**



The data: This data (provided by information services and based on the speciality of the patient on admission) demonstrates the trend of both medical and surgical admissions that have come into VHK through either AU1 or AU2 (Via ED and GP Referral).

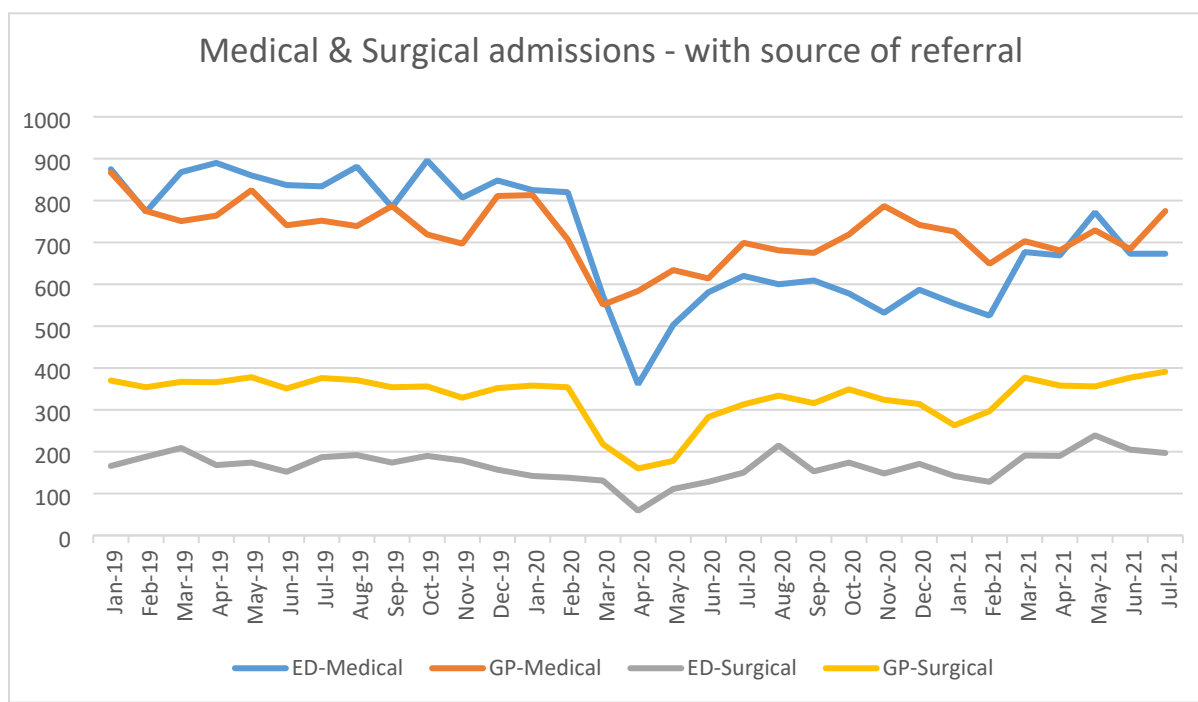
Medical admissions: In July 2019, there were an average of 51 medical admissions per day. While the number of daily admissions has risen over the previous months, the number of medical admissions in July 2021 were on average 47 per day.

Surgical admissions: In July 2019, there were an average of 18 surgical patients admitted per day. July 2021 has exceeded the number of surgical admissions in 2019 with an average of 19 patients per day. The last three months (May, June & July 2021) have seen surgical admissions rise and maintain at a level higher than seen in the previous two winters.

## Medical/ Surgical Admissions – Heat Map

Admission Date	Medical admissions		Admission Date	Surgical admissions
Jan-19	1742		Jan-19	536
Feb-19	1548		Feb-19	542
Mar-19	1619		Mar-19	576
Apr-19	1654		Apr-19	534
May-19	1685		May-19	552
Jun-19	1578		Jun-19	503
Jul-19	1586		Jul-19	563
Aug-19	1620		Aug-19	563
Sep-19	1571		Sep-19	528
Oct-19	1615		Oct-19	546
Nov-19	1504		Nov-19	508
Dec-19	1659		Dec-19	509
Jan-20	1638		Jan-20	500
Feb-20	1527		Feb-20	492
Mar-20	1124		Mar-20	349
Apr-20	945		Apr-20	219
May-20	1137		May-20	289
Jun-20	1195		Jun-20	411
Jul-20	1319		Jul-20	463
Aug-20	1281		Aug-20	549
Sep-20	1284		Sep-20	469
Oct-20	1297		Oct-20	523
Nov-20	1319		Nov-20	472
Dec-20	1329		Dec-20	485
Jan-21	1280		Jan-21	405
Feb-21	1174		Feb-21	425
Mar-21	1380		Mar-21	568
Apr-21	1350		Apr-21	548
May-21	1501		May-21	595
Jun-21	1357		Jun-21	582
Jul-21	1448		Jul-21	588

## Medical and Surgical admissions by referral source



The data: This data (provided by information services and based on the speciality of the patient on admission as well as linking patient data to ED attendance to define the source of admission) demonstrates the trend of both Medical and Surgical admissions to VHK, through either AU1 or AU2 and where the source of that admission came from.

Medical Admissions: Medical Admissions via ED have remained significantly lower than pre Covid. In July 2019, the average number of medical admissions from ED were 27 patients per day, in July 2021 this was an average of 22 patients per day.

Medical admissions via GP have remained relatively stable, with numbers only slightly below that of pre Covid. July 2019 had an average of 24 patients a day while July 2021 had a small increase with an average of 25 patients per day.

Surgical Admissions: Surgical admissions via ED have been increasing since the beginning of 2021 with a peak in May of 239 patients admitted. That number exceeds all previous months looked at in this data set, higher than either of the previous two winters.

GP admissions have remained at similar levels to pre-covid. March to July 2021 have seen increased numbers with July 2021 again seeing the highest number of admissions compared to the previous two winters.

### 2.2.5 Financial Update

In Autumn 2020, we were asked to provide a 3-year plan to inform our funding requirements for the Redesign of Urgent Care. This submission highlighted the part year cost for 2020/2021; and the full year costs for each of the 3 years 2021/2022 to 2023/2024 of c£2.1m for each of the years. This has since been updated a number of times at the Urgent Care Redesign Group chaired by Dr Chris McKenna. The full year costs for each of the 3 years estimated at c£1.6m.

Funding received in 2020/2021 was an NRAC share of a national £10m augmented by general Covid-19 funding. The actual costs incurred on this programme in 2020/2021 was £0.260m. This informed a year end IJB earmarked reserve of £0.935m which was carried forward for use in 2021/2022.

NHS Fife has received a funding letter (May 2021) highlighting the funding allocation for NHS Fife's programme of work as follows:

<b>2021/2022 Funding Letter</b>	<b>Funding £'000</b>
Redesign of Urgent Care	681
Unscheduled Care: Building Capacity to Support Recovery (6 Essential Actions)	456
Winter Planning	661

The unscheduled care funding is non-recurring and has historically been allocated to Emergency Care within ASD who have historical committed spend in excess of the available funding. This extends to Local Improvement Team resource, agreed additional surge activity, and discharge vehicles.

Winter funding received each year is always significantly less than the anticipated spend. Over the last 2 financial years funding has been distributed on a 50/50 basis to Health Board retained and HSCP.

## **2.2.6 Developments - Ref Help Improvement work**

There is an organisational priority to review, update and augment the information we have locally on our Ref Help pages by specialty. A team of colleagues have been brought together to support clinical leads (or their delegates) in the rapid review of current Ref help content on Blink. A 3-hour block of time can be accessed in which Blink, Lothian's Ref. Help pages for that specialty as well as national resources and information leaflets are brought together to augment specialty pages on Ref. Help in Fife.

This team will have a mix of administrative, design, process mapping and digital skills. At the end of the session the team will draft the changes into a non-live set of pages for final amendment and approval. This content can then be made live on the Blink pages for your specialty. A review process and associated clinical governance assurances are currently in development.

It is intended that a launch and associated training / messaging will happen in November for the refreshed Ref Help content on Blink.

## **2.2.7 Developments - Clinical Peer-to-Peer Messaging System**

NHS Fife Digital and Information have identified a need to augment FNC triage calls with a digital solution to enable clinicians to communicate safely and effectively directly. The current process for instant referrals is either for unsolicited calls to be made to a specialty, sometimes without the use of a recorded advice line or for calls to be made into a recorded advice line with on occasion messaging peer to peer on personal devices. While all three have the patient's welfare at the forefront, they open the patient, clinician, and Board up to a significant degree of risk in particular around data protection and incomplete and therefore inappropriate referrals. A digital communication solution will

ensure there is an auditable, clear, and efficient way to refer, query or obtain advice from the correct specialty in relation to a patient's care.

An Options Appraisal has been carried out by Digital & Information with scoring based on specific functional and non-functional requirements. Through analysis of available systems and the scoring process two applications have been identified and the next steps will be to hold further demonstration workshops with both the suppliers (individually) and a select group of internal clinical stakeholders. Invitations have been issued to ascertain availability.

The workshops will describe the product and will work to allay existing concerns raised through the analysis process, the workshop will be facilitated by Digital and Information colleagues. This is designed to alleviate concerns and allow for a final joint decision to be made on the preferred option that will meet the functional, operational, and strategic requirements of NHS Fife.

## 2.3 Assessment

### 2.3.1 Quality/ Patient Care

To enable us to deliver person centred care within urgent care we must ensure people receive the Right Care, at the Right Time and in the right place. The approach being taken in Fife to reduce demand on ED and schedule unscheduled care through the RUC Programme, has seen the following outcomes:

- Approximately 25% of patients who have a local assessment via ENP/ANP clinical team whilst seeking to access ED are signposted to another service out with VHK
- When patients need to attend ED or MIU, 24% are scheduled
- 32% of medical admissions coming via FNC are redirected away from AU1

Whilst making these changes consideration has also been given to the following:

- Inequity of provision (digital access to support digital consultation) - action plan created following publication of EQIA stage 2
- Consequences of delaying/denying treatment – Review of re-admissions, Datix and complaints highlight no concerns

### 2.3.2 Workforce

This programme is being delivered in the main within the existing staff profile of both organisations with the following posts recruited to directly to aid delivery:

Staff role	Contribution	Number of Staff
<b>Dispatchers</b>	The Dispatching team are key navigators within the FNC, following clear protocols to make sure patients follow the correct pathways and facilitating the scheduling element of the pathways.	<b>6.9 WTE</b>
<b>Senior Dispatchers</b>	This role will oversee and provide leadership and development to the dispatch team and play a crucial role in maintaining governance over current and future processes and protocols	<b>1.6 WTE</b>

<b>ENP</b>	This role will support the local clinical assessment of 4-hour minor injury pathway patients	<b>3.2 WTE</b>
<b>ANPs</b>	This role will support the local clinical assessment of 4-hour minor injury pathway patients and medical admission pathway patients.	<b>6 WTE</b>
<b>Senior Decision Maker</b>	This role, along with programme lead for the FNC workstream, will provide live time SCDM support to the ANP team	<b>1 WTE</b>
<b>GPSI</b>	This role will support the ED team in releasing ED Consultant time to allow them to support the SCDM role for all 4-hour patients	<b>1.7 WTE</b>

Whilst the FNC model will support all 5 strategic areas outlined within Phase 2 of the RUC programme, it is clear that the model will evolve over the next 2-3 years and should constantly be reviewed as the detail around the 5 workstreams become clearer, both nationally and locally.

The content of the Redesign of Urgent Care report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

Covered in Finance section above.

### **2.3.4 Risk Assessment/Management**

A Programme Risk Register is maintained on DATIX. The main programme risk remains around the financial sustainability of the programme as there is no recurring funding associated with the programme. Work is ongoing with Scottish Government to ascertain future financial plans.

### **2.3.5 Equality and Diversity, including health inequalities**

An EQIA has been completed for this programme.

### **2.3.6 Communication, involvement, engagement and consultation**

#### Communications

A programme communications and engagement plan has been developed to work in conjunction to a national communications plan.

#### Patient engagement and experience

A working group is currently developing a patient experience plan to build on the learning from previous ED and FNH led surveys.

### **2.3.7 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:

- HSCP SLT
- ASD SLT

## 2.4 Recommendation

NHS Fife Staff Governance Committee is asked to **note** the contents of this paper in relation to the work being undertaken in respect of the redesign of Urgent Care within NHS Fife.

## 3 List of Appendices

Appendix A – RUC Governance diagram

### Report Contact

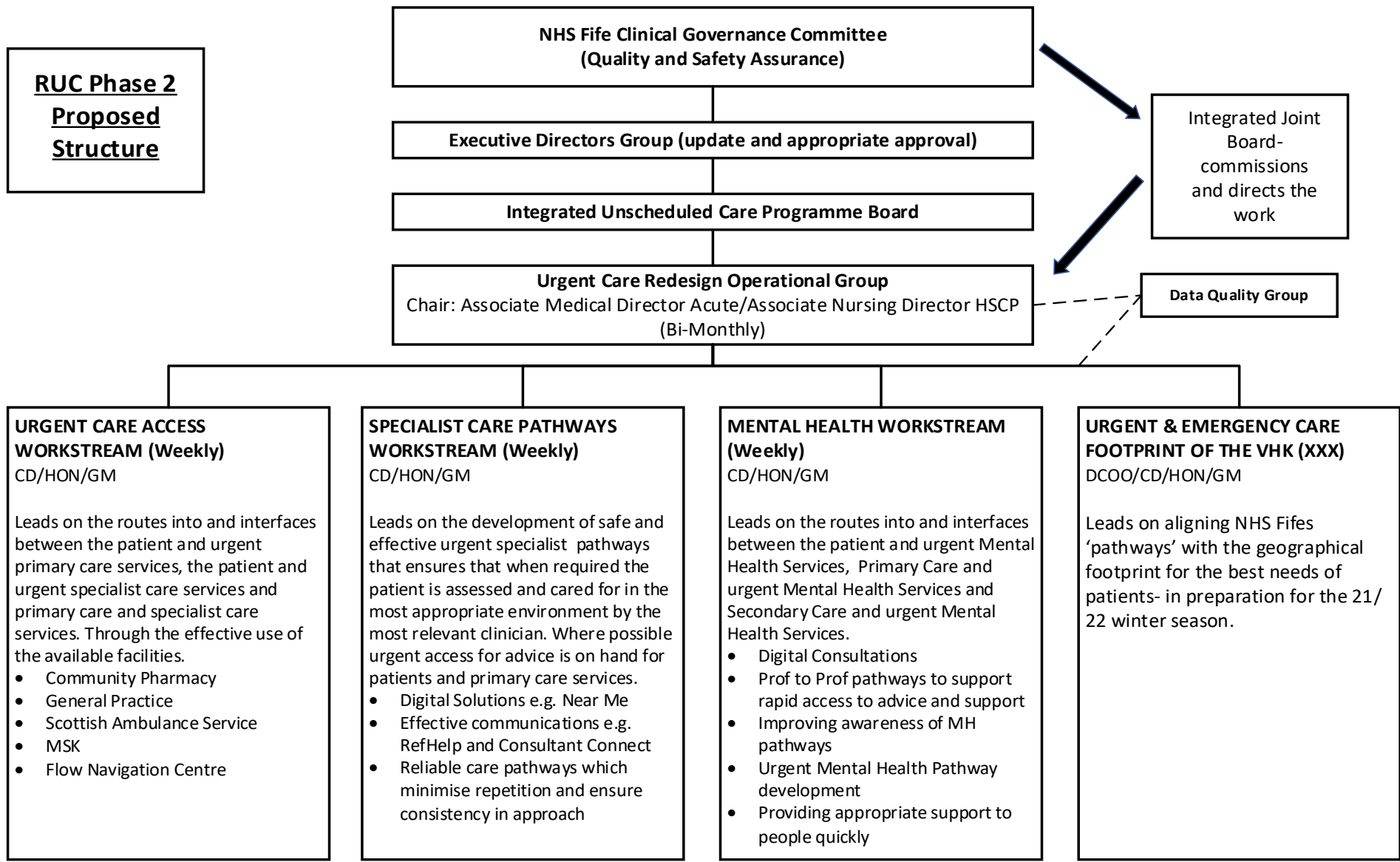
Stephen McNamee

Portfolio Manager (Interim)

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Appendix A – RUC Governance diagram



<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>Thursday 28 October 2021</b>
<b>Title:</b>	<b>Workforce Implications from MOU2 Implementation</b>
<b>Responsible Executive:</b>	<b>Nicky Connor, Director of Health &amp; Social Care Partnership</b>
<b>Report Author:</b>	<b>Bryan Davies, Head of Primary &amp; Preventative Care Services</b>

## 1 Purpose

This Report is presented to the Staff Governance Committee to provide an update on the workforce implications of the Primary Care Improvement Plan – following the revised Memorandum of Understanding (MOU)2.

**This is presented to the Staff Governance Committee for:**

- Awareness
- Discussion

**This report relates to a:**

- Emerging issue
- Government Policy
- Legal Requirement

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

- Safe
- Effective
- Person-Centred

## 2 Report Summary

### 2.1 Situation

A revised MOU2 covering the period 2021 to 2023 was recently agreed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS. MOU2 recognises what has been

achieved to date, but also that there is still a considerable way to go to fully deliver the GP Contract offer and commitments intended to be delivered by April 2021. It also reflects the impact of the Covid-19 pandemic and clarifies expected deliverables and timescales. This report is brought to identify the workforce requirements and the risks associated with MOU2 implementation.

## 2.2 Background

The 2018 GMS Contract refocuses the GP role as expert medical generalists. This role builds on the core strengths and values of general practice – expertise in holistic, person-centred care – and involves a focus on undifferentiated presentation, complex care, and whole system quality improvement and leadership. All aspects are equally important.

The aim is to enable GPs to do the job they train to do and enable patients to have better care. GP and GP practice workload will reduce and refocus under the proposals, as the wider primary care multi-disciplinary team is established and service redesign embedded by the end of the planned transition period. People presenting to general practice will be seen by the right professional to meet their needs.

The contract proposes significant new arrangements for GP premises, GP information technology and information sharing. The effect of these arrangements will be a substantial reduction in risk for GP partners in Scotland, and a substantial increase in practice sustainability. Sustainable general practice is critical for better care for patients.

A Memorandum of Understanding (MOU), between Integration Authorities, SGPC, NHS Boards and the Scottish Government covered an initial 3 year period 1 April 2018 to March 2021, and set out agreed principles of service redesign (including patient safety and person-centred care), as well as ring-fenced resources to enable the change to happen. The scope of this programme is to deliver all priorities defined in the General Medical Services Contract (2018) and associated Memorandum of Understanding.

### **The MOU specifies 6 Key Points to provide guidance on what success looks like:**

1. GP and GP Practice workload will reduce.
2. New staff will be employed by NHS Boards and attached to practices and clusters.
3. Early priorities will include pharmacy support and vaccinations transfer.
4. Work streams will engage all key stakeholders and involve patient/public and carer representatives to influence/ inform and agree measures for improvements in patient experience
5. Changes will happen in a planned transition over three years when it is safe, appropriate and improves patient care.
6. Transform Primary Care Service to best meet population needs

## 2.3 Assessment

The MOU2 states implementation of the GMS contract for Primary Care Improvement should remain underpinned by the seven key principles outlined in the previous MoU: safe, person-centred, equitable, outcome focussed, effective, sustainable, affordable and value for money.

The MOU2 relies on having access to an available workforce. Given that this draws primarily on the Nursing Workforce, local areas need to consider how services can be aligned to increase the pace and efficiency of implementation. The evolving nature of this implementation must ensure synergy across the workforce and as services develop, there will be a phased co-production approach regarding the roles of the workforce and how they will work across services to support ongoing transformation and development of an effective, sustainable and skilled workforce.

The longer term position and full delivery of MOU2 will create significant pressures on the Fife HSCP budget, which will require a funding solution. There have been early discussions with Scottish Government Health Finance Team to alert them to the significant pressure in delivering MOU2 and the HSCP Chief Finance Officer will continue to liaise with Scottish Government colleagues to provide regular financial updates throughout the year.

Further detail on the workforce pressures within each MOU2 work-stream is detailed in **Appendix 1**.

### **2.3.1 Quality/ Patient Care**

Having the correct workforce in place will offer benefits to patients such as timely access to care and treatment, access to the right person at the right time with the right skills, and ensure equal access for the Fife citizens thereby reducing inequalities.

### **2.3.2 Workforce**

Impact detailed throughout the paper. The content of this MOU2 report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

The cost to fully implement the GMS Contract in Fife based on models of care approved by the GP Clinical Quality Group and GMS implementation Group is estimated to be approximately £23m.

Overall costs have been considered in an SBAR produced previously for EDG. Detailed financial implications are not the subject of this paper, which addresses workforce implications, although there will be costs associated with recruitment of the workforce.

### **2.3.4 Risk Assessment/Management**

**The following risks have been identified associated with the required developments as described in the report above:**

- FVCV, adult immunisation (shingles and pneumococcal) and CTAC workforces are in development and there is no budget for recruitment beyond March 2022. The short duration of new contracts may not be attractive for candidates and does not provide reassurance for service sustainability.
- FVCV staff are currently on short term contracts. Scottish Government notification has been received that we are to receive recurring funding on the agreed NHS Scotland Resource Allocation basis for a proportion of these staff. This will need to be reviewed and decisions made in respect of extended contracts and about permanent

recruitment. Significant time will be required from the Nursing Directorate, Administration teams and Human Resources to undertake this.

- A substantial number of the workforce has returned from retirement on a short term basis, and continued dependence on this workforce is not sustainable in the long term.
- Large scale workforce recruitment of Band 5 Registered Nurses will be challenging.
- Continued recruitment of the pharmacotherapy workforce in large numbers will also be challenging, especially in view of the finite number of trained staff available.
- As recovery from covid is continuing, not all services are functioning at maximum capacity. This has allowed services to use staff flexibly, but as services remobilise this will not continue to be possible.
- Based on historical recruitment outcomes, permanent posts which will be established are likely to be attractive to internal candidates, and this may compound the depletion of services and create pressures elsewhere.
- The winter months are a challenging time to be establishing a new workforce. Staff within NHS Fife are already working at capacity, being remobilised to cover surge wards, working extra hours and over time.

#### **Mitigations:**

- The large scale recruitment of Band 5 Registered Nurses is being addressed through regular recruitment, international recruitment campaigns and other initiatives.
- Synergy between the FVCV and CTAC workforces will be identified to assist with a sustainable skilled workforce, offering diverse roles, job satisfaction and improving retention and efficient deployment of the workforce.
- Consideration will need be given to where staffing priorities lie, particularly where staff are seconded, as with the current workforce makeup, it would not be possible to deliver a full programme as required by MOU2, if seconded staff are returned to their own posts.
- Discussions with Service Mangers will be required to continue these secondments until a permanent workforce is in place.
- Recruitment will require to be on a phased basis to mitigate this risk, linked to the establishment of permanent posts creating pressures elsewhere in the system.
- The impact of the establishment of these additional services linked to winter pressures will be carefully monitored for any impact on staff morale and wellbeing.

#### **2.3.5 Equality and Diversity, including health inequalities**

An EQIA has not been completed at this time, national guidance is awaited as to whether this is necessary for this programme. We will continue to consider the need for this.

### 2.3.6 Other impact

No other impact.

### 2.3.7 Communication, involvement, engagement and consultation

There has been no engagement or consultation with MOU2 stakeholders in the preparation of this paper due to reporting timescales.

### 2.3.8 Route to the Meeting

This report is an amalgamation of reports submitted to the following groups:

- GMS Implementation Group
- Fife Health and Social Care Partnership (HSCP) Senior Leadership Team
- NHS Fife Executive Director's Group
- CTAC Steering group and workforce subgroup
- Vaccination Transformational Programme (VTP) Board

## 2.4 Recommendation

This paper is produced and presented to the Staff Governance Committee **for information and discussion**.

## 3 List of Appendices

The following appendices are included with this report:

- Appendix 1 – Workforce considerations in each MOU2 workstream

### Report Contact:

Bryan Davies  
Head of Primary & Preventative Care Services  
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## **Appendix 1 – Workforce considerations in each MOU2 workstream**

### **Vaccination Transformation Programme (VTP)**

It is anticipated that GP practices will not provide any vaccinations under their core contract from 1 April 2022, this transition is managed through the VTP board.

The Fife Immunisations Strategic Framework has gone through the NHS Fife and Fife HSCP governance routes for approval and presented at the IJB. The Immunisation Programme Director is in post, with recent agreement for Project Support Officer Support.

Childhood immunisations are now delivered by the Immunisation Team within the HSCP.

The requirement to deliver a Flu vaccination and Covid 19 vaccination booster requires a robust model of delivery by a competent workforce. The Flu Vaccination and Covid Vaccination (FVCV) workforce was quickly created due to the need to deliver a mass vaccination programme for Covid 19. This workforce consists largely of individuals who are seconded from other areas and individuals who have retired and returned are on short term contracts until March 2022, and as such a longer term plan is required to develop a permanent workforce.

In addition to the FVCV workforce described above, there will be a requirement to recruit a nursing workforce for the delivery of Shingles and Pneumococcal vaccinations.

To support the vaccination supply pathways in the delivery of the VTP programme, additional pharmacy workforce will be required.

### **Community Treatment and Care Service (CTAC)**

NHS Boards are responsible for providing a Community Treatment and Care (CTAC) service from 1 April 2022.

Current scoping indicated that the total workforce to provide CTAC, including phlebotomy is a total of 96.4 WTE, made up of registered and non-registered staff. It is anticipated that a portion of the workforce will be part-time workers, meaning the head count will be significantly greater than the WTE.

CTAC services will not be delivered in full in Fife by 1 April 2022 and will require transitional arrangements and payments with Fife GP Practices. Workforce availability, costs and logistics lead to a recommendation that CTAC will be delivered in two phases.

The second phase will require some staff previously employed by GP Practices to TUPE over to NHS Fife employment, which will require further engagement and discussion with GP practices.

### **Pharmacotherapy**

NHS Boards are responsible for providing a pharmacotherapy service to patients and practices by 1 April 2022.

The current position is that although Pharmacotherapy aim to deliver a full level 1 service to all 54 GP Practices by 1 April 2022, this is very unlikely due to workforce availability and the short timescale to implement. This will result in the need for a transitional arrangement with some Fife GP Practices for level 1 pharmacotherapy services from 1 April 2022.

Regulations will be amended by Scottish Government in early 2022, so that NHS Boards are responsible for providing a pharmacotherapy service to patients and practices by April 2022. Guidance and outcome measures will be in place across Scotland to ensure a standardised level of service across all practices, however, these are yet to be produced by the National Strategic Pharmacotherapy Group. As such, without understanding nationally agreed service levels, it is not possible to quantify the extent of transitional service payments or describe the workforce implications in full, however, as a minimum it is expected in the region of 21 WTE Pharmacists and 22 WTE Pharmacy Technicians will be required.

## **Multi-Disciplinary Team (MDT) Services**

### Community Link Workers

Community Connectors provide a full service to all 54 GP Practices. These posts are already established.

### In Hours Urgent Care

Further guidance will be provided by the National GMS Oversight Group on delivery of this commitment in advance of April 2022. Consideration in particular will need to be given about how this commitment fits into the wider system Redesign of Urgent Care work currently in progress.

### Additional Professional Roles

MoU Parties will consider how best to develop the additional professional roles element of the MoU by the end of 2021. Full delivery of Multidisciplinary Teams is expected by 2023/24. Further advice from MOU parties on the delivery of Additional Professional Roles (including mental health roles) is expected by the end of 2021.



<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>28 October 2021</b>
<b>Title:</b>	<b>Integrated Performance &amp; Quality Report</b>
<b>Responsible Executive:</b>	<b>Margo McGurk, Director of Finance &amp; Performance</b>
<b>Report Author:</b>	<b>Susan Fraser, Associate Director of Planning &amp; Performance</b>

## 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 August 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 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) was submitted to the SG in late September and will supersede RMP3 from the November IPQR onwards.

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 2021/22 (4.00% is the LDP Standard)	5.95% in August 2021, above planned position at this stage (4.19%) Excludes COVID-19-related absence

### 2.3.1 Quality/ Patient Care

Not applicable.

### 2.3.2 Workforce

The content of the Integrated Performance & Quality report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

### 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 October IPQR will be available for discussion at the round of October/November 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 21 October. The report was authorised for release to Board Members and Standing Committees at EDG.

## 2.4 Recommendation

The Staff Governance Committee is requested to:

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

## 3 List of appendices

None

### Report Contact

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# **Fife Integrated Performance & Quality Report**

**Produced in October 2021**

# Introduction

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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 will be superseded by RMP4, addressing the status and forecasts for the second half of the FY from next month. Both the current RMP3 and the forthcoming RMP4 include 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.

Action completion dates appear in **RED** text if they have slipped, but will revert to BLACK text in the next issue of the report, provided no further slips have been reported.

## a. LDP Standards & Key Performance Indicators

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The current performance status of the 29 indicators within this report is 6 (21%) classified as **GREEN**, 5 (17%) **AMBER** and 18 (62%) **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:

- Cancer 31-Day DTT – above Standard for the 16<sup>th</sup> successive month (with no breaches for the third time in the last 6 months)
- CAMHS – very close to the 90% LDP Standard for the first time since this measurement was introduced
- Psychological Therapies 18-Weeks RTT – highest monthly performance ever recorded (the second successive month when this has been the case)

## b. National Benchmarking

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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 9 (31%) within upper quartile, 13 (44%) in mid-range and 7 (25%) in lower quartile.

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

## c. Indicator Summary

Performance		
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	Aug-20	31	Jul-21	28	Aug-21	39	↓		N/A			
	HSMR	N/A	Year Ending	Mar-20	1.01	Dec-20	1.01	Mar-21	1.02	↓		YE Mar-21	1.02	●	1.00
	Inpatient Falls	7.68	Month	Aug-20	7.25	Jul-21	7.45	Aug-21	8.14	↓		N/A			
	Inpatient Falls with Harm	1.65	Month	Aug-20	1.56	Jul-21	1.45	Aug-21	1.61	↓		N/A			
	Pressure Ulcers	0.42	Month	Aug-20	1.11	Jul-21	1.22	Aug-21	1.21	↑		N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Jun-20	2.2%	Mar-21	2.7%	Jun-21	3.6%	↓		QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Aug-20	15.1	Jul-21	4.9	Aug-21	10.8	↓		QE Jun-21	6.3	●	18.7
	SAB - Community	N/A	Quarter Ending	Aug-20	7.4	Jul-21	7.4	Aug-21	7.5	↓		QE Jun-21	8.6	●	10.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Aug-20	5.5	Jul-21	8.5	Aug-21	8.4	↑		QE Jun-21	10.0	●	14.6
	C Diff - Community	N/A	Quarter Ending	Aug-20	6.4	Jul-21	6.4	Aug-21	4.2	↑		QE Jun-21	4.3	●	5.4
	ECB - HAI/HCAI	33.0	Quarter Ending	Aug-20	52.1	Jul-21	46.1	Aug-21	46.8	↓		QE Jun-21	37.6	●	38.2
	ECB - Community	N/A	Quarter Ending	Aug-20	39.2	Jul-21	38.3	Aug-21	41.5	↓		QE Jun-21	32.2	●	41.9
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Aug-20	72.6%	Jul-21	71.6%	Aug-21	69.4%	↓		2019/20	71.5%	●	79.9%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Aug-20	36.1%	Jul-21	32.0%	Aug-21	30.0%	↓		2019/20	35.7%	●	51.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Aug-20	100.0%	Jul-21	100.0%	Aug-21	100.0%	↔		N/A			
	4-Hour Emergency Access	95%	Month	Aug-20	95.4%	Jul-21	84.7%	Aug-21	83.6%	↓		Aug-21	83.6%	●	77.8%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Aug-20	30.0%	Jul-21	67.7%	Aug-21	68.2%	↑		Jun-21	69.3%	●	38.6%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Aug-20	50.0%	Jul-21	60.7%	Aug-21	58.6%	↓		Jun-21	62.1%	●	53.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Aug-20	78.3%	Jul-21	84.9%	Aug-21	81.2%	↓		Jun-21	90.7%	●	62.6%
	18 Weeks RTT	90%	Month	Aug-20	64.0%	Jul-21	72.5%	Aug-21	72.2%	↓		QE Jun-21	68.0%	●	74.7%
	Cancer 31-Day DTT	95%	Month	Aug-20	96.1%	Jul-21	99.1%	Aug-21	100.0%	↑		QE Jun-21	99.0%	●	98.1%
	Cancer 62-Day RTT	95%	Month	Aug-20	84.3%	Jul-21	92.5%	Aug-21	91.3%	↓		QE Jun-21	80.3%	●	84.1%
	Detect Cancer Early	29%	Year Ending	Dec-19	25.0%	Sep-20	19.0%	Dec-20	19.4%	↑		2018, 2019	26.1%	●	25.6%
	Freedom of Information Requests	85%	Quarter Ending	Aug-20	78.2%	Jul-21	75.2%	Aug-21	74.8%	↓		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Aug-20	7.8%	Jul-21	10.1%	Aug-21	10.3%	↓		QE Mar-21	5.6%	●	4.6%
	Delayed Discharge (# Standard Delays)	N/A	Month	Aug-20	54	Jul-21	81	Aug-21	99	↓		Aug-21	32.76	●	24.80
	Antenatal Access	80%	Month	Jun-20	92.1%	May-21	88.4%	Jun-21	88.5%	↑		FY 2019/20	89.0%	●	88.3%
	Smoking Cessation	473	YTD	Jun-20	31.4%	May-21	62.0%	Jun-21	57.6%	↓		FY 2019/20	92.8%	●	97.2%
	CAMHS Waiting Times	90%	Month	Aug-20	57.8%	Jul-21	80.9%	Aug-21	88.8%	↑		QE Jun-21	73.7%	●	72.6%
	Psychological Therapies Waiting Times	90%	Month	Aug-20	77.9%	Jul-21	86.9%	Aug-21	87.4%	↑		QE Jun-21	80.4%	●	82.7%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	May-20	86.8%	Apr-21	91.0%	May-21	87.1%	↓		QE Mar-21	94.5%	●	95.6%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	92.8%	2021/21	97.2%	↑		2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.3%	2020/21	50.0%	↓		2018/19	60.9%	●	43.4%
Finance	Revenue Expenditure	(£13.822m)	Month	Aug-20	N/A	Jul-21	(£7.037m)	Aug-21	(£8.884m)	↓		N/A			
	Capital Expenditure	£29.207m	Month	Aug-20	N/A	Jul-21	£4.290m	Aug-21	£5.790m	↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Aug-20	4.58%	Jul-21	6.03%	Aug-21	5.95%	↑		YE Mar-21	4.77%	●	4.67%



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

Better than Projected | Worse than Projected | No Assessment  
(NOTE: Better/Worse may be higher or lower, depending on context)

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

Quarter End
Jun-21
2,981
3,260
279
17,100
19,488
2,388
1,801
1,406
-395
10,850
12,971
2,121
17,110
20,728
3,618
8,040
10,085
2,045
5.82
5.54
-0.28
2,450
2,885
435
415
305
-110
306
411
105
1,369
1,816
447

Month End			Quarter End
Jul-21	Aug-21	Sep-21	Sep-21
1,000	1,000	1,120	3,120
988	942	1,004	2,934
-12	-58	-116	-186
6,227	6,259	6,639	19,125
6,154	6,749	7,239	20,142
-73	490	600	1,017
611	611	611	1,833
484	547	475	1,506
-127	-64	-136	-327
3,750	3,750	3,750	11,250
4,324	4,221	4,084	12,629
574	471	334	1,379
6,280	6,590	6,240	19,110
7,052	7,192	6,866	21,110
772	602	626	2,000
2,830	2,800	2,690	8,320
3,355	3,367	3,346	10,068
525	567	656	1,748
			5.85
			6.16
			-0.28
870	870	870	2,610
996	1,001	1,051	3,048
126	131	181	438
145	145	145	435
110	109		
-35	-36		
84	103	104	291
110	107	121	338
26	4	17	47
514	471	437	1,422
605	565		
91	94		

Quarter End
Dec-21
3,394
22,925
1,833
11,250
18,370
8,680
5.63
2,610
435
346
1,905

Quarter End
Mar-22
3,716
24,441
1,833
11,250
18,490
8,830
5.73
2,610
435
298
1,780

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

Month End
Jun-21
37
81
44

Month End			Month End
Jul-21	Aug-21	Sep-21	Sep-21
35	36	36	36
81	99	83	83
46	63	47	47

Month End
Dec-21
42

Month End
Mar-22
43

<sup>1</sup> 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
<b>HSMR</b>		<b>1.00</b>	<b>1.02</b>
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.			
<b>Inpatient Falls (with Harm)</b>	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	<b>1.65</b>	<b>1.61</b>
The significant challenges facing inpatient services continue alongside ongoing workforce challenges and as noted previously an increased usage of supplementary staffing. Staff continue to use the extant falls bundle and local support is being given to areas where falls with harm have increased noting a slight increase in some areas.			
<b>Pressure Ulcers</b>	<i>50% reduction by December 2020, continued for FY 2021/22</i>	<b>0.42</b>	<b>1.21</b>
Acute: Since January 2021 there has been a shift in the data, with pressure ulcer rates above the median for 8 consecutive months. There has been a reduction in grade 2 and multiple pressure ulcer incidences but an increase in suspected deep tissue injury and grade 3. There have been no grade 4 reported since November 2018.			
HSCP: The number of acquired pressure ulcers has reduced slightly from the previous quarter, and four hospitals within the HSCP had no hospital acquired pressure ulcers in August. Over the whole partnership, there has been one hospital acquired pressure ulcer (grade 3) in August and one area has achieved three months with no pressure ulcers. There has been no hospital acquired grade 4 pressure ulcers reported since January 2020.			
<b>Caesarean Section SSI</b>	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	<b>2.5%</b>	<b>3.6%</b>

All mandatory SSI surveillance remains paused (as per the start of the Covid-19 pandemic) until further instruction from the Scottish Government. However, Maternity Services continue to monitor their Caesarean Section SSI cases and, where necessary (in the case of 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.

<b>SAB (MRSA/MSSA)</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	<b>18.8</b>	<b>10.8</b>
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NHS Fife is continuing to achieve the trajectory for the 10% reduction target, to be met by March 2022. There was one PVC associated SAB in August, but there have been no CVC SABs since March.

<b>C Diff</b>	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	<b>6.5</b>	<b>8.4</b>
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NHS Fife is above the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022, although the incidence rate has improved since May and remains below average national comparator. There have been 4 recurrences to date in 2021, an improvement from 6 for the same time period in 2020. Reducing the incidence of CDI recurrence is pivotal to achieve the HCAI reduction target, and continues to be addressed.

<b>ECB</b>	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	<b>33.0</b>	<b>46.8</b>
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The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. For August, NHS Fife was above the trajectory line to achieve this target. In the month, there were 4 CAUTIs and 11 ECBs due to another urinary source. Reducing CAUTI incidence remains the quality improvement focus.

<b>Complaints – Stage 2</b>	<i>At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)</i>	<b>65%</b>	<b>30.0%</b>
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There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity of complaints received and numbers received continue to be high. Although reduced slightly, PRD has responded to a high number of concerns and Stage 1 complaints relating to COVID-19 vaccination appointments. We anticipate an increase in calls, enquiries and complaints as the programme team start to deliver third vaccines.

e. Assessment (cont.) – Operational Performance

		Target	Current
<b>4-Hour Emergency Access</b>	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	<b>95%</b>	<b>83.7%</b>
<p>The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation hub is being increased further for managing GP admissions for early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.</p>			
<b>Patient TTG (Waiting)</b>	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	<b>100%</b>	<b>68.2%</b>
<p>Performance in August has plateaued with 68.2% waiting less than 12 weeks compared to 67.9% in June. NHS Fife continues to be one of the best performing Board in Scotland for TTG. Theatres are now fully remobilised however the continued increase in unscheduled care activity is impacting on our ability to undertake elective inpatient surgical activity as planned and slowing improvement. After a period of stability the waiting list in August has risen to 3,401 which is 6% greater than in August 2019 pre-covid. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan.</p>			
<b>New Outpatients</b>	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	<b>95%</b>	<b>58.6%</b>

Performance in August has deteriorated slightly with 58.6% waiting less than 12 weeks compared to 62.4% in June. The waiting list has continued to rise and at 21,955 is 53% higher than in August 2019 pre-covid. Particular attention continues to be focused on urgent and urgent suspicion 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.

**Diagnostics**

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

**100%****81.2%**

Performance continues to be under significant pressure, decreasing to 81.2% from 90.6% in June waiting less than 6 weeks. The waiting list has stabilised and at 4,779 is 9% higher than at the end of August 2019 pre-covid. The referrals for CT and Ultrasound remain high with significant pressures from unscheduled care activity and staffing absence resulting in increased routine waits for these modalities. Particular attention continues to be focused on urgent and urgent suspicion 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%****91.3%**

We saw improvement in 62-day performance in August, however this will remain variable due to an increasing backlog of patients who have breached with no treatment date. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to routine staging and investigations, delays to surgery due to increasing numbers and consultant leave and radiotherapy treatment, while Oncology capacity remains an issue. The majority of breaches continue to be prostate due to the challenging pathway. The range of breaches were 5 to 27 days (average 12 days); the range of maximum days breach has improved.

**FOI Requests**

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

**85%****74.8%**

There were 49 FOI requests closed in August, 11 of which were late, a closure performance of 77.5%. The performance figure above (71.2%) reflects the performance for the 3-month period ending August.

Due to staff turnover in the FOI Role, the Information Governance and Security Advisors are overseeing the administration of FOI requests.

**Delayed Discharges**

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

**5%****10.4%**

The number of bed days lost due to patients in delay continues to rise and has remained above the target 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 62 downstream beds over the last 4 months to mitigate against the lack of home care, and this is resulting in the increase in the % of bed days lost which is being reported. Bed days occupied by Code 9 (51X) patients, while not counted in the IPQR measure, accounts for approximately 30-35% 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****68**

Service provision has continued to be delivered remotely by phone and Near Me appointments. Staffing levels are improving, with two staff members returned from maternity leave (albeit now using accrued annual leave). Continued local training is being delivered to new staff members and refresher training for others. There is an ongoing challenge and potential risk to the LDP Target with supply shortage of Champix (varenicline tartrate) across all doses and presentations which looks set to continue until the new year. Two new staff members have completed their competencies and are now competent and confident practitioners.

**CAMHS Waiting Times**

*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*

**90%****88.8%**

Referral to Treatment (RTT) performance remains high, reflecting the ongoing prevalence of urgent and priority referrals to CAMHS and the allocation of the majority of the workforce to meet this need. Longest

waits has been sustained (despite staff employed to address this group leaving post) by reallocating core staff to target those waiting the longest. Recruitment process is ongoing - 6 of the available 8 posts to increase capacity have been appointed with the remaining posts at interview stage. The two 'longest wait' posts have been appointed within Clinical Psychology and will start in early 2022. The outstanding (10) posts identified through the Gap Analysis, funded by the Mental Health Recovery and Renewal Fund, are still in the recruitment system.

**Psychological Therapies**

*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*

**90%    87.4%**

The overall waiting list continues on a downward trend, and there has been a further reduction in numbers waiting over 52 weeks, with these longest waits being mainly for highly specialised therapy. The trend in referrals remains upward, with the increased referral/self-referral rate for our expanded range of online PTs continuing. Group work has increased. Recruitment to new posts (and current vacancies) is ongoing.

## e. Assessment (cont.) – Finance

		Target	Current
<b>Revenue Expenditure</b>	<i>Work within the revenue resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>(£13.822m)</b>	<b>(£8.884m)</b>
<u>Month 5 financial position</u> The revenue position for the 5 months to 31 August reflects an overspend of £8.884m. This comprises a run rate overspend position of £1.908m; unmet core savings of £1.286m (to be delivered over the remaining months of the year); and underlying unachieved 'long Covid' savings of £5.690m.			
<b>Capital Expenditure</b>	<i>Work within the capital resource limits set by the SG Health &amp; Social Care Directorates</i>	<b>£29.257m</b>	<b>£5.961m</b>
The overall anticipated capital budget for 2021/22 is £29.257m. The capital position for the period to August records spend of £5.79m. Therefore, 19.8% of the anticipated total capital allocation has been spent to month 5.			

## e. Assessment (cont.) – Staff Governance

		Target	Current
<b>Sickness Absence</b>	<i>To achieve a sickness absence rate of 4% or less</i>	<b>3.89%</b>	<b>5.95%</b>
The sickness absence rate in August was 5.95%, a decrease of 0.08% from the rate in July. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.14%.			

## II. Performance Exception Reports

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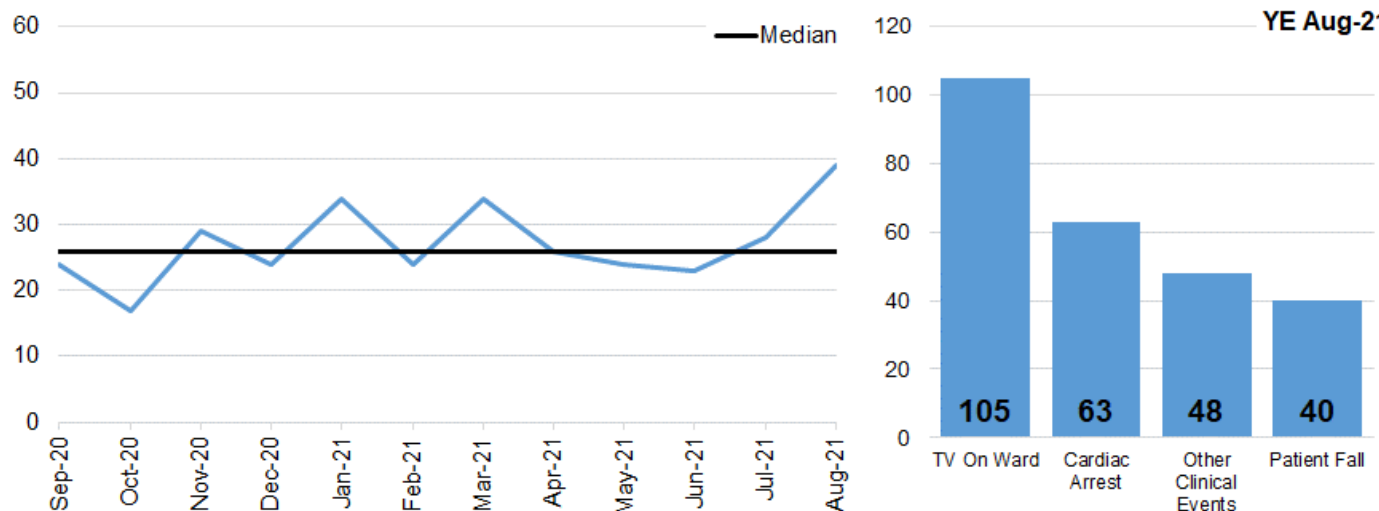
### Staff Governance

Sickness Absence	45
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# CLINICAL GOVERNANCE

## Adverse Events

### Major and Extreme Adverse Events



### All Adverse Events

	Month	2020/21						2021/22					
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
ALL	NHS Fife	1288	1340	1307	1249	1288	1210	1363	1355	1370	1349	1413	1432
	Acute Services	607	558	640	601	573	531	628	592	646	606	625	605
	HSCP	639	748	635	621	694	653	707	724	682	694	740	791
	Corporate	42	34	32	27	21	26	28	39	42	49	48	36
CLINICAL	NHS Fife	925	903	955	928	904	855	952	934	1009	935	1005	943
	Acute Services	559	509	596	558	534	495	586	545	597	548	566	542
	HSCP	348	378	341	360	359	346	352	371	388	365	412	382
	Corporate	18	16	18	10	11	14	14	18	24	22	27	19

### Commentary

Levels of reporting have increased marginally, with August having the highest number of incidents reported in the past 12 months. There was also an increase in major and extreme incidents reported, with the most notable increase in events relating to patient falls.

Focused improvement work continues in areas where there has been an increase in falls with harm. A proportion of the increase is attributable to the reporting of events related to infrastructure, specifically in relation to staffing and environment.

Overall, the reported number of tissue viability events (pressure ulcers developing on ward) has reduced in August with systems in place continuing to monitor, review and respond appropriately.

Specific activities are as follows:

- Baseline mapping of the current Adverse Events process is complete
- New Lead for Adverse Events starts in post in November and will provide dedicated leadership to drive forward the review of Adverse Event Policy and Procedure including system learning from events
- Terms of Reference for a new Organisational Learning Group have been drafted; this group will identify themes and learning from events and other clinical governance data to support system wide improvement
- Increased number of Executive Sponsors now in place to support timely review of Significant Adverse Event Reviews to ensure learning and actions are implemented



## 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<sup>P</sup>

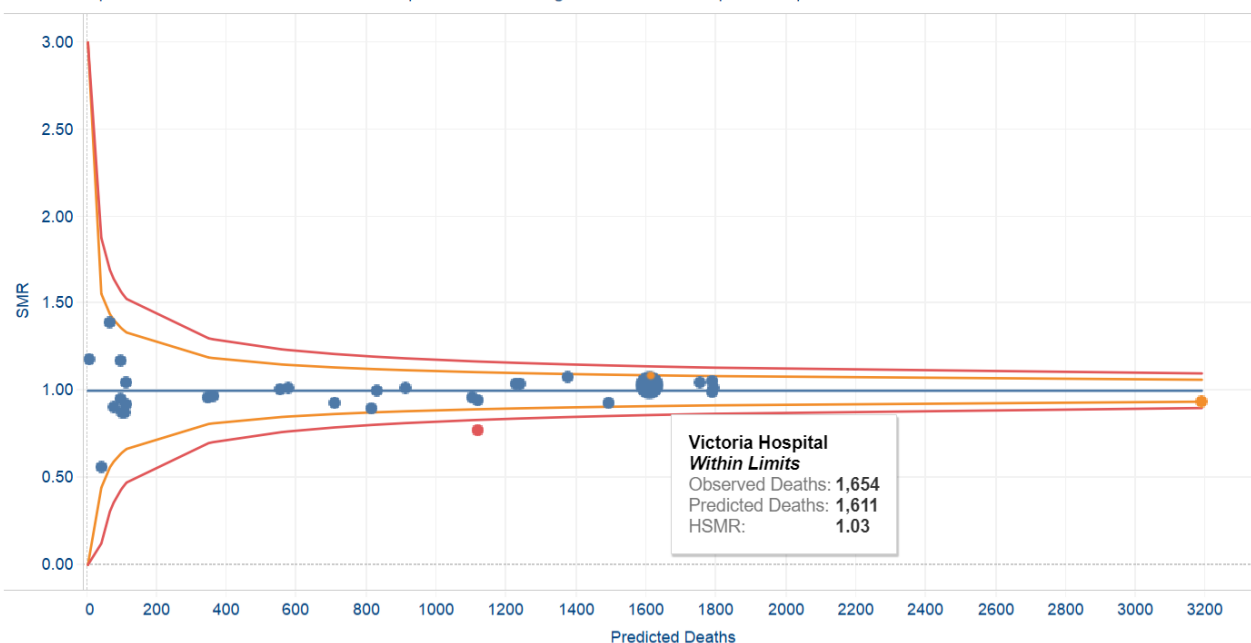
Please note that as of August 2019, HSMR is presented using a 12-month reporting period when making comparisons against the national average. This will be advanced by three months with each quarterly update.

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

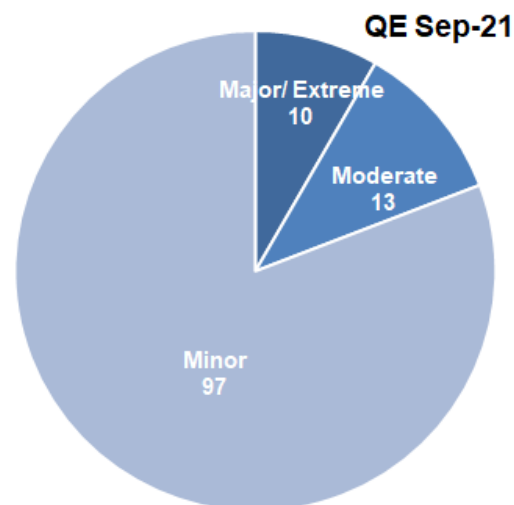
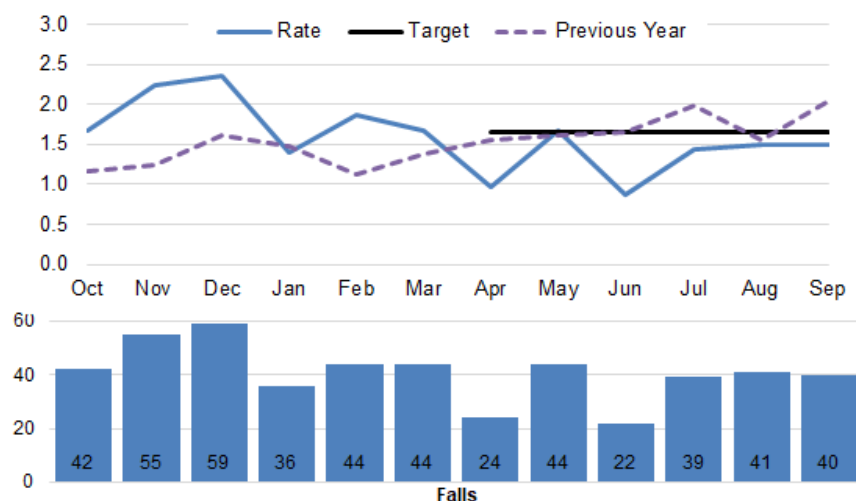
The HSMR for NHS Fife has remained slightly above the 1.00 mean for all periods since the measure was changed two years ago. This should be seen as normal variation, but we will continue to monitor this closely. The difference between actual and predicted number of deaths in the year ending March 2021 produced a ratio of 1.02 with 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				
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
With Harm	NHS Fife	2.03	1.68	2.24	2.35	1.39	1.87	1.68	0.98	1.68	0.86	1.45	1.61
	Acute Services	1.37	1.11	1.54	1.67	1.24	1.18	0.98	0.35	0.88	0.41	0.79	1.41
	HSCP	2.62	2.17	2.88	2.96	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.79

### 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 Feb-22**

A new national driver diagram and measurement package have still to be finalised and as already reported have been tested in four boards across Scotland in May and June. Due to current challenges NHS Fife documentation will be reviewed in early 2022 and an audit will then follow.

#### 20.5 Improve effectiveness of Falls Champion Network

**By Jan-22**

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 but with an amended target date for completion.

#### 21.2 Falls Reduction Initiative

**By Nov-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 towards the end of the year.

#### 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.

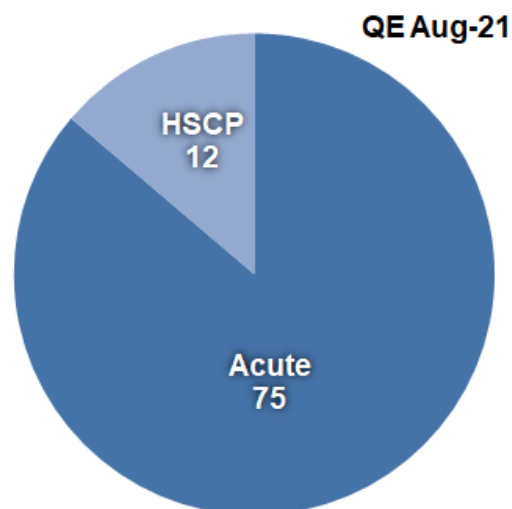
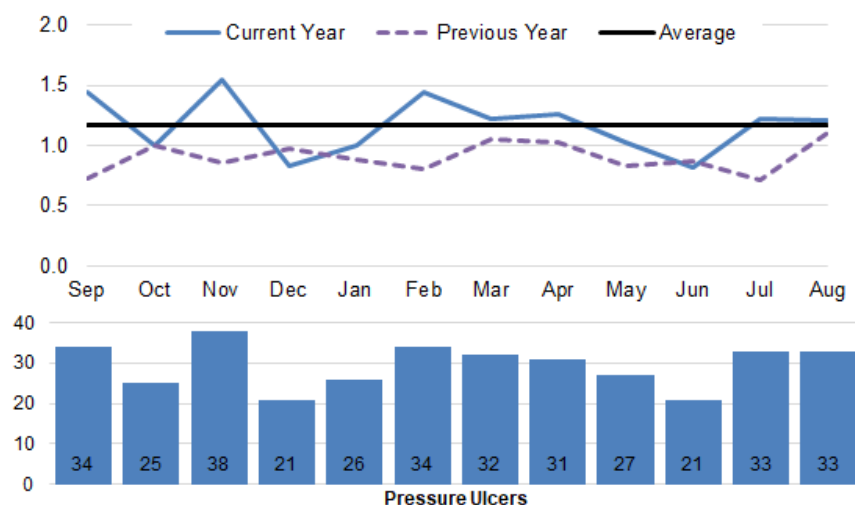
## Pressure Ulcers

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				
		Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Grade 2 to 4	NHS Fife	1.44	1.00	1.55	0.83	1.00	1.44	1.22	1.26	1.03	0.82	1.22	1.21
	Acute Services	2.73	1.20	2.39	1.17	2.06	2.18	2.12	2.42	1.68	1.58	2.05	2.36
	HSCP	0.32	0.82	0.78	0.53	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.21

### 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

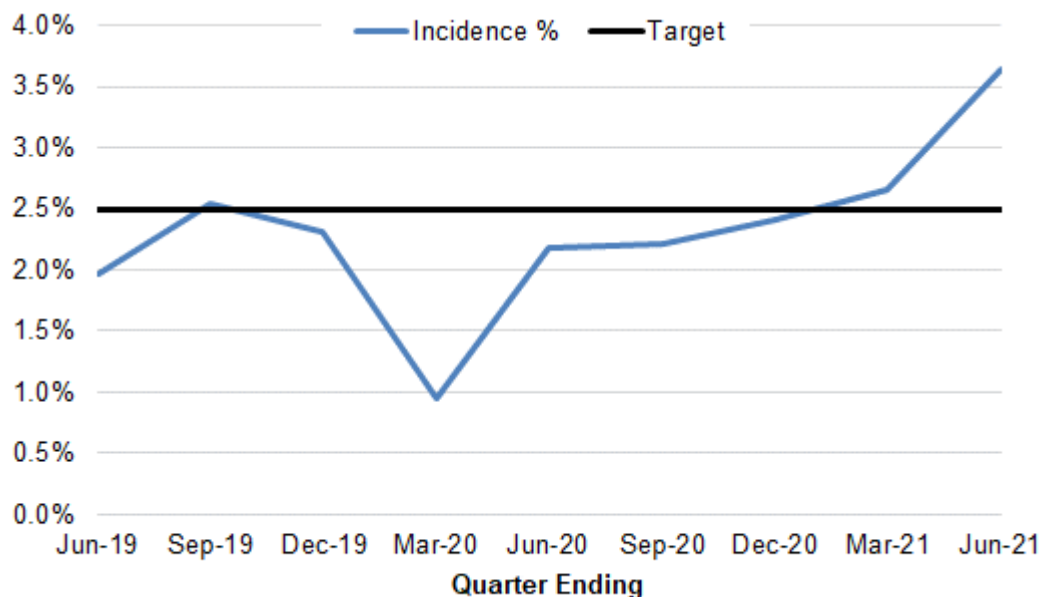
### IMPROVEMENT ACTIONS

<b>21.2 Integrated Improvement Collaborative</b>	<b>Complete Jun 2021</b>
<b>21.3 Implementation of robust audit programme for audit of documentation</b>	<b>Complete Jun 2021</b>
<b>22.1 Improvement Collaboratives</b>	<b>By Jan-22</b>
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. The work is currently under review in order to reflect and establish SMART objectives to ensure improvement targets are met.	
<b>22.2 Community Nursing QI Work</b>	<b>By Nov-21</b>
One area within Fife HSCP community nursing teams has implemented a focused piece of work involving a number of improvement initiatives. To complement this work, the team have adopted a “back to basics” approach, to ensure that all relevant skin and risk assessments are completed, and this is having a positive impact on patient outcomes. Restrictions within Datix have been identified and discussions are taking place around expanding the speciality list, which would enable better analysis of data and allow the team to identify targeted support and education.	
<b>22.3 ASD Pressure Ulcer Improvement Programme</b>	<b>By Mar-22</b>
The commencement of third cohort of the Pressure Ulcer Improvement Programme (PUIP) has been paused due to the current staffing pressures. However QI support has been offered to individual areas on a bespoke basis. Teams involved in cohort 1 and 2 continue to collect process measures data and are encouraged to continue to identify and test change ideas until sustained improvement is achieved.	
<b>22.4 Implementation of Focused Improvement Activities</b>	<b>By Mar-22</b>
There are a number of focused improvement activities taking place in a variety of settings. ICU have two projects underway, one aiming to improve the management of moisture related skin damage and a second aiming to improve pressure area care for patients nursed prone. Ward 31 and ED are also carrying out pressure ulcer improvement projects.	

## 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.

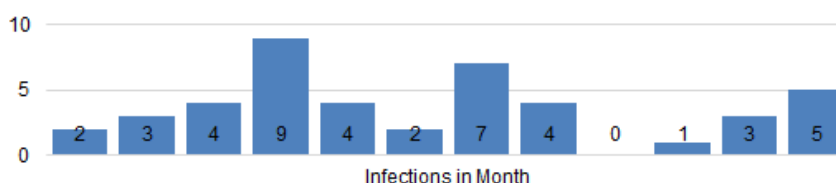
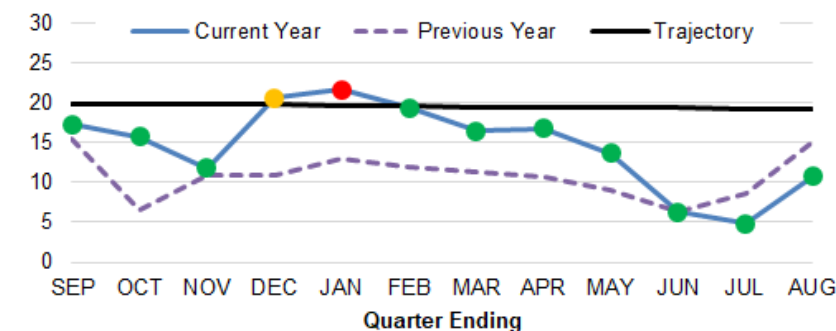
There is currently no date for resumption of SSI surveillance, set by ARHAI (due to the third wave of Covid-19).

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.

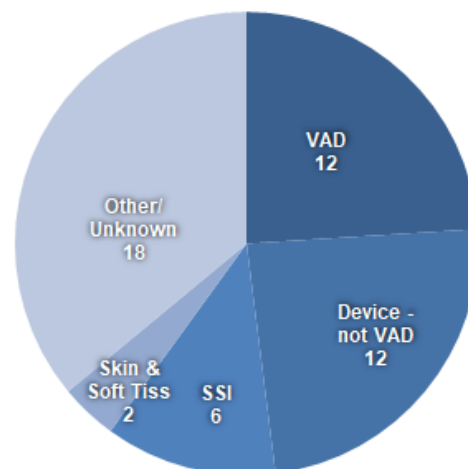
## SAB (HAI/HCAI)

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 Aug-21



### National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	10.9	12.5	6.3	18.7	20.6	17.8	6.3
Scotland	15.2	16.3	20.3	17.3	18.9	18.4	18.7

### 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

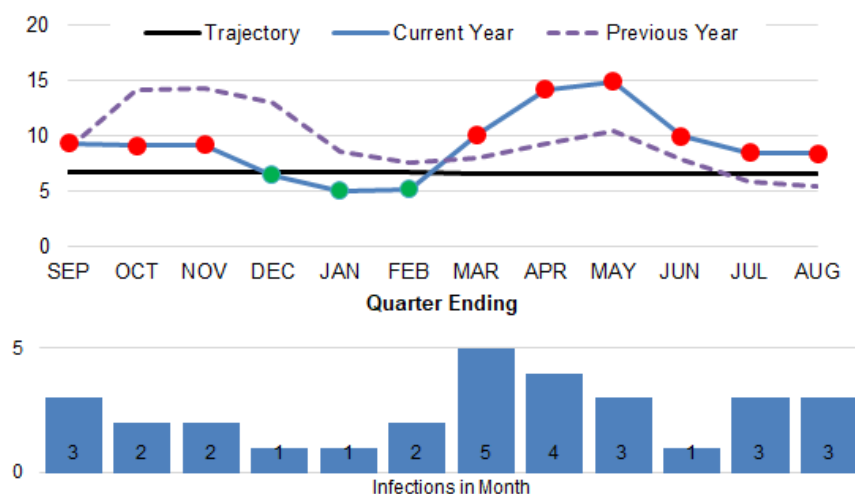
### IMPROVEMENT ACTIONS

<b>20.1 Reduce the number of SAB in PWIDs</b>	<b>By Mar-22</b>
The incidence of SABs in PWIDs has continued to reduce, with only 3 cases identified in 2021 to date (compared to 5 in 2020 and 14 in 2019). IPCT continue to support addiction services with the SAB improvement project. The IPCT presentation for wound care training for ANPs has been completed and awaiting dates to deliver sessions from Addiction services. The Addiction outreach team "We are With You" is available to support PWID on a referral basis. The rollout of PGDs for non-medical prescribing of antibiotics by ANPs which was planned for July, is still pending.	
<b>20.2 Ongoing surveillance of all VAD-related infections</b>	<b>By Mar-22</b>
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	
<b>20.3 Ongoing surveillance of all CAUTI</b>	<b>By Mar-22</b>
Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions regarding catheter and urinary care. The group last met July with the September meeting postponed. The Driver Diagram for the group is currently in the process of being reviewed and updated. This Quality Improvement group is contributed to by the ECB data.	
<b>20.4 Optimise comms with all clinical teams in ASD &amp; the HSCP</b>	<b>By Mar-22</b>
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.	
<b>22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters</b>	<b>By Mar-22</b>
Electronic insertion and maintenance bundles for PVCs are completed on Patienttrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward 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. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

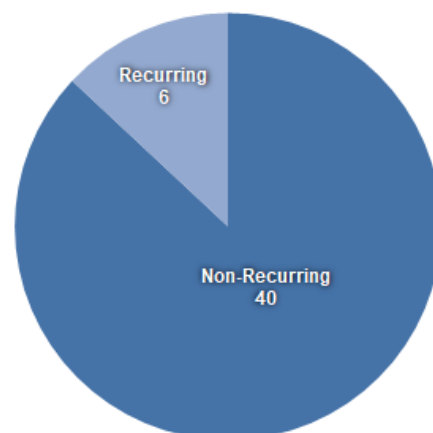
## C Diff (HAI/HCAI)

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 Aug-21



### National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	13.1	8.0	7.9	9.3	7.7	14.0	10.0
Scotland	15.1	13.6	15.4	17.4	16.4	15.8	14.6

### 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

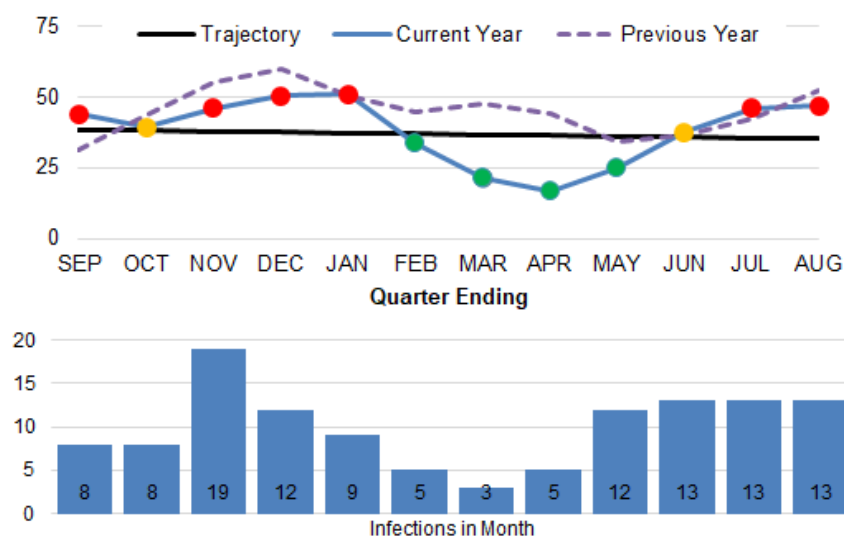
20.1 Reducing recurrence of CDI	By Mar-22
<p>Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection.</p> <p>To reduce recurrence of CDI Infection for patients 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.</p>	
20.2 Reduce overall prescribing of antibiotics	By Mar-22
<p>NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage.</p> <p>Empirical antibiotic guidance and the revised Microguide app has been circulated to all GP practices.</p>	
20.3 Optimise communications with all clinical teams in ASD & the HSCP	By Mar-22
<p>Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates.</p> <p>IPCN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion.</p> <p>The Ward Dashboard is continuously updated, for clinical staff to access CDI incidence by ward and is also displayed for public assurance.</p>	



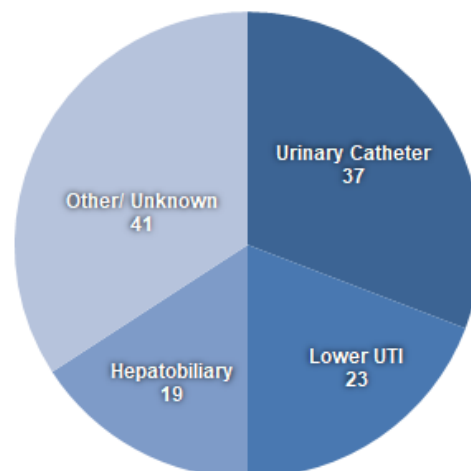
## ECB (HAI/HCAI)

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 Aug-21



### National Benchmarking

Quarter Ending	2019/20		2020/21				2021/22
	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	60.0	47.9	36.4	45.3	50.3	21.6	37.6
Scotland	40.8	36.4	39.7	42.0	40.9	34.7	38.2

### 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

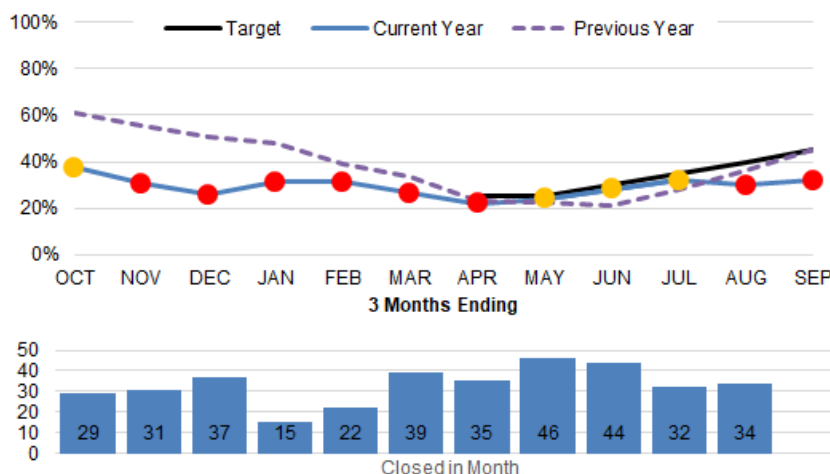
<b>20.1 Optimise communications with all clinical teams in ASD &amp; the HSCP</b>	<b>By Mar-22</b>
<p>Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. All CAUTI ECBs associated with traumatic insertion, removal or self removal are submitted for DATIX to assist understanding and learning.</p> <p>As part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX audit was proposed, with resulting LAERs for all catheter associated ECB (including without trauma) being undertaken by the patients clinical team. However, due to hospital pressures, all LAERs are currently on hold.</p>	
<b>20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)</b>	<b>By Mar-22</b>
<p>The UCIG meeting last met in July, with the September meeting being cancelled. 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 the district nursing service and staff in both private and NHS care homes as well as a QI CAUTI programme at Kelty GP Practice.</p>	



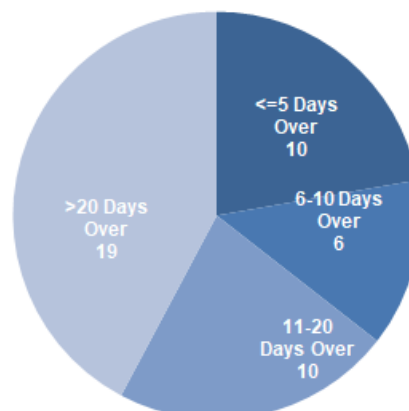
## Complaints | Stage 2

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

### Local Performance



### Closure Breaches; QE Sep-21



### Performance by Service Area

3-Month Ending	2020/21							2021/22				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	45.0%	37.3%	30.5%	25.8%	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%
Ack <= 3 Days (Monthly)	95.5%	93.1%	100.0%	100.0%	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%
ASD	52.8%	39.6%	34.0%	30.5%	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%
HSCP	26.1%	26.1%	15.4%	13.9%	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%

### KEY CHALLENGE(S) IN 2021/22

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

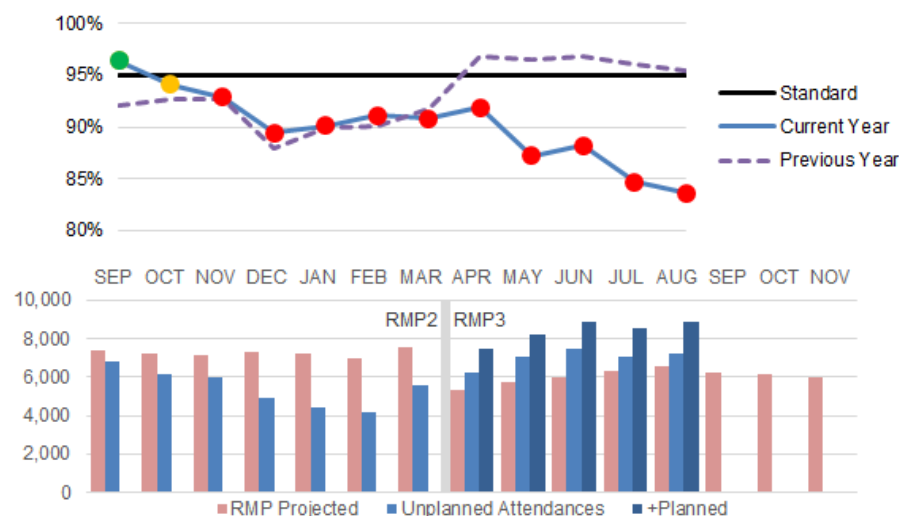
### IMPROVEMENT ACTIONS

<b>22.1 Review complaint handling process and agree measures to ensure quality</b>	<b>By Mar-22</b>
Patient Relations are completing in-house QA checks on draft final responses. A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but is on hold due to the ongoing response to COVID-19 and current capacity issues.	
<b>22.2 Improve education of complaint handling</b>	<b>By Mar-22</b>
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this is on hold due to the ongoing response to COVID-19 and current capacity issues. Bespoke training sessions with Fife Wide & Fife East took place in May and June, and the aim is that this will restart during the remainder of 2021, where there is capacity to do so.	

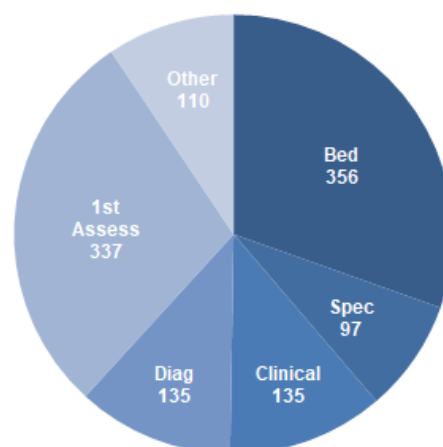
## 4-Hour Emergency Access

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; Aug-21



### National Benchmarking

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	96.4%	94.1%	92.9%	89.4%	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%
Scotland	92.1%	89.6%	89.8%	86.4%	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%

### 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

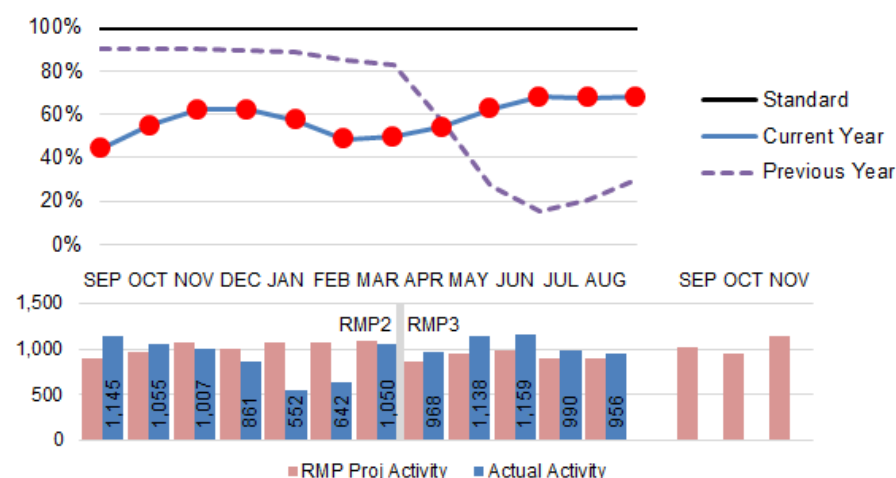
### IMPROVEMENT ACTIONS

<b>21.2 Integration of the Redesign of Urgent Care model and the Flow &amp; Navigation Hub</b>	<b>By Mar-22</b>
Flow and Navigation appointments to ED are now in place and the hub has expanded to handle GP calls previously taken through acute consultant staff in-hours. Early indication shows decreased referrals towards the end of the week and expansion for 24/7 handling is in planning.	
<b>22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways</b>	<b>By Nov-21</b>
Work continues on ED and MIU pathways via working groups. High numbers of presenters to ED continue to be walk ins, and local surveys have been carried out to source intelligence as to public knowledge of pathways and options for treatments.	
<b>22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds</b>	<b>By Nov-21</b>
Bed waits continue to be the principal reason for breaches. There has been an increase in 8-hour breaches due to capacity challenges across the site. All directorates are focussed on improvement actions which can improve flow into downstream wards and effectively manage admission demand from front door.	

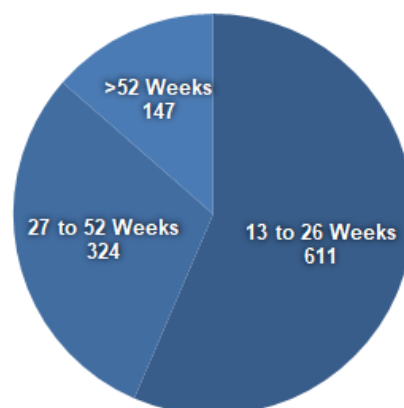
## Patient TTG

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

### Local Performance



### Breaches Breakdown Aug-21



### National Benchmarking

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	44.1%	54.9%	62.3%	62.3%	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.7%	68.2%
Scotland	30.0%	34.2%	37.4%	37.0%	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%		

### 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

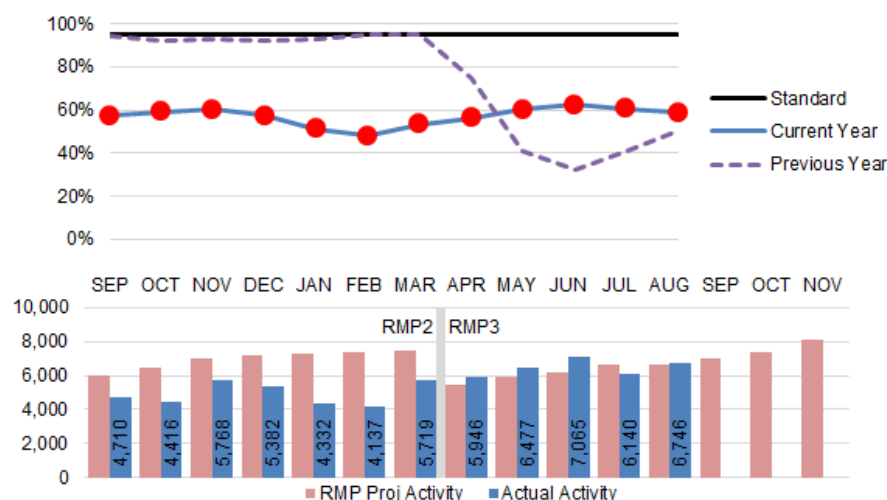
### IMPROVEMENT ACTIONS

<b>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</b>	<b>Complete Sep-21</b>
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review undertaken with revised plan submitted Action complete	
<b>22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling</b>	<b>By Mar-22</b>
Options appraisal to support a digital solution finalised	
<b>22.3 Undertake waiting list validation against agreed criteria</b>	<b>By Mar-22</b>
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains a key activity.	

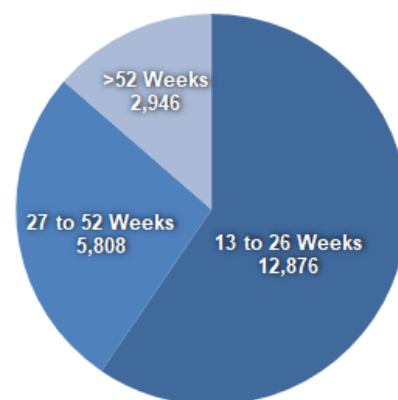
## New Outpatients

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

### Local Performance



### Breaches Breakdown Aug-21



### National Benchmarking

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	57.4%	59.3%	60.3%	57.5%	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%
Scotland	46.5%			47.8%	44.5%	43.9%	48.3%	50.4%	52.1%	53.1%		

### 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

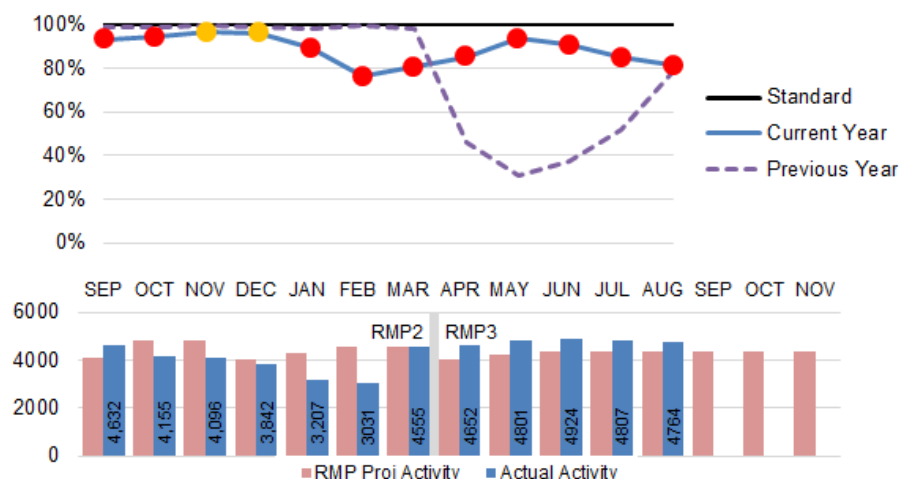
### IMPROVEMENT ACTIONS

<b>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</b>	<b>Complete Sep-21</b>
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review undertaken with revised plan submitted Action complete	
<b>22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity</b>	<b>By Mar-22</b>
ACRT and PIR being progressed in Directorates and waiting list validation continues	
<b>22.3 Actively promote and support staff wellbeing initiatives within the acute division</b>	<b>By Mar-22</b>
Directorates promoting and supporting initiatives	
<b>22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement</b>	<b>By Dec-21</b>
Remodelling work complete and shared with clinic staff, revised guidance issued however additional Infection Control guidance sought form local team	

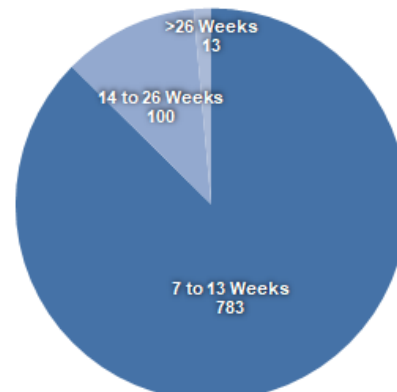
## Diagnostics Waiting Times

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

### Local Performance



### Breach Breakdown Aug-21



### National Benchmarking

	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	93.1%	94.3%	96.5%	95.9%	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%
Scotland	53.3%	52.3%	57.2%	55.9%	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%		

### 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

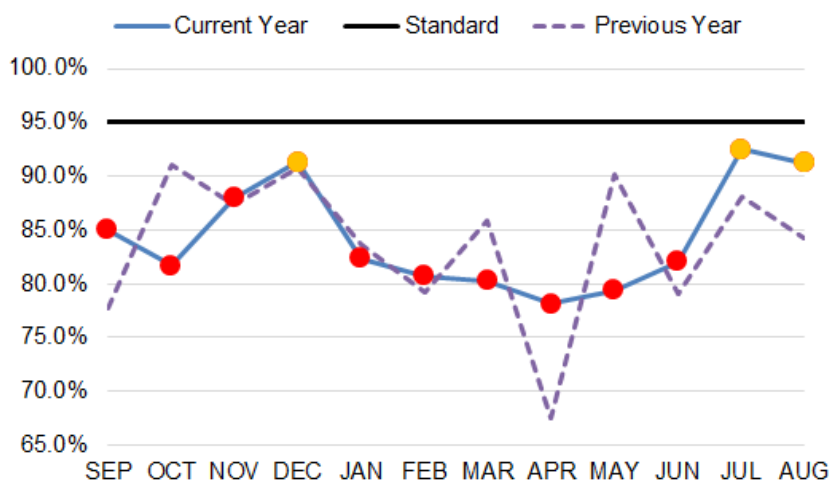
### IMPROVEMENT ACTIONS

<b>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</b>	<b>Complete Sep-21</b>
Monthly DCAQ monitoring in place, additional funding agreed with Scottish Government and formal review undertaken with revised plan submitted Action complete	
<b>22.2 Explore implementation of point of care testing in endoscopy</b>	<b>By Mar-22</b>
Testing platform chosen, governance processes to support implementation underway	
<b>22.3 Actively promote and support staff wellbeing initiatives within the acute division</b>	<b>By Mar-22</b>
Directorates promoting and supporting initiatives	

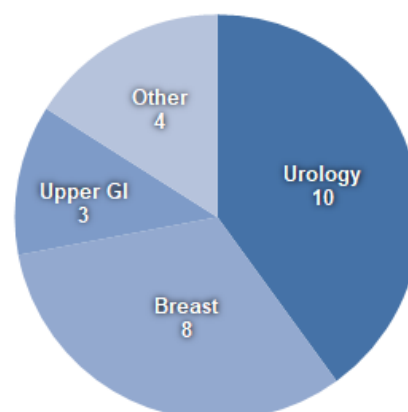
## Cancer 62-Day Referral to Treatment

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

### Local Performance



### Breaches: Jun to Aug 21



### National Benchmarking

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	85.0%	81.7%	88.0%	91.3%	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%
Scotland	86.5%	84.9%	84.8%	85.3%	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%

### KEY CHALLENGE(S) IN 2021/22

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

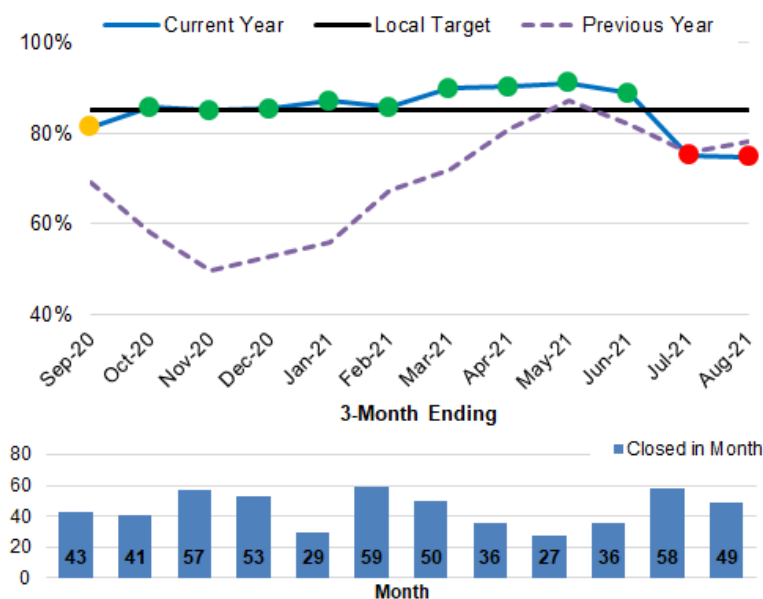
### IMPROVEMENT ACTIONS

<b>20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points</b>	<b>By Mar-22</b>
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.	
<b>20.4 Prostate Improvement Group to continue to review prostate pathway</b>	<b>By Mar-22</b>
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.	
<b>21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan</b>	<b>By Oct-21</b>
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.	
<b>22.1 Effective Cancer Management Review</b>	<b>By Mar-22</b>
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process.	

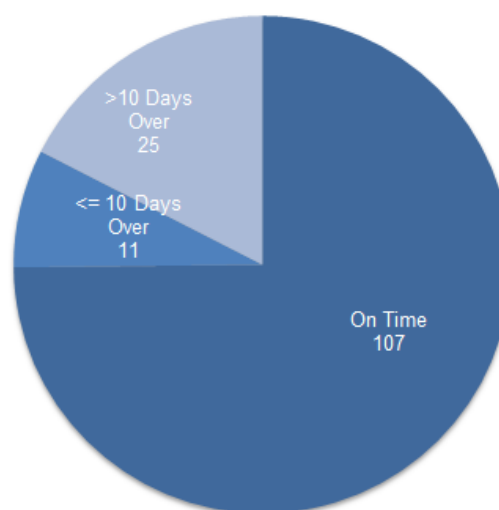
## Freedom of Information Requests

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

### Local Performance



### Closure Period, QE Aug-21



### Performance by Service Area

Monthly	2020/21							2021/22				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Health Board	82.1%	96.8%	87.5%	93.5%	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%
IJB	75.0%	50.0%	88.9%	14.3%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%

### 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 an Information Governance and Security Advisor is overseeing FOI administration. 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 Jun 2021
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.

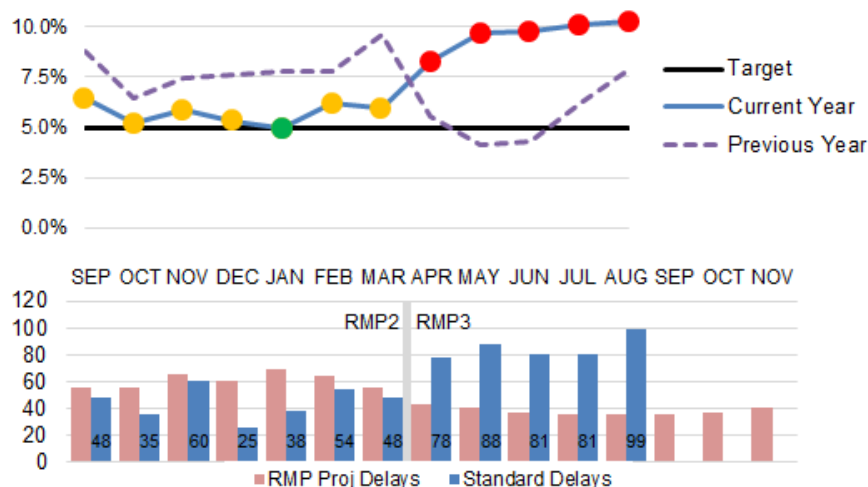
This action will be left open for the rest of 2021, while resourcing issues remain to be resolved.



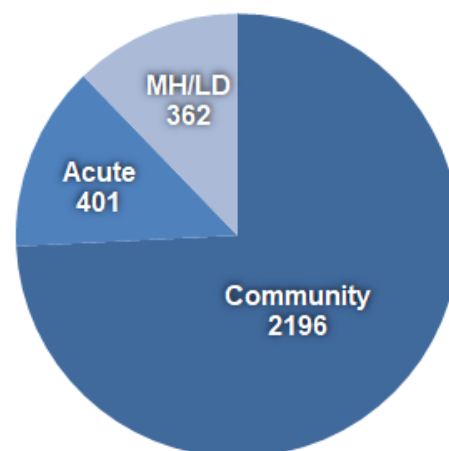
## Delayed Discharges (Bed Days Lost)

*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 | Aug-21



### National Benchmarking

		Quarter Ending	2018/19	2019/20				2020/21			
			Mar	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar
% Bed Days Lost		NHS Fife	8.9%	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.5%	5.6%
% Bed Days Lost		Scotland	6.5%	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%

### 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

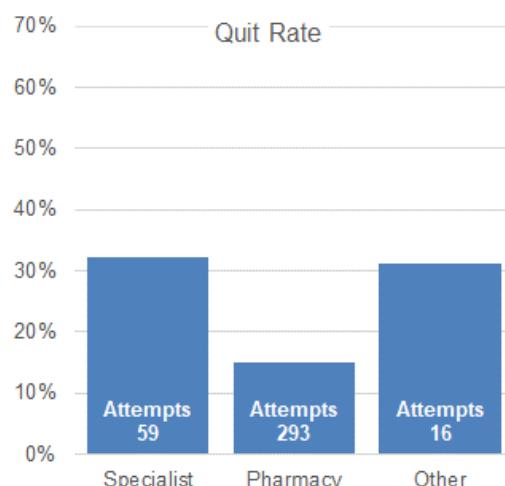
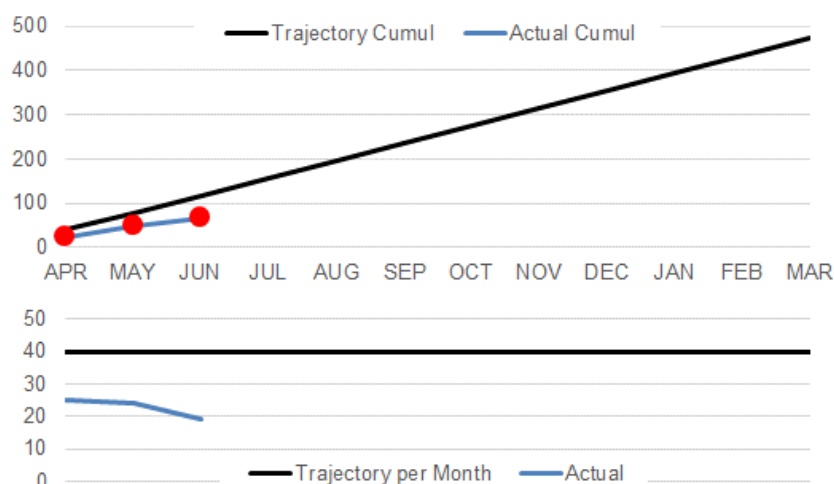
<b>21.1 Progress HomeFirst model / Develop a 'Home First' Strategy</b>	<b>By Dec-21</b>
The Oversight "Home First" group meeting with H&SC, NHS Fife, Fife Council and Scottish Care took place in April. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Regular monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
<b>22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals</b>	<b>Complete Jul 2021</b>
<b>22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community</b>	<b>By Jan-22</b>
An SBAR was submitted to the Senior leadership Team and a test of change will start on 4 <sup>th</sup> October, 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	24	19									
	Actual Cumul	25	49	68									
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	47
	Achieved	62.5%	62.0%	57.6%									
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

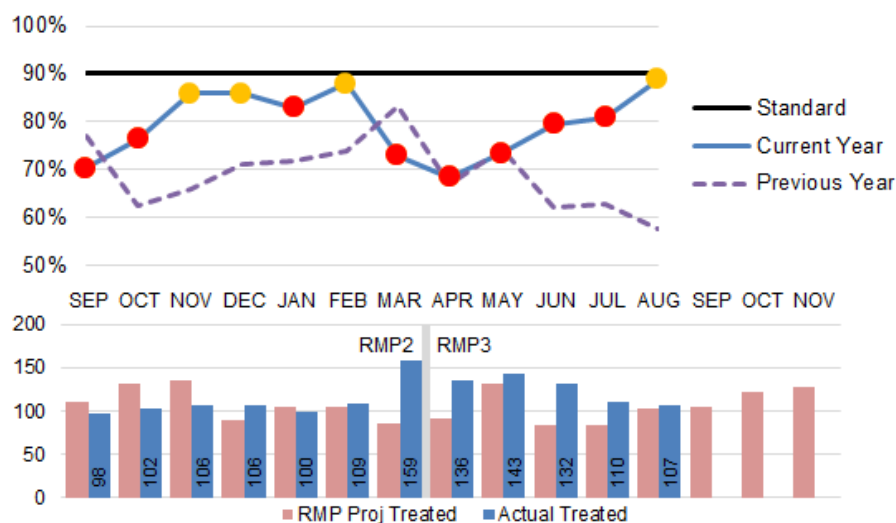
### IMPROVEMENT ACTIONS

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 Jul 2021
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	Complete Sep 2021
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.	
Action complete	
22.1 Test face to face provision in two GP practices and one community venue	By Mar-22
Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans.	

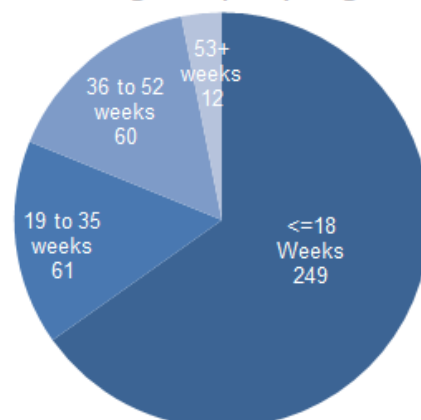
## CAMHS 18 weeks RTT

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

### Local Performance



### Waiting List (382) Aug-21



### National Benchmarking

Month	2020/21							2020/21				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	70.4%	76.5%	85.8%	85.8%	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%
Scotland	65.9%	73.4%	72.9%	72.9%	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%		

### 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

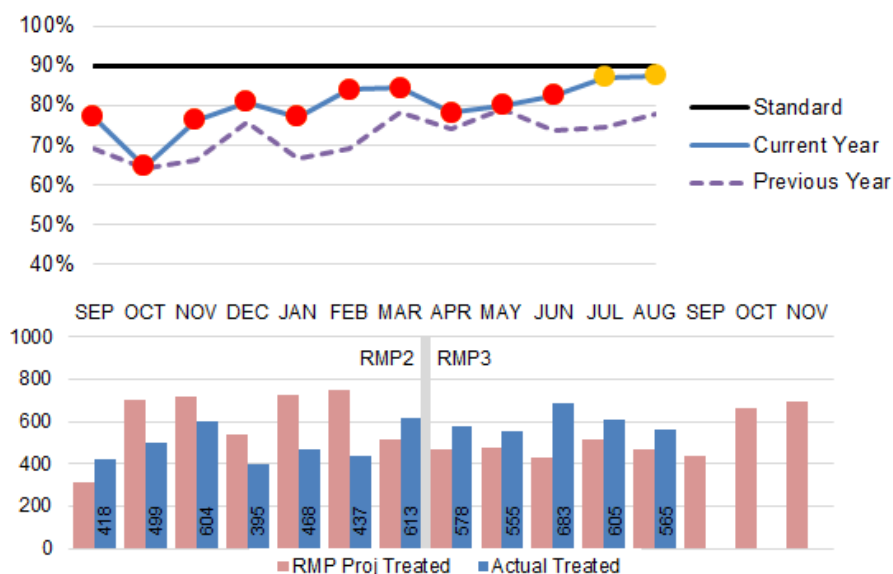
### IMPROVEMENT ACTIONS

<b>21.1 Re-design of Group Therapy Programme</b>	<b>Complete Jul 2021</b>
<b>21.3 Build CAMHS Urgent Response Team</b>	<b>By Dec-21</b>
<p>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 complement seeks to allow the consolidation of the CURT model through ensuring adequate staffing capacity to meet increasing demand.</p>	
<b>22.1 Recruitment of Additional Workforce</b>	<b>By Dec-21</b>
<p>Investment from Fife HSCP has resulted in resources being made available to recruit additional permanent (8) and temporary (3) staff. To date, 6 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.</p>	
<b>22.2 Workforce Development</b>	<b>By Dec-21</b>
<p>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.</p>	

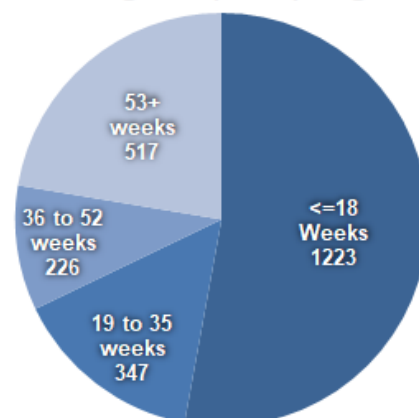
## Psychological Therapies 18 weeks RTT

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

### Local Performance



### Waiting List (2313) Aug-21



### National Benchmarking

Month	2020/21							2021/22				
	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG
NHS Fife	77.0%	64.7%	76.3%	80.8%	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%
Scotland	75.8%	79.4%	78.1%	83.2%	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%		

### 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

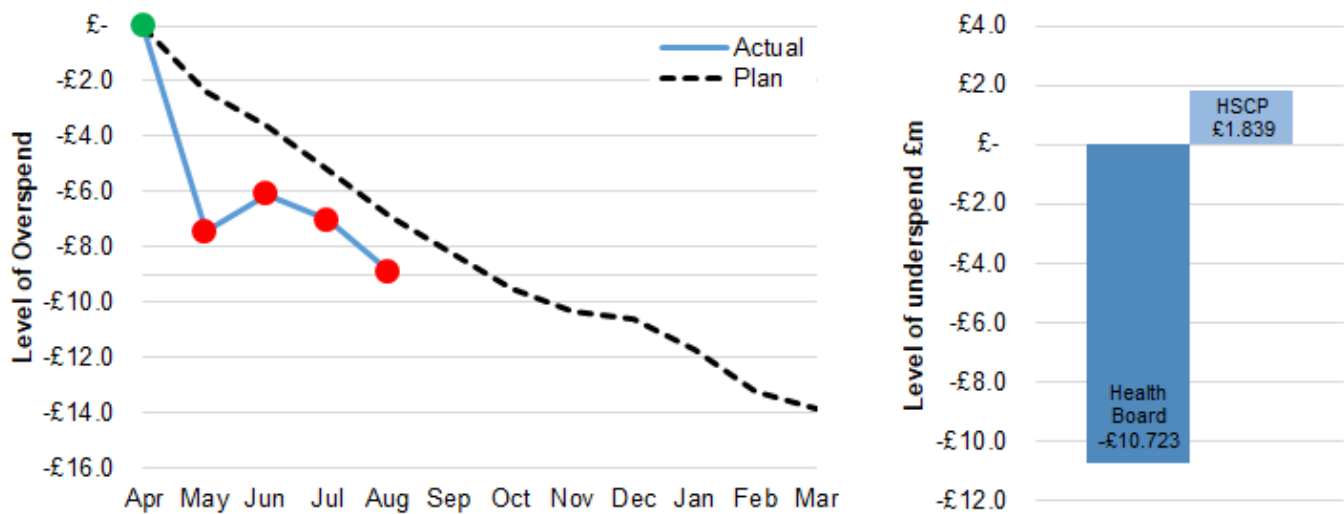
### IMPROVEMENT ACTIONS

<b>20.5 Trial of new group-based PT options</b>	<b>Complete Sep-21</b>
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, now mainstreamed as offer to people with complex needs impacting their personality. Pilot of Compassion Focused therapy group underway. Action complete	
<b>22.1 Increase access via Guided self-help service</b>	<b>Complete Sep-21</b>
Service now launched Action complete	
<b>22.2 Expansion of skill mix model to increase delivery of low intensity interventions in Clinical Health Psychology service</b>	<b>By Nov-21</b>
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 therapy. The impact of these changes is being evaluated.	
<b>22.3 Recruit new staff as per Psychological Therapies Recovery Plan</b>	<b>By Dec-21</b>
Recruitment is underway for staff trained to provide specialist and highly specialist PTs (as per Scottish Government definitions). Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion.	

## Revenue Expenditure

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

### Local Performance



### Expenditure Analysis

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	441,502	467,607	190,345	201,068	-10,723	-5.63%	-3,747	-6,976
Integration Joint Board (Health)	361,006	367,578	153,638	151,799	1,839	1.20%	1,839	0
Risk Share	0	0	0	0	0	0.00%	0	0
<b>Total</b>	<b>802,508</b>	<b>835,185</b>	<b>343,983</b>	<b>352,867</b>	<b>-8,884</b>	<b>-2.58%</b>	<b>-1,908</b>	<b>-6,976</b>

### Assessment

NHS Fife's Quarter 1 review meeting with Scottish Government colleagues was held on 6 September. The outcome of this process is awaited (Scottish Government continue their series of meetings with all Boards) which will inform future funding and an approach to funding long Covid savings. Notwithstanding, this report reviews the position to 31 August (month 5).

### 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 continue with Scottish Government in relation to supporting the remaining £13.7m this financial year; with work continuing to identify potential recurring cost saving reduction schemes and programmes for both this year and the next 2 financial years.

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; and ensuring this focus extends to develop the agreed plans required to deliver the legacy £13.7m target over the next 2 financial years.

## 1. RMP Joint Fife Mobilisation Plan

- 1.1 The Remobilisation Plan (RMP) process commenced last financial year. The RMP3 submitted in February 2021 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. The RMP4 guidance has been issued with returns due by 30 September 2021.

## 2. Financial Allocations

### 2.1 Revenue Resource Limit (RRL)

NHS Fife received confirmation of the August core revenue amount on 1 September. The updated core revenue resource limit (RRL) per the formal funding letter was confirmed at £764.901m; and anticipated allocations total £59.758m. Funding this month included £1.16m for Family Nurse Partnership and Unscheduled Care Additional Summer Funding £0.180m. The anticipated allocations include Primary Medical Services and New Medicines funding.

### 2.2 Non-Core Revenue Resource Limit

In addition, NHS Fife receives 'non-core' revenue resource limit funding for technical accounting entries which do not trigger a cash payment. This includes, for example, depreciation or impairment of assets. The non-core RRL anticipated funding totals £10.526m.

### 2.3 Total RRL

The total current year budget at 31 August is therefore £835.185m 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 at month 5 is detailed per Appendix 1b.

## 3. Summary Position

- 3.1 The revenue position for the 5 months to 31 August reflects an overspend of £8.884m; which comprises a core overspend of £3.194m (£1.908m run rate overspend, and £1.286m unmet savings); and 'long Covid' savings of £5.690m.
- 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 £10.723m is attributable to Health Board retained budgets; and an underspend of £1.839m is attributable to the health budgets delegated to the IJB.

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

Memorandum	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Health Board	441,502	467,607	190,345	201,068	-10,723	-5.63%	-3,747	-6,976
Integration Joint Board (Health)	361,006	367,578	153,638	151,799	1,839	1.20%	1,839	0
Risk Share	0	0	0	0	0	0.00%	0	0
<b>Total</b>	<b>802,508</b>	<b>835,185</b>	<b>343,983</b>	<b>352,867</b>	<b>-8,884</b>	<b>-2.58%</b>	<b>-1,908</b>	<b>-6,976</b>

Combined Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
Acute Services Division	208,954	219,729	95,497	105,003	-9,506	-9.95%	-3,652	-5,854
IBJ Non-Delegated	9,170	9,173	3,818	3,792	26	0.68%	41	-15
Estates & Facilities	76,559	77,020	31,765	31,557	208	0.65%	450	-242
Board Admin & Other Services	66,950	83,826	39,746	38,987	759	1.91%	999	-240
Non-Fife & Other Healthcare Providers	90,837	90,611	37,728	40,746	-3,018	-8.00%	-2,393	-625
Financial Flexibility & Allocations	15,013	23,872	798	0	798	100.00%	798	0
HB retained offsets	0	60	0	0	0	#DIV/0!	0	0
<b>Health Board</b>	<b>467,483</b>	<b>504,291</b>	<b>209,352</b>	<b>220,085</b>	<b>-10,733</b>	<b>-5.13%</b>	<b>-3,757</b>	<b>-6,976</b>
Integration Joint Board - Core	381,164	418,781	179,030	177,185	1,845	1.03%	1,845	0
HSCP offsets	0	270	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	18,559	7,440	0	0	0	0.00%	0	0
<b>Sub-total Integration Joint Board Core</b>	<b>399,723</b>	<b>426,491</b>	<b>179,030</b>	<b>177,185</b>	<b>1,845</b>	<b>1.03%</b>	<b>1,845</b>	<b>0</b>
IBJ Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
<b>Total Integration Joint Board - Health</b>	<b>399,723</b>	<b>426,491</b>	<b>179,030</b>	<b>177,185</b>	<b>1,845</b>	<b>1.03%</b>	<b>1,845</b>	<b>0</b>
<b>Total Expenditure</b>	<b>867,206</b>	<b>930,782</b>	<b>388,382</b>	<b>397,270</b>	<b>-8,888</b>	<b>-2.29%</b>	<b>-1,912</b>	<b>-6,976</b>
<b>IBJ - Health</b>	<b>-38,717</b>	<b>-58,913</b>	<b>-25,392</b>	<b>-25,386</b>	<b>-6</b>	<b>0.02%</b>	<b>-6</b>	<b>0</b>
<b>Health Board</b>	<b>-25,981</b>	<b>-36,684</b>	<b>-19,007</b>	<b>-19,017</b>	<b>10</b>	<b>-0.05%</b>	<b>10</b>	<b>0</b>
<b>Miscellaneous Income</b>	<b>-64,698</b>	<b>-95,597</b>	<b>-44,399</b>	<b>-44,403</b>	<b>4</b>	<b>-0.01%</b>	<b>4</b>	<b>0</b>
<b>Net Position Including Income</b>	<b>802,508</b>	<b>835,185</b>	<b>343,983</b>	<b>352,867</b>	<b>-8,884</b>	<b>-2.58%</b>	<b>-1,908</b>	<b>-6,976</b>

**3.3** The combined position is further analysed by core; and Covid-19 as per tables 2 and 3 below. This approach allows transparency of the core position as distinct from additional Covid costs for which funding will be confirmed as part of the formal Q1 review process.

**Table 2: Summary Core Financial Position for the period ended August 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	208,954	216,318	92,086	96,275	-4,189	-4.55%	-3,652	-537
IBJ Non-Delegated	9,170	9,173	3,818	3,778	40	1.05%	41	-1
Estates & Facilities	76,559	76,586	31,331	30,907	424	1.35%	450	-26
Board Admin & Other Services	66,950	81,412	37,332	36,430	902	2.42%	999	-97
Non-Fife & Other Healthcare Providers	90,837	90,611	37,728	40,746	-3,018	-8.00%	-2,393	-625
Financial Flexibility & Allocations	15,013	23,872	798	0	798	100.00%	798	0
HB retained offsets	0	0	0	0	0	#DIV/0!	0	0
<b>Health Board</b>	<b>467,483</b>	<b>497,972</b>	<b>203,093</b>	<b>208,136</b>	<b>-5,043</b>	<b>-2.48%</b>	<b>-3,757</b>	<b>-1,286</b>
Integration Joint Board - Core	381,164	412,716	172,965	171,120	1,845	1.07%	1,845	0
HSCP offsets	0	0	0	0	0	0.00%	0	0
Integration Fund & Other Allocations	18,559	7,440	0	0	0	0.00%	0	0
<b>Sub-total Integration Joint Board Core</b>	<b>399,723</b>	<b>420,156</b>	<b>172,965</b>	<b>171,120</b>	<b>1,845</b>	<b>1.07%</b>	<b>1,845</b>	<b>0</b>
IBJ Risk Share Arrangement	0	0	0	0	0	0.00%	0	0
<b>Total Integration Joint Board - Health</b>	<b>399,723</b>	<b>420,156</b>	<b>172,965</b>	<b>171,120</b>	<b>1,845</b>	<b>1.07%</b>	<b>1,845</b>	<b>0</b>
<b>Total Expenditure</b>	<b>867,206</b>	<b>918,128</b>	<b>376,058</b>	<b>379,256</b>	<b>-3,198</b>	<b>-0.85%</b>	<b>-1,912</b>	<b>-1,286</b>
<b>IBJ - Health</b>	<b>-38,717</b>	<b>-58,913</b>	<b>-25,392</b>	<b>-25,386</b>	<b>-6</b>	<b>0.02%</b>	<b>-6</b>	<b>0</b>
<b>Health Board</b>	<b>-25,981</b>	<b>-36,684</b>	<b>-19,007</b>	<b>-19,017</b>	<b>10</b>	<b>-0.05%</b>	<b>10</b>	<b>0</b>
<b>Miscellaneous Income</b>	<b>-64,698</b>	<b>-95,597</b>	<b>-44,399</b>	<b>-44,403</b>	<b>4</b>	<b>-0.01%</b>	<b>4</b>	<b>0</b>
<b>Net Position Including Income</b>	<b>802,508</b>	<b>822,531</b>	<b>331,659</b>	<b>334,853</b>	<b>-3,194</b>	<b>-0.96%</b>	<b>-1,908</b>	<b>-1,286</b>



**Table 3: Summary Covid-19 Financial Position for the period ended August 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	3,411	3,411	8,728	-5,317		0	-5,317
IJB Non-Delegated	0	0	0	14	-14		0	-14
Estates & Facilities	0	434	434	650	-216		0	-216
Board Admin & Other Services	0	2,414	2,414	2,557	-143		0	-143
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
<b>Health Board</b>	<b>0</b>	<b>6,319</b>	<b>6,259</b>	<b>11,949</b>	<b>-5,690</b>		<b>0</b>	<b>-5,690</b>
Integration Joint Board - Core	0	6,065	6,065	6,065	0		0	0
HSCP offsets	0	270	0	0	0		0	0
Integration Fund & Other Allocations	0	0	0	0	0		0	0
<b>Sub-total Integration Joint Board Core</b>	<b>0</b>	<b>6,335</b>	<b>6,065</b>	<b>6,065</b>	<b>0</b>		<b>0</b>	<b>0</b>
IJB Risk Share Arrangement	0	0	0	0	0		0	0
<b>Total Integration Joint Board - Health</b>	<b>0</b>	<b>6,335</b>	<b>6,065</b>	<b>6,065</b>	<b>0</b>		<b>0</b>	<b>0</b>
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
<b>Total Expenditure</b>	<b>0</b>	<b>12,654</b>	<b>12,324</b>	<b>18,014</b>	<b>-5,690</b>		<b>0</b>	<b>-5,690</b>

## 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 £4.189m**. 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 £3.652m, and unachieved savings of £0.537m per Table 2. The core run rate position is mainly driven by pay across three staffing groups; Nursing £1.399m, Junior Medical and Dental £0.746m and Senior Medical £0.286m. Nursing overspend continues to be prominent across Care of the Elderly, Obstetrics and Gynaecology, and Colorectal due to unfunded cost pressures, incremental progression, and safer staffing requirements. Junior medical and dental continue to receive banding supplements in Emergency Care, with unfunded clinical fellows also contributing to the cost pressure. Junior medical and dental staff in WCCS will also require banding supplements dating back to February 2021, with the value yet to be confirmed. Elderly medicine and A&E consultant costs are partially offset by GI vacancies in Emergency Care, and WCCS have cost pressures against Paediatric consultants. Recruitment is in progress to recruit to some consultant posts currently being covered by locums, however they are not expected to be in post before March 2022.

Non pay cost pressures total £1.130m, with medicines overspend of £1.697m. The expenditure on drugs in 2021/22 has increased by 18% compared to the same period last year. Haematology / oncology drugs make up a significant proportion of this increase, with SMC approvals for further indications having an impact. The medicines overspend is partially offset by underspend on surgical sundries £0.417m and diagnostic supplies £0.257m. There is an expectation that these underspends will be utilised later in the year to accommodate increased levels of activity relating to waiting times initiatives. Opportunities on underspending areas need to be explored to determine if these are being driven by a change in service requirement which could be a savings initiative.

Robotic assisted surgery became operational this month. The core position currently carries the cost of unfunded instruments at £0.054m year to date, offset by opportunistic underspend. Redesign of Urgent Care (RUC) 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. The expenditure against the Navigation Flow Hub will be monitored on a fortnightly basis alongside the other workstreams that are focusing on RUC.

Government funding is expected to cover the cost of both elective and unscheduled care waiting list initiatives and there should be no associated costs in the core position.

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

Core Position	Budget			Expenditure			Variance Split By	
	FY £'000	CY £'000	YTD £'000	Actual £'000	Variance £'000	Variance %	Run Rate £'000	Savings £'000
<b>Acute Services Division</b>								
Planned Care & Surgery	72,591	76,251	32,116	32,271	-155	-0.48%	-481	326
Emergency Care & Medicine	77,108	79,460	34,626	38,042	-3,416	-9.87%	-3,132	-284
Women, Children & Clinical Services	56,658	57,988	24,429	25,089	-660	-2.70%	-75	-585
Acute Nursing	874	894	380	318	62	16.32%	62	0
Other	1,723	1,725	535	555	-20	-3.74%	-26	6
<b>Total</b>	<b>208,954</b>	<b>216,318</b>	<b>92,086</b>	<b>96,275</b>	<b>-4,189</b>	<b>-4.55%</b>	<b>-3,652</b>	<b>-537</b>

## 4.2 IJB Non-Delegated

The IJB Non-Delegated budget reports an **underspend of £0.040m**. This is being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.

## 4.3 Estates & Facilities

The Estates and Facilities budgets report an **underspend of £0.424m**. This comprises an underspend in pay of £0.245m across several departments including support services, catering, laundry and transport; and non pay underspend of £0.147m on PPP and £0.361m on rates, which has improved due to receipt of disabled rate relief for Lynebank. Heating fuel and power have a year to date underspend of £0.104m which is in keeping with the continued favourable weather. This underspend is partially offset by an overspend on property maintenance of £0.172m, equipment £0.099m and postage £0.081m with the balance being due to the shortfall in delivery of savings.

## 4.4 Corporate Services

Within the Board's corporate services there is an **underspend of £0.902m**. 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 (£0.197m) and Nursing (£0.156m) directorates. Digital and Information's underspend is largely attributable to a VAT rebate of £0.228m in July offset against various overspends. 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.

Public Health are continuing 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 £3.018m** per Appendix 3. As reported last month, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are ongoing. Savings yet to be delivered in this area amount to £0.625m.

## 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 £0.798m** has been released at month 5, with further detail shown in Appendix 4.

## 4.7 Integration Services

The health budgets delegated to the Integration Joint Board shows an **underspend of £1.845m**. The underlying drivers for the run rate underspend are predominantly driven by ongoing vacancies across several services including: ICASS; administrative teams; district nursing; sexual health and rheumatology; all AHP services; child health; learning disabilities; mental health; psychology; health promotion; and general dental services. Mental health continues to see an increase in addictions costs due to activity and laboratory costs for toxicology reports. Work is still ongoing to determine whether additional ADP funding can be sourced to support activity growth over recent years. The mental health services position continues to improve as medical locum costs reduce on the lead up to appointment of 8 consultants which will commence in September. Where surge bed activity has resulted from the impact of Covid-19 this has been captured and reflected as Covid-19 expenditure.

The underspend on non pay of £0.396m is mainly attributable to medicines within sexual health where the anticipated number of Hep C patients in 21/22 is less than previously expected.

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.



Following a review of the Integration Scheme by the respective partners, 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 £0.004m is shown for the period to August.

## 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 August 2021**

Combined Position	Annual Budget	Budget	Actual	Net (Over)/Under
Pan-Fife Analysis	£'000	£'000	£'000	£'000
Pay	424,018	181,812	182,315	-504
GP Prescribing	74,587	31,278	31,266	12
Drugs	32,762	14,831	16,091	-1,259
Other Non Pay	385,706	166,639	167,598	-958
Efficiency Savings	-17,603	-6,976	0	-6,976
Commitments	31,312	798	0	798
Income	-95,597	-44,399	-44,403	4
<b>Net overspend</b>	<b>835,185</b>	<b>343,983</b>	<b>352,868</b>	<b>-8,884</b>

## 5.2 Pay

The overall pay budget reflects an overspend of £0.504m. This comprises an Acute Services pay overspend of £2.523m. Nurse staffing accounts for 60% of this, with unfunded incremental progression, supervision policies and safer staffing being the main factors. Senior medical agency costs account for the remaining 40%, and whilst appointments are underway, the lead time on senior posts means they will not be in post until nearer the end of the financial year. This is offset against underspend across multiple directorates including community care services £0.380m, primary and preventative services £0.443m, complex and critical services £0.438m, corporate £0.363m and facilities £0.183m where vacancies are having an impact.

Against a total funded establishment of 8,222 wte across all staff groups, there was an average 8,721 wte staff in post in August (based on permanent staff plus additional hours worked and bank staff). The increase in staff in post reflects the additional staffing complement beyond recurring funded establishment and is funded from non-recurring sources - in the main, Covid funding. Work continues in that regard 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 £1.247m on medicines. Full quarter 1 2021/22 (April – June) GP prescribing data is now available. Using that data, other available indicators and 2 years previous breakeven outturns, the GP prescribing position to August 21 is estimated to be breakeven. To date no significant costs have been identified as being rechargeable to Covid-19 expenditure, however an analysis of quarter 1 data can now be carried out. The forecast financial year end position is also estimated to be breakeven. Whilst the pandemic and economic situation leave supply, demand and prices of medicines at risk to increases, several positive factors influencing prescribing are also on the horizon; a move to single East Region Formulary, stabilised tariff prices and new Primary Care Rebate schemes.

Acute medicines reflect an overspend of £1.697m. The main overspend is in Haematology which is over budget by £1.126m partly due to unconfirmed spend on drugs requiring funding from the new medicines reserve. Neurology is overspent at £0.325m, 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. Whilst costs have been identified and recharged relating to the impact of Covid-19 on the cancer medicines spend, further work is being done to explore whether the scope can be increased.

## 5.4 Other Non-Pay

Other non-pay budgets across NHS Fife are collectively overspent by £0.958m. A significant element of overspend is attributable to Non Fife and Other Healthcare Providers across both SLAs and UNPACS is £2.394m as discussed above. Further overspends derive from purchase of equipment £0.489m, property maintenance

£0.187m and postage £0.111. These overspends are offset by underspends within travel and subsistence £0.445m, surgical sundries and supplies £0.344m and CSSD/diagnostic supplies £0.107m.

## 5.5 Efficiency Savings

The unmet efficiency savings of £6.976m comprise unmet core savings of £1.286m and unachieved legacy savings for which we seek funding support of £5.690m.

## 6 **Other Funding Allocations**

### 6.1 Covid-19 funding allocation

We received initial Covid-19 funding of £11.580m in our June allocation to encompass; Test and protect; vaccination funding (Covid-19 and extended flu vaccination programmes); and a general Covid funding allocation. This initial allocation is based on c50% of the retained Health Board's forecast costs per the financial planning process. There was no funding received in this tranche for Health delegated/Integration Authority given the requirement to use the carry forward of reserves from the 2020/21 financial year in the first instance. Additional funded Covid-19 spend to month 5 per Table 3 above is £12.324m; with the long Covid unmet savings to month 5 of £5.690m remaining as a gap until the outcome on funding approach is known following conclusion of the formal quarter one process.

### 6.2 Waiting List Funding

Waiting list funding of £9.750m based our RMP3 submission has been received to date and work is ongoing to ensure delivery of activity as laid out in our submission and correspondence with SG.

### 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 on which we seek 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 Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to August £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	3,538	696	4,234	3,947
					0		0
Total Savings	21,837	8,181	13,656	3,538	696	4,234	3,947

**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	-407	593	-41	959
Pay Vacancy Factor (1%)	3,015	Medium	-3,015	0	-3,015	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	-129	1,371	0	1,500
Procurement - Non pay	500	Medium	0	500	0	500
Other	166	Low	-624	-458	-482	-316
	<b>8,181</b>		<b>-4,234</b>	<b>3,947</b>	<b>-3,538</b>	<b>4,643</b>

## 8 Forecast Q1

- 8.1 Our assessment (at month 5) of our forecast outturn to the year end remains as reported to Scottish Government at Q1 - 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.
- 8.2 The projected forecast does not include any risk share with the Health and Social Care Partnership - any emerging potential risk share identified by the HSCP will require robust review and discussion with the Chief Finance Officer.
- 8.3 In arriving at this forecast outturn, we have signposted to Scottish Government our request for non-core ADEL (Additional Departmental Expenditure Limit) funding of £2m. Existing and planned qualifying expenditure to include replacement of obsolete equipment and software that would normally be charged to revenue has been identified. Approval of this funding would assist in managing the core run rate overspend particularly in our Acute Services Division.
- 8.4 In addition, whilst some progress is being made, in that limited funding has been received, we remain c£5m-£8m away from NRAC funding parity across Scotland. This has a significant bearing on our financial planning arrangements and our qualitative and quantitative performance.

## 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 £3.194m for the 5 months to date
- **Note** the £5.690m underlying unachieved 'long Covid' savings, to month 5;
- **Note** the combined position of the core and Covid-19 position inform an overall overspend of £8.884m
- **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 last month to Scottish Government.

## FINANCE, PERFORMANCE & RESOURCES: FINANCE

## Appendix 1a: Revenue Resource Limit

[illegible]

### Appendix 1b: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total £000's	Included within Health Delegated Budgets		Balance £000's
		To M5 £000's	Anticipated £000's	
Vaccine	740	740		0
Care homes	526			526
Urgent Care Redesign	935	704		231
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
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	527	224	499
<b>Total</b>	<b>11,308</b>	<b>3,685</b>	<b>224</b>	<b>7,399</b>

## Appendix 2: Corporate Directories – Core Position

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Digital and Information	13,085	5,490	5,291	199
Nhs Fife Chief Executive	215	80	96	-16
Nhs Fife Finance Director	6,696	2,723	2,526	197
Nhs Fife Medical Director	8,219	3,011	2,911	100
Nhs Fife Nurse Director	4,245	1,802	1,647	156
Legal Liabilities	11,128	8,707	8,665	42
Early Retirements & Injury Benefits	491	12	-63	75
Regional Funding	222	117	104	13
Depreciation	19,040	7,665	7,665	0
Nhs Fife Public Health	2,651	1,425	1,382	43
Nhs Fife Workforce Directorate	3,219	1,358	1,350	8
Pharmacy Services	12,200	4,942	4,855	86
<b>Total</b>	<b>81,412</b>	<b>37,332</b>	<b>36,430</b>	<b>902</b>

## Appendix 3: Service Agreements

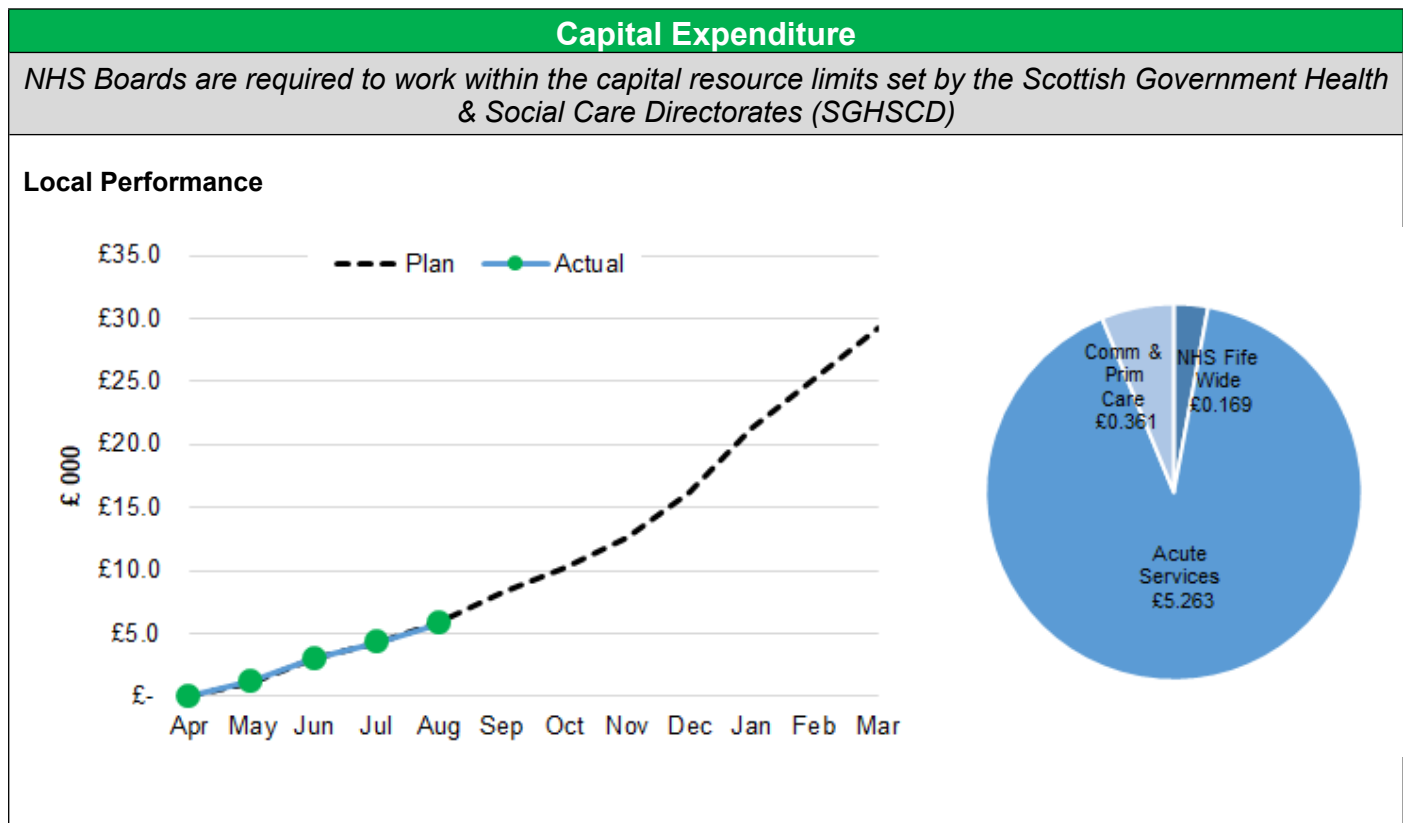
	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
<b>Health Board</b>				
Ayrshire & Arran	99	41	40	1
Borders	45	19	24	-5
Dumfries & Galloway	25	11	24	-13
Forth Valley	3,227	1,344	1,598	-254
Grampian	365	152	118	34
Greater Glasgow & Clyde	1,680	700	698	2
Highland	137	57	55	2
Lanarkshire	117	49	106	-57
Lothian	31,991	13,330	14,161	-831
Scottish Ambulance Service	103	43	42	1
Tayside	41,584	17,326	17,619	-293
Savings	-1,500	-625		-625
	<b>77,873</b>	<b>32,447</b>	<b>34,485</b>	<b>-2,038</b>
<b>UNPACS</b>				
Health Boards	10,801	4,500	5,577	-1,077
Private Sector	1,151	480	624	-144
	<b>11,952</b>	<b>4,980</b>	<b>6,201</b>	<b>-1,221</b>
<b>OATS</b>				
	721	301	61	240
<b>Grants</b>				
	65			0
<b>Total</b>	<b>90,611</b>	<b>37,728</b>	<b>40,746</b>	<b>-3,018</b>

## Appendix 4 - Financial Flexibility & Allocations

	£'000	Flexibility Released to August-21 £'000
<b>Financial Plan</b>		
Drugs	3,786	0
CHAS	408	0
Junior Doctor Travel	33	4
Discretionary Points	209	0
Consultant Increments	216	73
Cost Pressures	3,883	656
Developments	2,164	65
<b>Sub Total Financial Plan</b>	<b>10,699</b>	<b>798</b>
<b>Allocations</b>		
Waiting List	5,306	0
AME: Impairment	743	0
AME: Provisions	866	0
Insulin Pumps	0	0
Community Pharmacy Champion	19	0
Pay Award:AfC	1,695	0
6 Essential Action	456	0
ICU	485	0
Test & Protect	1,261	0
Covid 19	709	0
Winter	661	0
Cervical Incident	3	0
Cancer Waiting Time	622	0
Scottish Health Survey	18	0
Implementation Health & Care Act	68	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
<b>Sub Total Allocations</b>	<b>13,173</b>	<b>0</b>
<b>Total</b>	<b>23,872</b>	<b>798</b>

## 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
<b>Allocations Q1</b>	8,702	2,878		11,580	
<b>HSCP ear marked reserve</b>		1,694		1,694	
<b>Anticipated allocation</b>		1,494		1,494	
<b>Total funding</b>	<b>8,702</b>	<b>6,066</b>	<b>0</b>	<b>14,768</b>	<b>0</b>
<b>Allocations made for Apr to August</b>					
Planned Care & Surgery	411			411	
Emergency Care & Medicine	2,200			2,200	
Women, Children & Clinical Services	800			800	
Acute Nursing	0			0	
Estates & Facilities	434			434	
Board Admin & Other Services	854			854	
Public Health Scale Up	473			473	
Test and Protect	1,560			1,560	
Primary Care & Prevention Serv		70		70	
Community Care Services		428		428	
Complex & Critical Care Serv		159		159	
Professional/Business Enabling		93		93	
Covid Vaccine/Flu		5,316		5,316	
Social Care					
<b>Total allocations made to M5</b>	<b>6,732</b>	<b>6,066</b>	<b>0</b>	<b>12,798</b>	<b>0</b>
<b>Balance In Reserves</b>	<b>1,970</b>	<b>0</b>	<b>0</b>	<b>1,970</b>	<b>0</b>



## 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 £29.257m. For the year to date, NHS Fife has received £7.394m as a capital allocation. 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: Energy Scheme Funding of £1.8m: Scheme Development Funding £0.05m. NHS Fife is also requesting to convert £0.072m Cancer Waiting Times Funding from revenue to capital.

NHS Fife is linking with the national infrastructure board on equipment requests to ascertain new and replacement equipment priorities across Scotland. Nationally there may be slippage in capital and NHS Fife has made submissions to this process. This may inform, as a minimum, potential additional capital funding for our required radiology replacement scanner this year.

Due to the current climate there are significant potential risks associated with the capital programme this year and NHS Fife feels it is prudent to highlight them at this time. There are risks regarding the availability of materials, price increases on materials, lead times and deliverability within the financial year end. NHS Fife is striving to mitigate these risks wherever possible.

## 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 - however the GP's have now put in an objection to the planning department

## 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 £5.79m this equates to 19.8% 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	£1.716m
Equipment	£0.470m
Digital	£0.160m
Elective Orthopaedic Centre	£3.211m
Health Centres	£0.170m

#### 4. Recommendation

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

**note** the capital expenditure position to 31 August 2021 of £5.79m and the year end spend of the total anticipated capital resource allocation of £29.257m.

## Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
<b>COMMUNITY &amp; PRIMARY CARE</b>			
Clinical Prioritisation	123	60	123
Statutory Compliance	349	69	349
Capital Equipment	129	59	129
Condemned Equipment	24	0	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>625</b>	<b>188</b>	<b>625</b>
<b>ACUTE SERVICES DIVISION</b>			
Statutory Compliance	2,942	1,638	2,942
Capital Equipment	1,625	331	1,625
Clinical Prioritisation	111	1	111
Condemned Equipment	63	9	63
<b>Total Acute Services Division</b>	<b>4,741</b>	<b>1,979</b>	<b>4,741</b>
<b>NHS FIFE WIDE SCHEMES</b>			
SG Payback Balance	200	0	200
Equipment Balance	51	0	51
Information Technology	1,000	160	1,000
Clinical Prioritisation	267	0	267
Statutory Compliance	89	0	89
General Reserve - Equipment	99	0	99
Pharmacy Equipment	200	0	200
Condemned Equipment	3	0	3
Fire Safety	60	9	60
Vehicles	60	0	60
Wash Hand Basin Replacement	0	0	0
<b>Total NHS Fife Wide Schemes</b>	<b>2,028</b>	<b>169</b>	<b>2,028</b>
<b>TOTAL CAPITAL ALLOCATION FOR 2021/22</b>	<b>7,394</b>	<b>2,336</b>	<b>7,394</b>
<b>ANTICIPATED ALLOCATIONS 2021/22</b>			
Elective Orthopaedic Centre	18,125	3,212	18,125
HEPMA	1,100	0	1,100
Kincardine Health Centre	323	73	323
Lochgelly Health Centre	517	100	517
Mental Health Review	76	0	76
Energy Funding Grant	1,800	0	1,800
Cancer Waiting Times Funding	72	72	72
Scheme Development Grant	50	0	50
SG Payback	-200	0	-200
<b>Anticipated Allocations for 2021/22</b>	<b>21,863</b>	<b>3,457</b>	<b>21,863</b>
<b>Total Anticipated Allocation for 2021/22</b>	<b>29,257</b>	<b>5,792</b>	<b>29,257</b>

## Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to July	August Adjustment	Total August
Routine Expenditure	£'000	£'000	£'000	£'000
<b>Community &amp; Primary Care</b>				
Capital Equipment	0	78	51	129
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	123	0	123
Covid Equipment	0	0	0	0
Statutory Compliance	0	343	6	349
Lochgelly Health Centre	0	0	0	0
Kincardine Health Centre	0	0	0	0
<b>Total Community &amp; Primary Care</b>	<b>0</b>	<b>568</b>	<b>56</b>	<b>625</b>
<b>Acute Services Division</b>				
Capital Equipment	0	1,323	302	1,625
Condemned Equipment	0	16	47	63
Cancer Waiting Times Equipment	0	0	0	0
Clinical Prioritisation	0	85	26	111
Statutory Compliance	0	2,958	-16	2,942
	<b>0</b>	<b>4,382</b>	<b>359</b>	<b>4,741</b>
<b>Fife Wide</b>				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,421	10	89
Fife Wide Equipment	1,805	-1,402	-353	51
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-207	-26	267
Condemned Equipment	90	-40	-47	3
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	5	0	99
Pharmacy Equipment	205	-5	0	200
Fife Wide Vehicles	0	60	0	60
Wash Hand Basin Replacement	0	0	0	0
<b>Total Fife Wide</b>	<b>7,394</b>	<b>-4,950</b>	<b>-415</b>	<b>2,028</b>
<b>Total Capital Resource 2021/22</b>	<b>7,394</b>	<b>0</b>	<b>0</b>	<b>7,394</b>

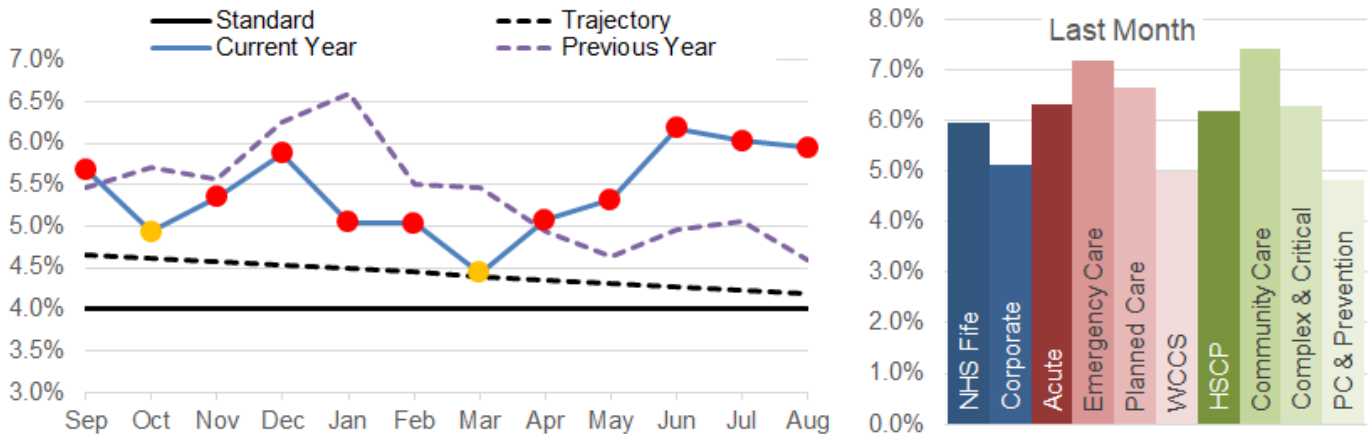
<b>ANTICIPATED ALLOCATIONS 2021/22</b>				
Elective Orthopaedic Centre	18,125	0	0	18,125
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	323	0	0	323
Lochgelly Health Centre	517	0	0	517
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Cancer Waiting Times Fundings	72	0	0	72
Scheme Development Grant	50	0	0	50
SG Payback	-200	0	0	-200
<b>Anticipated Allocations for 2021/22</b>	<b>21,863</b>	<b>0</b>	<b>0</b>	<b>21,863</b>

<b>Total Planned Expenditure for 2021/22</b>	<b>29,257</b>	<b>0</b>	<b>0</b>	<b>29,257</b>
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## Sickness Absence

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

### Local Performance



### National Benchmarking

Month	2020/21							2021/22				
	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
NHS Fife	5.69%	4.93%	5.35%	5.87%	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%
Scotland	4.96%	4.93%	4.96%	5.18%	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%

### 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

<b>22.1 Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions</b>	<b>By Mar-22</b>
The additional Occupational Health Physician is taking forward specific support for staff affected by Mental Health and mental health training for managers. This is in addition to the ongoing case work with Occupational Health, local managers and HR Officers and Advisors, with input from the specialist Occupational Health Mental Health Nurse.	
<b>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.</b>	<b>By Mar-22</b>
Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside monthly and bespoke training sessions and use of Tableau and Attendance Management system to identify and analyse "hot spots" / priority areas and trajectory setting / reporting. Communication was issued via StaffLink in May and July to reinforce attendance management processes, and discussions have been held, in partnership, to assess focus of improvement work in light of the changing context. Further scoping work is to be carried out.	
<b>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</b>	<b>By Nov-21</b>
Work has been undertaken with Digital & Information colleagues to provide initial COVID-19 specific absence reports and this will be refined to take account of systems developments. Weekly reports are now being provided to EDG.	

**MARGO MCGURK**

Director of Finance and Performance

19<sup>th</sup> October 2021

Prepared by:

**SUSAN FRASER**

Associate Director of Planning & Performance

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting Date:</b>	<b>Thursday 28 October 2021</b>
<b>Title:</b>	<b>NHS Fife Workforce Information Overview</b>
<b>Responsible Executive:</b>	<b>Linda Douglas, Director of Workforce</b>
<b>Report Author:</b>	<b>Brian McKenna, HR Manager – Workforce Planning</b>

## 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

Further to the discussion and papers provided at the July and September 2021 Staff Governance Committees on the provision of workforce information, the aim of which is provide context for specific topics on the Staff Governance agenda and to assist with the scrutiny and governance activity of the Committee, the attached report provides the third iteration of the NHS Fife Workforce Information Overview, for the last quarter to 30 September 2021.<sup>1</sup>

### 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 and ongoing high level overview for the Committee. This activity is underpinned by the continued 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 the workforce information at 30 September 2021, noting that the reporting schedule does not synchronise with some national data being published.<sup>1</sup> The information has been taken from a range of workforce systems and generated through our Tableau reporting tool. In addition, 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 the Protected Characteristics of NHS Fife's workforce.

## **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. This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

### **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 September 2021.<sup>1</sup>

Appendix 2: NHS Fife Workforce Protected Characteristics Overview Report.

### Report Contact:

Brian McKenna  
HR Manager – Workforce Planning  
e-mail: [brian.mckenna@nhs.scot](mailto:brian.mckenna@nhs.scot)

<sup>1</sup> Data is taken from information published by NHS Education for Scotland. This data has not yet been updated to reflect the quarter ending 30 September 2021



NHS FIFE WORKFORCE OVERVIEW REPORT  
30 SEPTEMBER 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 July 2021 to 30 September 2021

Summary Data: July 2021	Summary Data: August 2021	Summary Data: September 2021
Staff in Post	Staff in Post	Staff in Post
7,627 WTE	7,676 WTE	7,738 WTE
9,421 Headcount	9,516 Headcount	9,572 Headcount

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

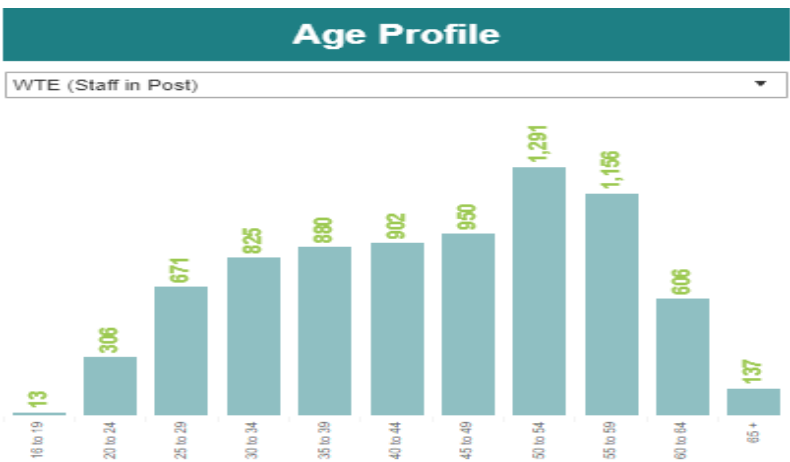


Table 3: NHS Fife Leavers and New Starts / Establishment Gap as at 30 September 2021

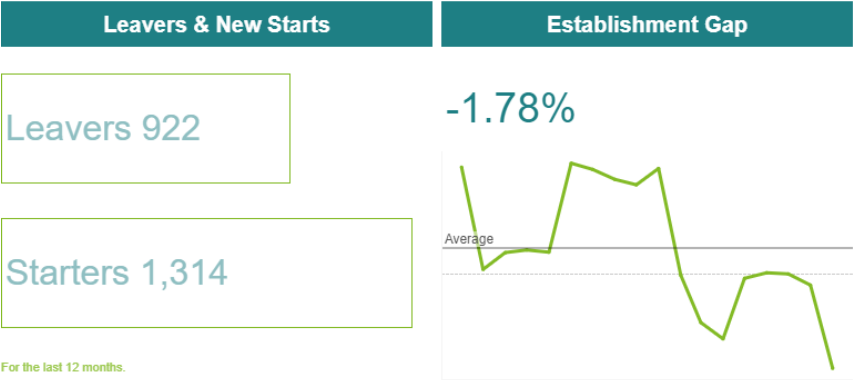


Table 4: NHS Fife Workforce Composition as at 30 June 2021<sup>i</sup>

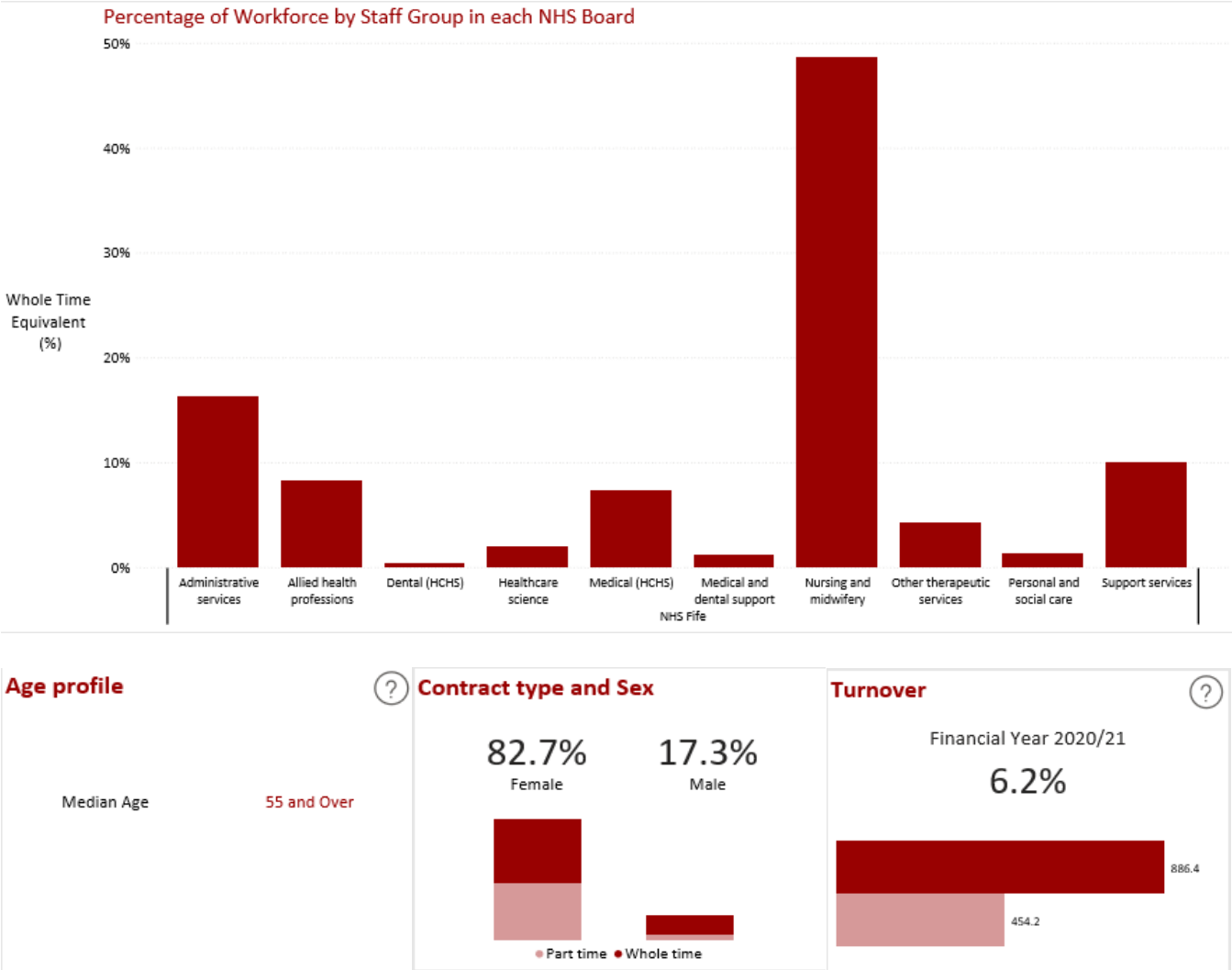
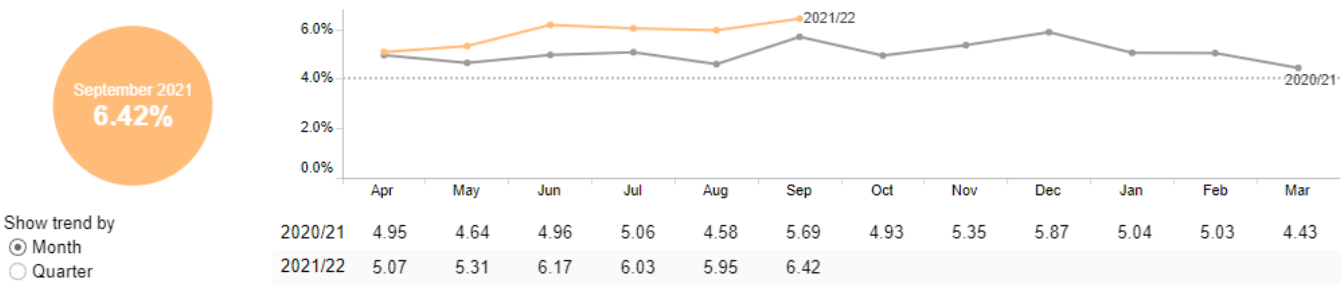


Table 5: NHS Fife Sickiness Absence Rates

Sickness Absence Rate



## Appendix 2 – Protected Characteristics Breakdown

### Ethnicity

#### Breakdown by Equality and Diversity as at 30/09/2021

Ethnic Group	Headcount
African - African, African Scottish or African British	23
African - Other	4
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	3
Asian - Chinese, Chinese Scottish or Chinese British	13
Asian - Indian, Indian Scottish or Indian British	45
Asian - Other	36
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	23
Other Ethnic Group - Arab, Arab Scottish or Arab British	3
Other Ethnic Group - Other	4
Prefer not to say	1865
White - Irish	66
White - Other	123
White - Other British	491
White - Polish	8
White - Scottish	5035
	1771
<b>Grand Total</b>	<b>9580</b>

### Disability

#### Breakdown by Equality and Diversity as at 30/09/2021

Medical Conditions In 12 Mths	Headcount
Don't Know	37
No	2623
Prefer not to say	4780
Yes	150
	1990
<b>Grand Total</b>	<b>9580</b>

## Sexual Orientation

Breakdown by Equality and Diversity as at 30/09/2021

Sexual Orientation	Headcount
Bisexual	40
Don't Know	34
Gay	27
Gay/Lesbian	10
Heterosexual	3922
Lesbian	21
Other	16
Prefer not to say	3680
	1830
<b>Grand Total</b>	<b>9580</b>

## Religion

Breakdown by Equality and Diversity as at 30/09/2021

Religion	Headcount
Buddhist	10
Christian - Other	429
Church of Scotland	1545
Don't Know	36
Hindu	21
Jewish	3
Muslim	43
No Religion	2948
Other	75
Prefer not to say	2081
Roman Catholic	571
Sikh	6
	1812
<b>Grand Total</b>	<b>9580</b>

## Gender Reassignment

Breakdown by Equality and Diversity as at 30/09/2021

Gender Reassignment	Headcount
Don't Know	36
No	2631
Prefer not to say	4664
Yes	2
	2247
<b>Grand Total</b>	<b>9580</b>

# Marital Status

Breakdown by Equality and Diversity as at 30/09/2021

Marital Status	Headcount
Civil Partnership	44
Divorced	487
Married	5303
Single	3698
Widowed	48
Grand Total	9580

# Gender

Breakdown by Equality and Diversity as at 30/09/2021

Gender	Headcount
Female	8096
Male	1484
Grand Total	9580

## 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.

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<sup>i</sup> Data is taken from information published by NHS Education for Scotland. This data has not been updated to reflect the quarter ending 30<sup>th</sup> September 2021

<b>Meeting:</b>	<b>Staff Governance Committee</b>
<b>Meeting date:</b>	<b>Thursday 28 October 2021</b>
<b>Title:</b>	<b>Medical Appraisal and Revalidation Annual Report 2020/2021</b>
<b>Responsible Executive:</b>	<b>Dr Chris McKenna, Medical Director, NHS Fife</b>
<b>Report Author:</b>	<b>Alison Gracey, Medical Appraisal and Revalidation Co-ordinator</b>

## 1 Purpose

**This is presented to the Staff Governance Committee for:**

- Assurance

**This report relates to a:**

- Annual Operational Plan

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

- Safe
- Effective
- Person Centred

## 2 Report summary

### 2.1 Situation

The Medical Staff Revalidation and Appraisal report for 2020-2021 is being brought to the Staff Governance Committee for their awareness. The report provides the committee with an assurance that doctors in NHS Fife are up-to-date and are practising to the appropriate professional standards.

### 2.2 Background

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



## **2.3 Assessment**

NHS Fife responds well to the challenges of Medical Revalidation and Appraisal with few problems, is managing to meet the requirements of the GMC. However, appraisal was put on hold this year due to Covid 19, causing significant delays. Secondary Care have struggled to recruit and retain sufficient NES Trained Appraisers, particularly with Covid impacting the NES training. Secondary Care are relying on bank appraisers to fill the gap and continue to advertise the role now that training is reinstated.

### **2.3.1 Quality/ Patient Care**

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

### **2.3.2 Workforce**

2020/2021 was challenging for all those working in the health and care services. As a result of this pandemic, appraisal and revalidation activities were temporarily put on hold so that colleagues could focus on helping with the pandemic.

The national data collection for 2020/2021 was cancelled by National Education Scotland (NES) due to the Covid 19 pandemic. Appraisal figures for the year are noted within the report.

The content of the Medical Appraisal and Revalidation Annual Report 2020-2021 meets the Appropriately Trained and Developed strand of the NHS Scotland Staff Governance Standard.

### **2.3.3 Financial**

- Not applicable

### **2.3.4 Risk Assessment/Management**

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

### **2.3.5 Equality and Diversity, including health inequalities**

- Not applicable

### **2.3.6 Other impact**

- Not applicable

### **2.3.7 Communication, involvement, engagement and consultation**

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

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

### **2.3.8 Route to the Meeting**

- Not applicable.

## **2.4 Recommendation**

- Awareness – For Members' information only.

## **3 List of appendices**

The following appendices are included with this report:

- Not applicable

### **Report Contact**

Alison Gracey  
Medical Appraisal and Revalidation Coordinator, NHS Fife  
Email [alison.gracey@nhs.scot](mailto:alison.gracey@nhs.scot)



# Medical Appraisal and Revalidation Annual Report

Consultants, Career Grade Doctors and General  
Practitioners

2020/2021



## Contents

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## Medical Appraisal and Revalidation 2019/2020

### Consultants, Career Grade Doctors and General Practitioners

## Background

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

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

## Governance Structure

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

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

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

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

## Annual Appraisal

The Scottish Government agreed that for doctors in Scotland, revalidation is achieved by using a standardised bespoke "Enhanced Appraisal" system designed by the National Appraisal Leads Group for Scotland (NALG).

All doctors in both Primary Care and Secondary Care are required to participate in an annual appraisal.

Appraisals are documented using the NHS Education Scotland (NES) provided web based system SOAR (Scottish Online Appraisal Resource). A signed Form 4 (appraisal summary) is proof that an individual has successfully engaged in the Appraisal process for that year.

Medical Appraisal & Revalidation 2020/2021	Version 1.0 (Draft)	Date: 30 September 2021
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 1 of 8	Review Date: N/A

## Appraisers

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

In Secondary Care there are 36 NES trained appraisers as at 31 March 2021, having lost some in the last year to retirement/resignation.

NHS Fife has faced difficulties with recruitment and retention of appraisers in Secondary Care and has enlisted the help of a small bank of retired appraisers to help undertake appraisals. The total includes 10 retired appraisers on the bank and 3 Educational Supervisors within Emergency Medicine who undertook the training to carry out appraisals for the Clinical Fellows in their department as the needs of the Clinical Fellow is slightly different to that of a consultant or career grade doctor.

## Impact of Covid 19 Pandemic on Appraisal/Revalidation 2020/2021

On 16 March 2020 all appraisal activity was put on hold to support the health service in prioritising frontline clinical care for patients during the pandemic response.

The GMC automatically deferred anyone due to revalidate from 16 March to 30 September 2020 for a year, to allow time to reschedule, complete appraisals and avoid the need for RO's to make revalidation recommendations during that time. This was later extended to include those due for revalidation up to 16 March 2021. This affected a total of 273 due for revalidation during this time.

The RO however, was still able to make a recommendation for these doctors if they had all their evidence ready. He was able to revalidate 90 of those originally due for revalidation during 2020/2021.

Appraisals were reinstated nationally on 1 October 2020 with the focus being on wellbeing and an understanding that there would be areas that doctors would find it difficult to collect evidence for this year.

NHS Fife put appraisal on hold for a second time at the beginning of January 2021 for a period of 6 weeks to allow clinicians to respond to rapidly increasing cases of COVID at that time. This put additional pressure on appraisers, particularly in secondary care where there is already a shortage of trained appraisers.

The Covid 19 pandemic also meant that the NES appraiser training course was cancelled from March 2020 and was only reinstated as a virtual course in February 2021. The course previously a 2 day course held at venues across Scotland is now 2 half days delivered virtually with e-learning modules to be completed prior to the course by all candidates. NHS Fife continues to advertise, on an ongoing basis, for additional trained members of medical staff to undertake the training in an effort to ensure there are sufficient trained Appraisers to share the appraisal workload.

Medical Appraisal & Revalidation 2020/2021	Version 1.0 (Draft)	Date: 30 September 2021
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 2 of 8	Review Date: N/A

The postponement of appraisal resulted in long delays which would continue into the next appraisal period. It was agreed following a meeting of the Medical Appraisal and Revalidation Group in January 2021, that it would be too much for the appraisers to attempt to catch up in such a short time with the new appraisal period starting in just a few months.

Therefore, following the example of other Boards, it was decided to offer those affected by the delays, who had not managed to complete an appraisal and whose revalidation would not be affected, the option of a Form 5A (exemption) for 2020/21. However with the focus being on wellbeing they could still opt for an appraisal if they preferred. This should aid NHS Fife's recovery and allow us to get the appraisal process back on track to support our doctors through their revalidation.

Patient feedback, which must be included as supporting evidence within an appraisal at least once during the 5 year revalidation cycle for all those with patient contact, has proved difficult to obtain for those requiring it during the pandemic. Many services have reduced face to face appointments and doctors are having to look at different ways to obtain this feedback. This is particularly evident within General Practice.

## Appraisal within NHS Fife for Period 1 April 2020 – 31 March 2021

As at 31 March 2021 there were 692 doctors with a prescribed connection to NHS Fife. This includes Primary Care (GP's), Secondary Care (Consultants, SAS Doctors, Clinical Fellows and Honorary Consultants), University staff without an honorary contract and one external doctor who has requested connection to NHS Fife. Numbers and appraisal status for 2020/2021 can be seen in Chart 1.

A much larger number than is usual were given a Form 5A (exemption) due to the Covid 19 pandemic, however, despite the prolonged delays NHS Fife managed to complete just over 66% of all appraisals due during 2020/2021. The reasons for issuing Form 5A during 2020/21 can be seen in Chart 2.

Medical Appraisal & Revalidation 2020/2021	Version 1.0 (Draft)	Date: 30 September 2021
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 3 of 8	Review Date: N/A



## Appraisal 2020/2021

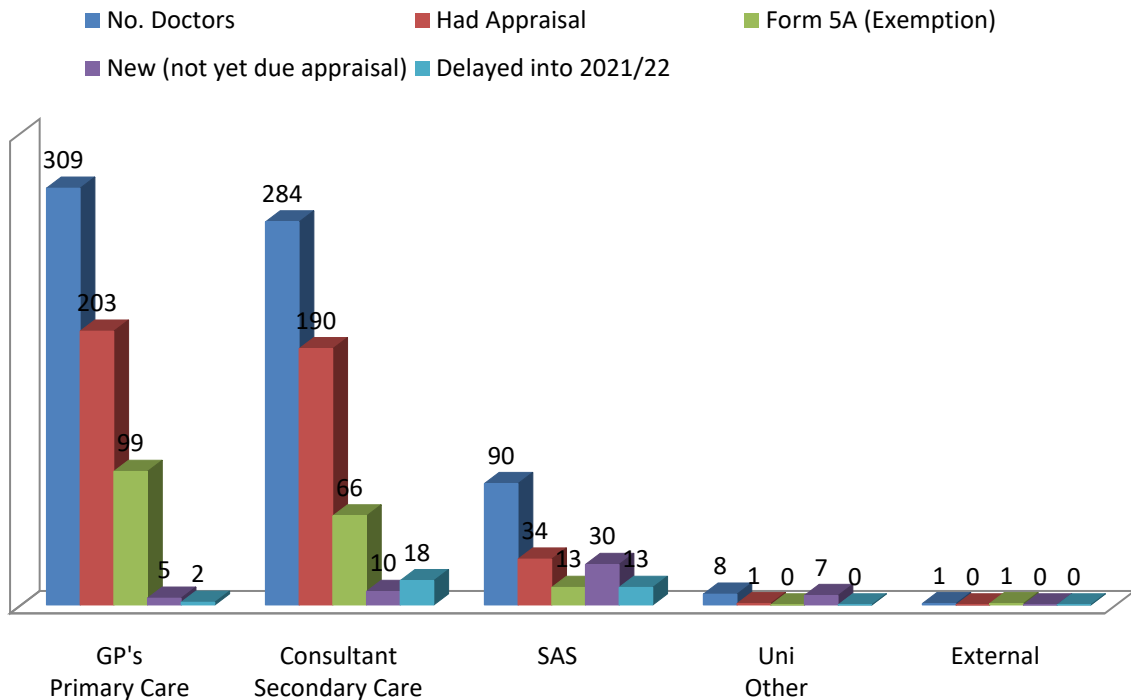


Chart 1: Appraisal 2020/21

## Form 5A's Issued 2020/21

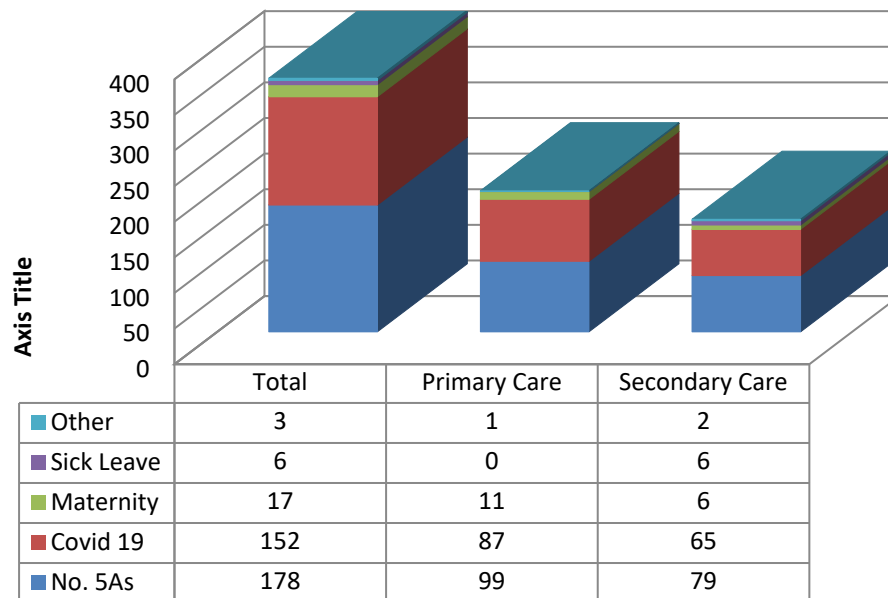


Chart 2: Form 5A's Issued 2020/21

Medical Appraisal & Revalidation 2020/2021	Version 1.0 (Draft)	Date: 30 September 2021
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 4 of 8	Review Date: N/A

## Summary

### The key issues for 2020/2021

1. NHS Fife continues to respond well to the challenges of Medical Appraisal and Revalidation despite the Covid 19 pandemic delays and issues around patient feedback.
2. The GP Appraisal scheme in Fife continues to run well with little or no problems identified therefore no further action is required at this time.
3. The Appraisal process in Secondary Care continues to run well with few problems identified other than recruitment and retention of Appraisers.
4. There is no dedicated budget to fund Bank Appraisers.
5. MARG continues to be instrumental in overseeing the appraisal and revalidation processes and ensuring any issues/challenges that arise are resolved.

### The key actions for 2021/2022

1. Continue to maintain an up-to-date record of all Consultants, Career Grade Doctors and General Practitioners with whom NHS Fife has a "prescribed connection".
2. Continue to advertise for doctors to become NES trained Appraisers to ensure that NHS Fife continues to have sufficient NES trained Appraisers to meet the number of Appraisees within NHS Fife.
3. Continue to support doctors with the appraisal/revalidation process following the Covid 19 pandemic who are having difficulties obtaining patient feedback or getting back on track after significant delays.
4. Continue to provide appraisal and revalidation support to those doctors not employed or contracted to NHS Fife but who still have a prescribed connection.
5. Continue to provide training sessions for both Appraisers and Appraisees.
6. Action feedback as appropriate.

**Alison Gracey**  
**Medical Appraisal and Revalidation Coordinator**  
**NHS Fife**  
**30 September 2021**

Medical Appraisal & Revalidation 2020/2021	Version 1.0 (Draft)	Date: 30 September 2021
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 5 of 8	Review Date: N/A

Meeting:	Staff Governance Committee
Meeting date:	Thursday 28 October 2021
Title:	Volunteering Annual Report 1.04.2020 – 31.03.2021
Responsible Executive:	Janette Owens, Director of Nursing
Report author	Nicola Robertson, Associate Director of Nursing

## 1 Purpose

The purpose of this paper is to introduce the first NHS Fife Annual Volunteering Report to the Committee.

**This is presented to the Staff Governance Committee for:**

- Awareness
- Discussion

**This report relates to a:**

- Government policy/directive
- Local policy

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

- Person Centred

## 2 Report summary

### 2.1 Situation

This report covers the period from April 2020 to March 2021 and provides a flavour of work undertaken during this time and describes plans as the service moves forward.

### 2.2 Background

NHS Fife recognises the invaluable work of our volunteers. The huge commitment and dedication to our NHS, patients and public alike, are experienced every day by the work that our volunteers do in their various roles across all our sites and in each service.

NHS Fife volunteers come from various backgrounds and from across the whole of Fife.

Volunteering also offers the volunteer a new challenge, a new focus for those retired or who have an experience to share and offer others in similar situations.

## **2.3 Assessment**

Over the last 18 months it has been a challenging time for our volunteering services; balancing the benefit to our hospitals with the risk and considering the expectations of our volunteers.

Volunteering services and our volunteer managers have worked hard to keep volunteers engaged, informed and supported throughout. As we gradually are able to remobilise our volunteers, our Volunteer Managers are redefining roles, opportunities and managing risks so our volunteers are able to return. Many of our volunteers are ready and willing to return. We wait with eagerness for a time when our volunteers can come back to working with us.

### **2.3.1 Quality/ Patient Care**

Our volunteers want to make a difference to the recovery and care of everyone using health services and, as such, volunteers bring an enormous contribution to the health and wellbeing of staff and patients, enhancing everyone's experience of health every day.

### **2.3.2 Workforce**

A new line management structure for our Volunteer Managers / Leads being agreed has been established, which resulted in alignment under the management of the Head of Person Centred Care and co-hosting this new service within Patient Relations.

The team consists of three Volunteer Managers / Leads (2.8 WTE) supported by an administrative assistant (0.48 WTE). The managers report directly to the Head of Person-Centred Care.

Pre-Pandemic, NHS Fife had an over approximately 250 volunteers engaged in a range of volunteering activity across NHS Fife.

Our volunteers are supportive and find a shared purpose in their new relationships with each other as well as being able to learn new skills. Volunteers bring as much to our services as it can do to the volunteers' lives. NHS Fife is keen to explore and build on these positive achievements by working with local communities to support their return to work, personal development and community development. These new areas of focus will develop over the next 12 months.

The content of the Volunteering Annual Report 2020-2021 meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

### 2.3.3 Financial

n/a

### 2.3.4 Risk Assessment/Management

Unfortunately, Covid -19 resulted in all our volunteers being stepped down from their roles. This was due to the risks associated for our volunteers, mainly for age and health reasons. NHS Fife did not utilise any volunteer capacity to assist, in person, during the pandemic as a result of the possible risks.

### 2.3.5 Equality and Diversity, including health inequalities

Volunteers are welcomed from all walks of life and plans have been put in place to encourage young people to volunteer with NHS Fife through the Duke of Edinburgh Award Scheme. NHS Fife Volunteering Services are now a registered approved activity provider for volunteering with the Duke of Edinburgh Award. This allows young people working towards their award to undertake the volunteering element of this with NHS Fife and for our volunteering opportunities to be displayed and promoted via their website.

Unfortunately, Covid 19 has delayed our plans for implementing the Duke of Edinburgh Award within NHS Fife but we are hopeful that we can deliver this programme in the near future. We look forward to engaging with many young volunteers, assisting them achieve their DofE award.

### 2.3.6 Other impact

Positive community engagement

### 2.3.7 Communication, involvement, engagement and consultation

NHS Fife Volunteer Managers / Leads have kept in touch with the volunteers, provided support and continued to keep them engaged with us, in the anticipation that things would be able to return in the near future and they would once again be able to volunteer with NHS Fife.

### 2.3.8 Route to the Meeting

Update from Patient Relations Team  
EDG 21.10.2021

## 2.4 Recommendation

The Staff Governance Committee is asked to **endorse** the Volunteering Annual report.

### **3 List of Appendices**

The following appendices are included with this report:

- NHS Fife Volunteering Annual Report 2020/21

#### **Report Contact**

Janette Owens  
Director of Nursing  
Email: [janette.owens@nhs.scot](mailto:janette.owens@nhs.scot)



**NHS Fife**

# **Volunteering Annual Report**

**2020-2021**

## **Foreword**

NHS Fife recognises the invaluable work of our volunteers. The huge commitment and dedication to our NHS, patients and public alike are experienced every day by the work that our volunteers do in their various roles across all our sites and in each service.

NHS Fife volunteers come from various backgrounds and from across the whole of Fife. Our volunteers want to make a difference to the recovery and care of everyone using health services and, as such, volunteers bring an enormous contribution to the health and wellbeing of staff and patients, enhancing everyone's experience of health every day.

Volunteering also offers the volunteer a new challenge, a new focus for those retired or who have an experience to share and offer others in similar situations. Our volunteers are supportive and find a shared purpose in their new relationships with each other as well as being able to learn new skills. Volunteers bring as much to our services as it can do to the volunteers' lives. NHS Fife is keen to explore and build on these positive achievements by working with local communities to support their return to work, personal development and community development. This new areas of focus will develop over the next 12 months.

However, over the last 18 months it has been a challenging time for our volunteering services; balancing the benefit to our hospitals with the risk, and also the expectations of our volunteers. Volunteering services and our volunteer managers have worked hard to keep volunteers engaged, informed and supported throughout. As we gradually are able to remobilise our volunteers, our Volunteer Managers are redefining roles, opportunities and managing risks so our volunteers are able to return. Many of our volunteers are ready and willing to return. We wait with eagerness for a time when our volunteers are able to come back to working with us.

We cannot emphasise enough the value of their commitment and contribution to NHS Fife.

*Nicola Robertson*  
*Associate Director of Nursing*



## **Introduction and Summary**

This is an Annual Report for volunteering which covers the financial period 1 April 2020 to 31 March 2021 and details the volunteering activity during this period.

During the months between April 2020 and March 2021, NHS Fife made much progress in our Volunteering Service and management of this service. This included a new line management structure for our Volunteer Managers / Leads being agreed, which resulted in alignment under the management of the Head of Person Centred Care and co-hosting this new service within Patient Relations.

NHS Fife, our volunteers and Volunteer Managers / Leads have seen many benefits from this new arrangement including:

- Increased team working and support for Volunteer Managers / Leads
- Improved governance and reporting
- Central management of volunteering including recruitment, risk management and development
- Volunteer Policy
- Volunteer Procedures
- Central budget and
- Opportunities to celebrate and advance partnerships with our volunteers and our local voluntary organisations.

Forming this new Volunteer Service and co locating our Volunteer Managers / Leads has been of great advantage to the organisation during this time.

Unfortunately, Covid -19 resulted in all our volunteers being stepped down from their roles. This was due to the risks associated for our volunteers, mainly for age and health reasons. NHS Fife did not utilise any volunteer capacity to assist during the pandemic as a result of the possible risks.

Volunteers were however, involved in a number of ad hoc projects, which did not require direct contact with patients. The projects which were supported by our volunteers included those which provided support to patients and staff. These included the preparation of patient care packages and staff wellbeing packs. These projects provided essential toiletry and personal care items delivered to over 60 wards across all hospitals and over 7000 staff wellbeing bags distributed to all NHS Fife staff. Some volunteering activity moved to an online format, with those previously involved in face to face support groups as patient experts, taking part via MS Teams.

Pre-Pandemic, NHS Fife had an over approximately 250 volunteers engaged in a range of volunteering activity across NHS Fife.

NHS Fife Volunteer Managers / Leads have ensured we kept in touch with them, provided support and continued to keep them engaged with us, in the anticipation that things would be able to return in the near future and they would once again be able to volunteer with NHS Fife.

This report details NHS Fife's volunteering activity during the Pandemic.

## **Assurance and Governance**

NHS Fife Volunteering Service have worked closely throughout the Pandemic with a range of local, national organisations and partners.

Healthcare Improvement Scotland – Volunteering Programme supports our local developments and supports us with a range of policy and service developments including the national Volunteer Information System (VIS). The Volunteering Programme has produced regular publications and tools for health boards to reflect the changing landscape and engage with volunteers in a safe way, including extensive remobilisation guidance.

Recent publications which have supported the management of volunteers returning post Pandemic to our departments include; *Remobilisation of volunteering in NHSScotland COVID-19 Shared practice and guidance for volunteer management in NHSScotland* Published: 04 May 2021 and Updated: 12 August 2021

NHS Fife hosts a Volunteer Management Team meeting and a Volunteer Development Group, which includes partners from local organisations and representatives from local voluntary services.

Volunteering is reported via Clinical Governance

An Annual Report will be produced each year, this report being the first publication for NHS Fife covering all volunteering developments.

## **Staff that Support Volunteering Services**

As a result of bringing together our Volunteer Managers / Leads, which were previously managed within different settings, we now have a 'team'. Prior to the pandemic each volunteer manager/lead was managed separately via clinical divisions; all manager/leads are now managed centrally for the first time as a team within the Person Centred Care portfolio. This structural change has provided greater strategic focus and support for the Volunteer Service.

The team, consists of three Volunteer Managers/Leads in post (2.8 WTE) supported by an administrative assistant (0.48 WTE). The managers report directly to the Head of Person-Centred Care.

## **Voluntary organisations**

There are many voluntary organisations either commissioned or involved in NHS Fife delivery, which recruit and manage volunteers within their own internal voluntary agency processes, such as RVS. These organisations are supported by a document called the 'Clear Pathway Evaluation'. This document was released in 2020 and was precluded by a letter from the Chief Medical Officer in 2018. The report recommended that we have clear agreements with voluntary organisations and encourage strategic

development, joint learning and collaboration. The agreements can take the form of a memo of understanding or a more formal contract.

The guidance supports us to work with and provide governance and assurance to NHS Fife and our patients that our voluntary organisations provide the same patient safety, person centred care and effective care in line with our core principles as set out in our national quality ambitions.

### **Investing in Volunteers Awards**

As with many NHS Health Boards, NHS Fife have not sought to renew our Investing in Volunteers Standard which expired July 2021, and are exploring the refreshed Volunteer Friendly Award. This was redeveloped in 2021 by Volunteer Scotland and the Third Sector Interface (TSI) Scotland Network.



### **Training and Development of Volunteers**

All volunteers must complete a comprehensive range of training, which had previously been provided in a face-to-face method however; as a result of the Pandemic we now offer all training online for our volunteers.

NHS Scotland also provides a bespoke volunteering module and extensive additional modules in relation to infection control and prevention materials. Healthcare Improvement Scotland – Volunteering Programme is scoping more opportunities for “once for all” training specifically for volunteers.

Our volunteers also receive a comprehensive induction pack and welcome to NHS Fife.

## **Celebrating Volunteering; stories from our volunteers**

In December 2020, we successfully, although sadly, posthumously, nominated Helen Hagan for the Volunteers Award category at the 2020 Scottish Health Awards in association with the Scottish Government and Daily Record. The nomination reached the finalist stage and Helen's family were able to join a virtual ceremony and see their mother's years of dedicated volunteering within the Children's Ward at Victoria Hospital recognised and celebrated at a national level.



Thank you to Helen's family who were able to join us in honouring her commitment to volunteering and at the same time taking receipt of a specially engraved heart shaped plaque.

## **Young People and Volunteering**

NHS Fife Volunteering Services are now a registered approved activity provider for volunteering with the Duke of Edinburgh Award. This allows young people working towards their award to undertake the volunteering element of this with us and for our volunteering opportunities to be displayed and promoted via their website.

Unfortunately Covid 19 has delayed our plans for implementing the Duke of Edinburgh Award within NHS Fife but we are hopeful that we can deliver this programme in the near future. We look forward to engaging with many young volunteers, assisting them achieve their DofE award.

These children's murals were created by Meg Reid and Michelle Innes.



## Therapets

Prior to the pandemic therapets were visiting in a number of ward areas, including the children's ward and orthopaedic trauma ward. At present their return is uncertain; however the benefit this brought to patients was widely recognised and welcomed by ward staff and patients, especially children. Staff reported children being very excited anticipating the pets visit to the ward.



## **Meet and Greet Volunteers**

Our Meet and Greet volunteers were the first volunteer group to return throughout the pandemic in summer 2020, with a number of existing and new volunteers supporting staff at both Phase 3, Victoria Hospital, Kirkcaldy and Phase 2, Queen Margaret Hospital, Dunfermline. Their presence has been subject to changes with local and national prevalence and lockdowns and resulted in another step down from the role by our volunteers however, the volunteers are keen to return and pick up where they left off, welcoming our patients and visitors to our health settings and sign posting them to their destination.



## **Volunteers and NHS Fife Community Listening Service**

The 21-strong team of community listening volunteers provide spiritual and emotional support to patients in 20 GP surgeries across Fife, as well as patients referred by Macmillan Cancer Support. However, during the pandemic, when they could no longer carry out face-to-face work in surgeries, they offered a telephone listening service to vulnerable patients who needed someone to talk to as they dealt with health issues and isolation. The move to a telephone based service was made possible by a donation from Fife Health Charity.

It has also been a lonely time for cancer patients as some support services in the community have not been available. The telephone support has been a great help to them. Each volunteer offers two or three hours per week. During this year, they have made around 2500 phone calls of up to 45 minutes each, listening to stories of suffering while working from home and struggling with their own isolation during the pandemic. Despite the demands on their own emotional health and wellbeing, the volunteers continued to offer the service with empathy and skill, encouraging those in need.

Lynda Wright who established the service both nationally and within NHS Fife recently retired and the Department of Spiritual Care is reviewing how this service can be developed.





## **Public Partners as Volunteers**

There has been an effort to align public partners with the volunteering agenda. We anticipate this will provide access to a wider representation of the public, improve our accountability and ability to monitor public involvement and also to allow us to increase support to the public member and value their contribution.

Volunteering services have been working alongside, and as part of, the Participation and Engagement Advisory Group, to recruit and support public partner volunteers and provide support to the individual and services engaging together.

A Public Partner Volunteer (PPV) is usually recruited for a specific purpose such as being involved as part of a new service or a redesign of an existing service or for example being part of our new capital project, to create a regional elective orthopaedic centre. The public volunteer will usually give a public perspective on topics discussed at meetings held, given the opportunity to take part in discussions and their opinions and input should be considered just as important as any other member of the group.

However, the PPV role and support given by the volunteering service does not aim to replace or reduce the limit of public involvement work going on out with our volunteering service. Therefore, simply having a PPV on your group does not replace meaningful engagement, participation or involvement.

April 2020- March 2021

**UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 22<sup>ND</sup> SEPTEMBER 2021 AT 13:30 HRS VIA MS TEAMS**

**Chair: Carol Potter, Chief Executive**

**Present:**

Indranil Banerjee, Local Negotiating Committee  
Kirsty Berchtenbreiter, Head of Workforce Development & Engagement  
Wilma Brown, Employee Director  
Nicky Connor, Director of Health & Social Care  
Valerie Davis, Royal College of Nursing  
Claire Dobson, Director of Acute Services  
Linda Douglas, Director of Workforce  
Kevin Egan, UNITE  
Simon Fevre, British Dietetic Association  
Scott Garden, Director of Pharmacy & Medicines  
Maryann Gillan, Royal College of Midwives  
Paul Hayter, UNISON  
Joy Johnstone, Federation of Clinical Scientists  
Chu Lim, British Medical Association  
Kirsty MacGregor, Head of Communications

Margo McGurk, Director of Finance & Strategy  
Chris McKenna, Medical Director  
Alison Nicoll, Royal College of Nursing  
Louise Noble, UNISON  
Janette Owens, Director of Nursing  
Lynne Parsons, College of Podiatrists  
Sandra Raynor, Head of Workforce Resourcing & Relations  
Kevin Reith, Deputy Director of Workforce  
Jim Rotheram, Head of Facilities  
Joy Tomlinson, Director of Public Health  
Jillian Torrens, Senior Manager - Mental Health & Learning Disability Services  
Andrew Verrecchia, UNISON  
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing  
Mary Whyte, Royal College of Nursing

**In Attendance:**

Lynn Barker, Associate Director of Nursing, H&SC (Item 11)  
Lisa Cooper, Immunisation Programme Director (Item 11)  
Susan Fraser, Associate Director of Planning & Performance (Item 12)  
Aileen Lawrie, Associate Director of Midwifery  
Janet Melville, Personal Assistant (Minutes)

**Actions**

**WELCOME AND APOLOGIES**

C Potter welcomed everyone to the meeting, in particular L Cooper and A Lawrie attending their first Area Partnership Forum (APF) meeting and introductions were made.

Apologies had been received from: N McCormick (J Rotheram attending).

**64/21 MINUTES OF PREVIOUS MEETING AND ACTION LIST**

The Minutes of the meeting held on 21<sup>st</sup> July 2021 were accepted as a true and accurate record.

In terms of the Action List, W Brown confirmed that No. 3, staff requests for improvements to the Staff Health & Wellbeing Hubs, were being taken forward. L Douglas suggested that No. 4 could now be 'closed' as the work is underway to provide appropriate facilities for staff at Cameron Hospital. In relation to No.5, R Waugh confirmed that it had been agreed at a recent Staff Governance Committee that a scoping meeting to consider a Task Force Group for absence be arranged: the meeting is scheduled to take place on



28 September 2021.

**65/21 MATTERS ARISING**

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

**66/21 ACUTE SERVICES UPDATE**

C Dobson reported that the demanding and challenging period for Acute Services continues with high numbers presenting at the Emergency Department and increased levels of activity through the Admissions Unit; pressures are unrelenting. All specialties are incredibly busy, in particular Paediatric and Maternity services. There has been an increase in COVID-19 hospitalisations requiring complex decision making to ensure sufficient capacity. Intensive Care is at Stage 2 of the escalation plan with a dedicated COVID IC Unit; and demand within Amber Critical Care is very high.

The workforce at all levels and in all areas is experiencing huge pressures. Sickness absence has increased and achieving the appropriate level of staffing is extremely challenging and raising significant concerns. Mitigations include prioritising service delivery, with non-urgent routine surgery paused, and other services closed enabling staff to be redeployed to more pressured in-patient areas. Consultants are providing additional cover at Front Door areas and also in Paediatrics. Additional actions include a block booking of agency Midwifery cover, Clinical Nurse Specialists being released to help on the wards, the recruitment of Band 3 admin staff to support and release Charge Nurses to clinical duties, and international recruitment. Workforce challenges and clinical prioritisation is the current focus with all options being considered in partnership.

APF **noted** the update.

**67/21 HEALTH & SOCIAL CARE PARTNERSHIP (H&SCP) UPDATE**

N Connor was pleased to advise of the appointments to the Social Work Lead and Lead for Organisational Development and Culture Development posts within H&SCP; names to be confirmed when they can be released, this now has the Senior Leadership Team at full capacity.

Work is well underway with the COVID-19 and Seasonal Flu immunisation programme (see also Item 73/21).

The H&SCP Local Partnership Forum met this morning; N Connor thanked staff side colleagues for their collaborative approach in facing challenges across the whole system. Topics discussed included health and safety, finance, workforce, COVID-19 impact, and staff health and wellbeing. Also discussed were the significant challenges faced within the Partnership and also the Care Sector, Care at Home Sector as well as within health services.

The operational and professional teams are working closely together; there are Bronze meetings on a daily basis where service managers are undertaking daily situational reports and actioning as appropriate. Heads of Nursing and Associate Director of Nursing are working closely with ward teams to support staff and safety across all areas. Admin staff are also supporting the release of staff to clinical areas. The Silver Command Groups have been re-established with staff side representation, to work with Bronze and Gold Command.

Pressures are being experienced by staff in Mental Health services and staff

absence is especially high in inpatient ward areas, which was discussed at the H&SCP LPF. Potential retraction and mobilisation plans are being prepared and will be enacted as required. Also exploring options to increase capacity further in community hospitals and to look more creatively in relation to care homes and wider service provision within the council to ensure appropriate services and the workforce has the right skills to deliver the care.

The Integration Scheme is being taken to the Board and IJB, following a review of roles and responsibilities as we move into the next phase of the H&SCP.

APF **noted** the update.

#### **68/21 NURSING, MIDWIFERY AND ALLIED HEALTH PROFESSIONALS (NMAHP) UPDATE**

J Owens talked to the report, highlighting that over 150 Newly Qualified Practitioners (NQPs) will be joining NHS Fife in the coming weeks at Band 4 while awaiting NMC registration. NQPs will be placed in the post they will be in once fully trained, easing the transition from student to staff nurse. Mindful that first year students will have had little or no placement experience. Practice Education Facilitators (PEFs) are working to support the students in the wards and working with Assessors to assist NQPs achieve the necessary practical competences. There have been 63 admin posts created to release Charge Nurses' time to clinical duties. International recruitment is being taken forward on a regional basis, this is a medium to long term option. Looking to quickly onboard Band 2 and 3 posts using lessons learned earlier in the pandemic. Over 250 applications were received to go on the Bank with 107 shortlisted and currently being interviewed. J Owens indicated she had recently met Senior Charge Nurses in Acute Services and H&SCP and Clinical Nurse Specialists to address the challenges being faced; and will meet Amanda Wong, Associate Director of Allied Health Professionals next week to discuss pressures and support required for AHPs.

Nationally, Nurse Directors are meeting weekly to discuss workforce pressures and the position is challenging across all Health Boards in Scotland. It is recognised there is a small window of opportunity to get measures in place, given that winter pressures are imminent. There has been successful recruitment of Band 4 Maternity Care Assistants and in Theatres. It is acknowledged that there will not be sufficient registrants in the next 2 or 3 years; Bands 2, 3, and 4 will be required for support and it will also offer career progression opportunities.

APF **noted** the update.

#### **69/21 EAST REGION PROGRAMME BOARD UPDATE**

C Potter indicated that discussions at the Programme Board meeting included regional Diabetes work and work in progress in relation to Laboratories. Also discussed were operational specific challenges around Paediatric Services, in particular RSV; NHS Fife is working together with Lothian and Borders to offer mutual aid.

C McKenna explained that there are challenges regionally in meeting the needs of the elective programme e.g. to maintain cancer treatment. There is concern over the uncertainty of the impact of the approaching winter season and how we deliver urgent and emergency as well as routine care. The team is always exploring the opportunities to do regional working; however,

the realities are not always straightforward e.g. Haematology – how best to maximise the use of services most efficiently across the three Boards while achieving longer term sustainability. Robotic Assisted Surgery is another specialism being rolled out across NHS Fife and Lothian.

The Programme Board members shared mutual concerns on workforce shortages, sickness absence levels, challenges at the Front Door and in social care.

APF **noted** the update.

## **70/21 FINANCE UPDATE FROM THE INTEGRATED PERFORMANCE & QUALITY REPORT (IPQR)**

M McGurk advised that the report details the first quarter 2021/22 financial position and drew attention to key points from the report: There is currently an overspend of £6.1m of which over half comprises legacy savings brought forward from last financial year; potential support for this is being sought from the Scottish Government. The Acute Services Division is overspent at present and there are unmet core savings; although plans are in place to meet the savings target by the end of the financial year.

M McGurk confirmed that the first tranche of COVID-19 related funding has been received to cover all the additional pandemic expenditure, including vaccinations and test and protect.

The Scottish Government has requested an early indication of the forecast end year position for 2021/22, which is likely to be £19.7m overspent due to unforeseen additional costs, comprising a significant increase to the NHS Lothian Service Level Agreement, an increase in acute prescribing (although partly COVID-related expenditure) and in O365 costs. M McGurk encouraged colleagues to make savings wherever possible.

It is proposed that a dashboard style report will be provided in future in order to simplify the presentation of information.

APF **noted** the update.

## **71/21 ADDRESSING WORKFORCE CHALLENGES IN PARTNERSHIP**

C Potter introduced the timely paper which had not been to any other committees at this time, the ethos of the paper is to assess what we are presently doing to include our staff in decision making, hear and address concerns, and consider any other work we can do in partnership, which is fundamental in all we do. C Potter acknowledged the recent survey undertaken by Unison of its membership and whilst it relates to one Union membership, there are themes relevant to all staff and managers – and asked colleagues for their views on the work already going on and welcomed any ideas and achievable actions that could be taken forward.

W Brown agreed that the paper, in response to the UNISON Fife Branch survey report, which most likely reflects all Trades Union Members, is timely and was discussed at the APF Staff Side meeting this morning. The results indicate that members are extremely worried that staffing levels in many areas are of concern to ensure they remain safe on a daily basis. W Brown advised there was a call for her as Employee Director to formally write to the Board to raise these concerns as it is deemed that staff and patients are at risk. W Brown suggested an Action List indicating what is to be done and by when is required; suggesting concerns first raised in August 2021 have not

been taken forward. W Brown continued, indicating there is a lot of discussion on possible actions, but there are just too many patients and not enough staff. These pressures are not sustainable – sickness absence is up, staff are exhausted, short-handed, regularly asked to do extra shifts; some members of staff feel they can't cope anymore, there are tears, upset and frustration where previously they would have just got on with it.

There followed a fulsome discussion, during which many salient points were presented, including:

- EDG members offered assurance and tangible examples of many actions that have been put in motion, e.g. retraction planning and adjusting ways of working; additional support and resources, using national and external partners; working collectively internally; consideration to what are essential core services/ which can be paused re frontline capacity, admin support releasing clinical staff, fast track recruitment.
- It was agreed there is a lot of work being done, however there remained a challenge on whether the work being done is enough, given the unrelenting level of pressure of the ongoing pandemic, increased demand, and the number of patients in the system. Staff side colleagues mooted that staff are less willing to cooperate or have the capacity to cope as they become more fatigued, demoralised, and expected to continue with insufficient staffing. There are significant daily challenges to achieve minimum staffing levels in wards. Other concerns include the safety of staff in mental health wards especially if deployed from other areas as they are less familiar with/ more vulnerable to unpredictable patients.
- Staff side colleagues noted it was recognised that the Scottish Government quickly took control at the start of the pandemic, issuing legislation and guidance, but the support does not appear so forthcoming now. C Potter explained that a Systems Pressures Group with Chief Executive representation from each Health Board and SG colleagues are meeting weekly to collectively address ongoing challenges across NHS Scotland, particularly Front Door and Scottish Ambulance Service pressures.
- An example given by staff side colleagues of why it looks as if action isn't being taken is that it was raised in August 2021 that staff don't have time to take their breaks due to work pressures – there is concern for staff health and wellbeing and the safety of patients. It was suggested by staff side colleagues there should be a campaign for staff to take regular refreshment breaks is initiated. It was acknowledged the Guiding Principles paper is a good document, but it does not do anything to ease the demands of the situation.
- It was recognised it is important to listen to and engage with staff but by the time the results of this year's iMatter questionnaire are received, it is felt it by staff side colleagues it may be too late to make use of the information - although it was noted last year's Pulse Survey themes are being used and actioned meantime - action needs to be taken right now. Staff side colleagues noted what would make the most difference to the workforce is an adequate amount, and appropriate skill mix, of staff.
- Staff side colleagues agreed that clear and timely communication is available on StaffLink and is essential to ensure staff feel supported; however the contention was that frontline staff rarely have time to

read items on the platform and others are unable to access StaffLink – although managers are asked to print off information this is not always the case. Daily huddles would be much more beneficial.

- J Owens confirmed the Guiding Principles paper promoted conversation with SCNs who are working to provide realistic solutions to assist with staffing gaps, including fast track recruitment to Band 4 posts. The whole of NHS Scotland is working under extreme and unprecedented circumstances; it is about being 'good enough' and exploring all available options to ease the burden and support staff.
- L Douglas, in terms of staff resourcing, summarised actions to date which included revised recruitment processes and reviewing skill mix; and exploring where best to advertise for and attract individuals, international recruitment, deploying and mobilising staff differently. Suggestions are welcomed in relation to staff resourcing and what different actions could be taken?
- N Connor stated that NHS Fife and H&SCP are committed to working in partnership to acknowledge and address the concerns being raised by staff and the challenges being faced e.g. the impact of absence on ward areas. Actions include reviewing skill mix, staffing availability, staff health and wellbeing, listening to staff, visibility of leadership and partnership working. There are currently daily huddles and briefs, and some leadership visits. Feedback is welcome and open to deliverable ideas?
- R Waugh confirmed in response to staff feedback, additional staff support sessions are being arranged in October 2021; ensuring staff rooms and hubs are stocked with refreshment provisions; support is offered from Spiritual Care colleagues and Peer Supporters; and working with Comms colleagues to clearly communicate the support available. Staff health and wellbeing - both on and off shift - is being addressed.
- Leadership visibility with regular comms from CEO and H&SCP Director shows support and commitment to tackling challenges together. M McGurk described EDG Gold Command meeting three times a week, doing absolutely everything in their power to make a difference and will continue to do so. Working on how to develop COVID resilience layer of workforce, e.g. freeing up non-clinical staff to assist with non-direct clinical care. Practice & Professional Development have set up a 3-day programme for staff e.g. admin staff supporting in a clinical area.
- C McKenna spoke to the APF about uncertainty and unpredictability creating worry, stress and fear. Collectively NHS Fife must prepare for the everchanging world we now live in and work together to do all we can. We cannot stop people becoming ill; therefore, we need to balance the retraction plans with the impact on the future health of the public taking into account the unintended consequences if we continue to step down elective surgery. The general health of the nation is beginning to decline due to our inability to deliver chronic and elective care earlier in the pandemic. Moving forward it is about managing better the increased unscheduled care in an already overburdened system.
- S Garden noted that the Board cannot underestimate the enormity and complexity of the challenges faced, although the 'softer' things can make a difference at the coal face. There are tremendous

APF  
members

APF  
members

pressures across the whole system. A lot of thought has gone into the retraction plans and mobilising of staff into different areas. The common themes from the iMatter tool can be acted on. There has been enormous success with vaccinating the population of Fife, with less severity of the disease and fewer hospitalisations. Using the experience and the intelligence from the previous 18 months can lead to better informed and quicker decision making.

CP summarised the discussion confirming a shared commitment from Directors, Management, Staff and Staff Side colleagues to look at every option and opportunity to address concerns and challenges faced.

APF **discussed** the report and confirmed support for the actions already in place and those actions still being considered.

## **72/21 GUIDING PRINCIPLES - NMAHP**

C Potter suggested that the Guiding Principles paper - which reflects on the recovery and remobilisation of services in the context of the on-going pandemic; and the significant pressures impacting on staff across NHS Fife exacerbated by gaps across multi-disciplinary teams due to absence, vacancy levels and Covid-19 related reasons - had been covered in the previous item and did not require further discussion at this meeting.

APF **noted** the report.

## **73/21 PROPOSED PLAN FOR FVCV HCSW PROGRAMME**

L Cooper explained the delivery plan for the Flu Vaccination and COVID-19 Vaccination programme for Health Care Support Workers details the provision of a seasonal flu and booster COVID-19 vaccinations to eligible cohorts identified by the Joint Committee on Vaccination and Immunisation (JCVI), prioritising the first appointments for people aged over 80, health and social care workers (HSCW) and care home residents and staff. JCVI guidance was followed when determining who the eligible HCSW are.

The scheduling process for this tranche has used the national system which went live on 21 September 2021 (initial technical issues have been resolved and appointments can now be booked). The programme is logistically challenging with 5 dedicated vaccination clinics across Fife and a 6-week programme to deliver the jobs at an anticipated rate of 7000 per week. The clinics are being widely communicated across a range of media platforms. There is no plan to use Peer Vaccinators with the intent to use the resource of the existing vaccination team.

L Barker, the Lead for Workforce requirements for the programme indicated that the Vaccine Immunisation team comprises 130 WTE Band 2-7 staff (this figure did not include Bank staff). The vaccinations will be delivered during an 8.5-hour day (which could be extended to 12 hours shifts if necessary). The team are confident of meeting the programme target within 6 weeks, but the programme will be reviewed after 4 weeks and plans flexed and adjusted as required to achieve the desired aims. Work with key stakeholders will ensure staff can access vaccination clinics near to them. A request for military support has been made for the DW Sports venue in Dunfermline and M&S in Kirkcaldy. There is a protocol for non-registered staff to administer the vaccine under supervision to ensure safe vaccination. Bespoke teams within the immunisation team will vaccinate other cohorts including the over

80s, house bound, residents and staff in care homes.

The team were commended for the excellent programme planning to date, including complex logistics; and there is every confidence that the vaccinations will be delivered timeously.

In response to S Fevre's query in relation to the definition of a 'frontline' worker, given the possibility of deploying non-clinical staff to a clinical area, S Garden advised that immunity, as is currently understood, lasts at least 6 months after the second dose of COVID-19 vaccine, therefore if someone received their second dose in June 2021, they do not need a booster until December 2021 and would be safe to work in clinical areas in the meantime; based on current evidence, there is no benefit in having a booster dose any earlier.

APF **noted** the report.

#### **74/21 REMOBILISATION PLAN 4**

S Fraser thanked contributors to Remobilisation Plan 4 (RMP4) and gave a brief overview of the plan to Forum members. S Fraser highlighted the timeline for RMP4 to proceed through the usual governance route prior to submission to the Scottish Government (SG) on 30 September 2021. SG had provided more guidance than with previous plans, requesting less narrative and a focus on 3 key areas: Delivery of Action Plans to 31 March 2022 (incorporating assumptions, current status/ activity, high level risks, impact of significant changes, reflections, winter planning, recovery plan mental health and wellbeing, staff health and wellbeing, digital and information); an Activity Template (tracking month by month, based on RMP3 assumptions, activity and projections) and a Centre for Sustainable Delivery Heat Map (indicating pathway of patients and projects being supported, with the potential impact/ readiness for deployment/ level of implementation).

C Potter confirmed that the submission to SG is a draft document and members of the Forum will have the opportunity to contribute to the final version.

APF **noted** the update.

#### **75/21 NHS FIFE WORKFORCE INFORMATION OVERVIEW**

K Reith advised that work is ongoing to develop and enhance workforce management information capability within NHS Fife. This will enable managers to access useful workforce data to inform their decision making. K Reith acknowledged the collaborative work Brian McKenna, HR Manager – Workforce Planning is leading on for NHS Fife with Lothian and Borders colleagues. K Reith welcomed suggestions for subject matter for inclusion in future reports.

APF  
members

APF **noted** the update.

#### **76/21 STAFF HEALTH & WELLBEING (INCLUDING PROMOTING ATTENDANCE)**

##### **Staff Health and Wellbeing Update**

R Waugh signposted colleagues to the report which provides a comprehensive overview of staff health and wellbeing activities available

both locally and nationally.

### **Sickness Absence**

R Waugh indicated that that NHS Fife's sickness absence rate had increased but has reduced slightly in July and August 2021. 1.14% is attributable to COVID-19 absence.

APF **noted** the updates.

## **77/21 WHISTLEBLOWING QUARTER ONE 2021/22 REPORT**

S Raynor advised that the first quarterly report on whistleblowing covers the reporting period 1 April to 30 June 2021. During this time, there were no whistleblowing complaints/ claims reported within NHS Fife, nor from primary care providers and contracted services. Work will continue to promote and embed the Whistleblowing Standards within NHS Fife.

W Brown indicated there had been a robust discussion at Staff Governance Committee on 2 September 2021: despite there being a nil return for the first quarter, there are complaints coming in and although not deemed a 'whistleblowing' concern, these issues are being managed accordingly.

APF **noted** the update.

## **78/21 STAFF GOVERNANCE STANDARD ANNUAL MONITORING RETURN 2020/21**

S Raynor confirmed that the final version of the SGAMR will be submitted to the Scottish Government on 24 September 2021. Various forums have been given the opportunity to contribute to the return. The Employee Director and Director of Staff Governance Committee will approve the final submission shared with APF today.

S Fevre queried whether there will be the usual Annual Review meeting with the Scottish Government (as happened pre-COVID-19). C Potter confirmed the Annual Review is scheduled for 25 October 2021 for which a return is currently being prepared and will be shared in due course with partnership colleagues for their input.

APF **approved** the Return.

## **79/21 SCOTTISH GOVERNMENT FEEDBACK ON THE INTERIM JOINT WORKFORCE PLAN 2020/21**

R Waugh advised that comments from the Scottish Government on the Interim Joint Workforce Plan included a request for more information on service delivery, workforce modelling, the local labour market, and changes to our digital strategy all of which will be taken into account when preparing the three-year Workforce Plan, due to be published by 31 March 2022. R Waugh indicated that the draft plan will be shared with APF colleagues whose contributions would be welcomed.

APF **noted** the feedback.

## **80/21 COMMUNICATIONS UPDATE**



K MacGregor was pleased to advise that Rebecca Connor has commenced as Internal Communication Officer and will lead the development on aspects of the StaffLink platform.

The StaffLink User Group has been established, members of which include staff side colleagues. The Group is tasked with further developing and refining the app and ensuring items can be easily searched for and found. W Brown suggested that the group may consider how to communicate to those staff who do not use StaffLink to find alternative means of communicating with staff. W Brown reiterated that not all staff have access to StaffLink and although managers are asked to print off information for staff, they do not always do so, therefore creative solutions of reaching and informing staff need to be found. K MacGregor confirmed there is a conscious effort to use a variety of channels for disseminating clear and consistent messages in a timely manner to all staff while avoiding duplication.

K MacGregor advised that there has been a lot of work going on in the background with the software developers for the next phase of StaffLink to improve functionality. K MacGregor guided Forum members through a brief presentation which included comparison of StaffLink to the previous Intranet platform; a review of StaffLink usage (the data will be used to prioritise when best to post information) which indicates good staff engagement on a regular basis; and, in response to feedback received, the development of a range of enhancements and increased functionality. It was agreed to circulate the presentation to Forum members for information.

Special updates and important messages will be prioritised, given the main concerns raised at this meeting.

C Potter reminded colleagues that we are only one year into using the StaffLink platform and was pleased to see work is ongoing to ensure it works effectively for staff.

APF **noted** the update.

## **81/21 ITEMS FOR NOTING/ INFORMATION**

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

- a. H&SCP LPF – Confirmed Minutes of 9<sup>th</sup> June 2021
- b. ASD&CS LPF – Unconfirmed Minutes of 19<sup>th</sup> August 2021
- c. NHS Fife Staff Health & Wellbeing Group – Confirmed Minutes of 22<sup>nd</sup> June 2021

## **82/21 AOB**

### **Recognition of Service at Retirement**

S Fevre explained that he and Karen Laird, HR Officer had reviewed and integrated HR32-Phased Retiral and HR48-NHS Fife Voluntary Retirement and Return to Part-time Working Policies into one NHS Fife Retirement Policy to provide simplified, more streamlined information on the retirement process; it will be brought to APF for approval and sign off in November 2021.

One of the elements of the policy is about recognition of service at retirement; S Fevre questioned how NHS Fife does that noting a financial reward is not possible due to legal issues with Endowment funding, but it is considered important to recognise a member of staffs service and

contribution to NHS Fife at the point of retirement. A letter from the Chief Executive to all staff in this category was suggested to be part of the new HR48 policy. Carol Potter was supportive of this review; it was agreed to develop this further at the forthcoming HR Policy Group.

#### **DATE OF NEXT MEETING**

C Potter thanked everyone for the positive discussions and noted the next Area Partnership Forum meeting will be held on Wednesday 17th November 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 11 AUGUST 2021 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

**PRESENT:** Simon Fevre, Staff Side Representative (Chair)  
Nicky Connor, Director of Health & Social Care  
Eleanor Haggett, Staff Side Representative  
Alison Nicoll, RCN  
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  
Elizabeth Crighton, HR Lead Officer, Fife Council  
Fiona McKay, Head of Strategic Planning, Performance & Commissioning  
Hazel Williamson, Communications Officer  
Jackie Herkes, HR Officer, NHS Fife (for Susan Young)  
John Cooper, Service Manager (for Lynne Garvey)  
Karen Cassie, HR Adviser, Fife Council (for Elaine Jordan)  
Kenny Egan, NHS Fife  
Kenny Grieve, Fife Council Health & Safety Lead Officer  
Kenny McCallum, UNISON  
Lynne Parsons, Society of Chiropodists and Podiatrists  
Rona Laskowski, Head of Complex & Critical Care Services  
Valerie Davis, RCN Representative  
Wendy McConville, UNISON Fife Health Branch  
Wendy Anderson, H&SC Co-ordinator (Minute Taker)

**APOLOGIES:** Andrea Smith, Lead Pharmacist, NHS Fife  
Elaine Jordan, HR Business Partner, Fife Council  
Debbie Thompson, Joint Trades Union Secretary  
Helen Hellewell, Associate Medical Director, H&SC  
Lynne Garvey, Head of Community Care Services  
Mary Whyte, RCN  
Susan Young, Human Resources, NHS Fife

NO	HEADING	ACTION
1	<b>APOLOGIES</b>	
	As above.	
2	<b>PREVIOUS MINUTES</b>	
2.1	<b>Minute from 9 June 2021</b>	
	The Minute from the meeting held on 9 June 2021 was approved.	
	Item 3 on the Action Note related to an update on the Unscheduled Care Review. Lynn Barker gave a verbal update on this which advised that the new structure is in place, the three workstreams have expanded to	

NO	HEADING	ACTION
2.2	<b>Action Log from 9 June 2021</b>	
	include a fourth and good progress is being made. The workstreams have now formed Task and Finish Groups which are being overseen by the Project Management Office. The Flow and Navigation Hub is open and working well.	
	Following this the Action Log from the meeting held 9 June 2021 was approved.	
3	<b>JOINT CHAIRS UPDATE</b>	
	Nicky Connor advised that recruitment to the role of Principal Social Work Officer has concluded and as soon as pre-employment checks are completed the LPF will be updated on this.	
	Nicky then acknowledged, on behalf of the Senior Leadership Team (SLT), the challenges currently being faced by all staff in the partnership. SLT members are actively engaging with teams regarding concerns raised. This unprecedented pressure is not unique to Fife.	
	All other items to be updated on were contained within the agenda for the meeting.	
4	<b>HEALTH AND SAFETY UPDATE</b>	
	Craig Webster began by updated in personnel changes within his team, including his own move to become Deputy Infection Control Manager, which means he will no longer attend LPF meeting. Annie-Marie Marshall will become the NHS Health & Safety representative to the LPF in the interim.	
	Work is ongoing with the Ligature Risk Assessment programme. Fit testing continues, mainly in acute settings. Manual handling training will be restarted face to face in the near future and joint working with Fife Council's manual handling lead is under consideration.	
	Simon Fevre raised the issue of governance from a health and safety point of view. The Health and Safety Forum Terms of Reference are being refreshed along with membership of the group. Meetings will restart in September 2021.	
	Discussion took place re violence and aggression incidents in Mental Health staff recently and the support being provided to staff involved and ongoing investigations. Environmental Risk Assessments are being carried out on all mental health wards as part of a robust programme of work.	
	Kenny Grieve's team continue to support Services with health and safety.	
	Work on the H&SC H&S Framework started pre-covid and this should be completed soon and will be brought to the next LPF meeting.	KG
	A programme of Risk Profiling was also started pre-covid and should be completed by the end of August 2021. A report will be brought to the next LPF meeting.	KG

NO	HEADING	ACTION
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#### 4 HEALTH AND SAFETY UPDATE (Cont)

Health and safety reporting within Fife Council is now done via Power BI. This will present opportunities to work more closely with teams on specific health and safety issues.

#### 5 FINANCE UPDATE

Audrey Valente gave a verbal update as the most up to date report is currently going through the governance process and will be presented to Finance & Performance Committee on 13 August 2021 and the Integration Joint Board on 20 August 2021.

As at the end of June 2021 there was a predicted overspend of £6.8m, £4.8m of which was from unachieved savings. Whilst Scottish Government have committed to cover all covid related costs, there has not yet been a commitment to cover unachieved savings during this financial year.

Audrey and SLT are working on a Recovery Plan which will be brought to the LPF, governance committees and the Integration Joint Board in due course.

Eleanor Haggett asked how Fife compares with the other H&SC partnerships in Scotland on a financial basis. Audrey Valente will carry out a benchmarking exercise and share the results of our medium-term outlook towards the end of the financial year.

AV

#### 6 WORKFORCE UPDATE

##### Self-Isolation

Karen Cassie advised that guidance has been provided to senior managers following the latest Scottish Government update. Discussion took place around exemptions, instances where isolation would not automatically happen and employee willingness to return to work.

Currently there are 64 staff recorded as self-isolating, most are working from home.

Jackie Herkes confirmed that similar guidance has been circulated to senior managers within the NHS.

Kenny McCallum enquired about current staff shortages within the Care at Home service and the actions being taken to mitigate this. A large recruitment campaign is ongoing with some staff already appointed and others awaiting PVG clearance.

##### Youth Employment

Karen Cassie updated on the 2021/2022 bids through Fife Council which will see four modern apprentice Social Work Assistant posts recruited to. LPF members are asked to promote Workforce Youth Investment as this will be relaunched on 1 September 2021.

Jackie Herkes advised that work is ongoing within NHS Fife with a Young Scotland programme and Graduate Apprentice Scheme.

<b>6</b>	<b>WORKFORCE UPDATE (Cont)</b>	
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**Agile Working**

The Agile Working Group within NHS Fife was briefly paused whilst awaiting sign off for policies. There will be a gradual return to workplaces for staff currently working from home, which is likely to be part of a blended approach.

Fife Council are working to a similar approach with phased returns being planned in conjunction with Facilities Management and Business Technology Solutions (BTS).

Simon Fevre asked if best practice could be shared between the two partner organisations.

**Current Workforce Pressures Update**

Rona Laskowski gave a comprehensive update on the areas within her remit. Common issues included recruitment, sickness rates and significant pressure on service delivery in all areas. Services are remobilising and a review of staffing is to be undertaken. A meeting is scheduled to discuss the impact of new Scottish Government initiatives within mental health and also for drugs and alcohol services. Work is ongoing regarding the models for inpatient beds to ensure the best models of care are in place and this will align to capital planning work.

John Cooper, on behalf of Lynne Garvie, advised that staffing pressures continued in Older People's Care Homes but recruitment is underway to alleviate this. Care Home visiting is being managed to ensure the care of residents is a priority. Other areas also have issues regarding absence and recruiting to vacancies and work is ongoing to resolve these.

Bryan Davies updated on issues within his remit, including Dietetics and Sexual Health, Primary Care, guidance around use of PPE and recruitment in general.

Simon Fevre thanked Rona, John and Bryan for their updates and recognised the ongoing work to in support of the issues raised.

<b>7</b>	<b>COVID-19 POSITION</b>	
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**Current Position**

Nicky Connor advised that the position is more stable and improved from previous updates. The position re Care Homes and opening up care was discussion. There are ongoing significant pressures in the system which is related to a range of issues including the ongoing challenges from working within and recovery and remobilisation through this pandemic.

**Staff Testing**

John Cooper advised that all staff are encouraged to self-test regularly and record the results.

NO	HEADING	ACTION
7	<b>COVID-19 POSITION</b>	
	<b>Staff Testing</b>	
	<p>Care Homes continue to have a high level of staff testing and recording on a weekly basis, as this is done on site. Last week 46 Care Home staff were self-isolating, this has gone down to 27 this week.</p>	
	<b>Vaccinations</b>	
	<p>Discussions are ongoing regarding plans to vaccinate staff for flu and give Covid-19 boosters. JCVI guidance is awaited on when and how this will be rolled out. Scenario planning is being carried out to ensure we are ready to progress.</p>	
	<p>Nicky Connor acknowledged the hard work and dedication of all staff who have been involved in the vaccination programme to date.</p>	
	<p>Lisa Cooper has been appointed to the role of Immunisation Programme Director and took up post on 9 August 2021. Lisa will be invited to a future meeting.</p>	
	<p>Updates on the vaccination programme will be provided to LPF members as they are available.</p>	
8	<b>HEALTH &amp; WELLBEING</b>	
	<b>Attendance Information</b>	
	<p>NHS Attendance information was circulated prior to the meeting. Jackie Herkes confirmed that absence has increased slightly to 6.3% with increases in both short and long-term absences. Communications were issued to managers recently on return to work and having supportive conversations with employees. Review and Improvement Panels are under review.</p>	
	<p>Fife Council are still unable to provide attendance reporting through Outlook, although Managers can get access to some information.</p>	
	<p>Fiona McKay advised that Elizabeth Crighton, HR Lead Officer has joined the partnership as a project worked and will be looking at absence hotspots with Social Care Managers. A report will be brought to the next LPF Meeting.</p>	<b>FM/EC</b>
	<b>Staff Health &amp; Wellbeing</b>	
	<p>NHS Fife are running a number of manager support sessions and the psychology one has been well attended. A presentation from the recent Kindness Conference has been well received by staff. Work is ongoing to support the staff health and wellbeing hubs, with some needing to move to new premises as services remobilise.</p>	
	<p>Fife Council has a range of learning sessions available including ongoing mental health awareness sessions. Health and Wellbeing continues to be promoted in the weekly staff briefing.</p>	

NO	HEADING	ACTION
9	<b>WHISTLEBLOWING</b>	
	Jackie Herkes highlighted webinars which are available to staff on whistle blowing.	
	A presentation on Whistleblowing has been requested for the September LPF meeting. Discussion to take place at LPF pre-agenda meeting on the potential content of this.	NC/SF/EH/ EJ/SY
10	<b>ITEMS FOR BRIEFING STAFF</b>	
	<b>Via Directors Brief / Staff Meetings</b>	
	Issues to be highlighted include workforce pressures and health and wellbeing.	
	It was agreed that a joint co-chairs would draft a joint message to staff to be would circulated.	HW/NC SF/EH
11	<b>AOCB</b>	
	Simon Fevre raised the upcoming iMatter survey, which is being rolled out to all H&SC staff in September 2021. Managers are currently being asked to update the information on their teams, by the end of August 2021, to ensure all staff receive the survey. Nicky Connor advised that the Senior Leadership Team will champion this. Hazel Williamson will work on a communication strategy and will use the Directors Brief to promote the survey. Agreed a short video would be recorded by co-chairs.	HW/NC SF/EH
	Jackie Herkes had two updates to provide:-	
	<b>Recruitment Vacancies/JobTrain System Reserve Candidates Function</b>	
	To assist with staffing challenges currently being experienced throughout NHS Fife and an increased number of vacancies at this time, Recruiting Managers are asked to routinely record on the JobTrain system, for each vacancy, the ' <b>Interview Selection Complete - recommend reserve list</b> ' function for <b>all</b> candidates they would recommend for appointment. This should be used where there are appointable candidates from the recruitment process who were not the preferred candidate for the post. This action will ensure the organisation has detailed appointable candidate information to assist with speeding up recruitment processes in areas where there are staffing and vacancy challenges. This will also assist Recruiting Managers to quickly recruit to posts where job offers are withdrawn by either the candidate or the Recruiting Manager or where the preferred candidate leaves the post after a short period.	
	<b>eESS Update</b>	
	Proxy Users can now enter transactions on behalf of supervisors, following the workflow hierarchy. Current supervisor, their manager and eESS team will still approve transactions eg ward admin (enters), Senior Change Nurse (approves), Clinical Services Manager or relevant manager (approves) and eESS (approves).	



NO	HEADING	ACTION
11	<b>AOCB (Cont)</b>	
	<b>eESS Update (Cont)</b>	
	<p>Work required within eESS to set up permissions on individual accounts, and then the account needs to be identified as the proxy for individual managers.</p> <p>Brian McKenna is having discussions about the provision of training for Proxy Users, although the online provision of Standard Operating Procedures and videos established nationally are good resources for this purpose.</p>	
12	<b>DATE OF NEXT MEETING</b>	
	<b>Wednesday 22 September 2021 at 9.00 am</b>	

**MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES  
LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 19 AUGUST 2021 AT 2.00 PM  
VIA MICROSOFT TEAMS**

**Present:**

Claire Dobson (CD), Director of Acute Services (**Chair**)  
 Andrew Verrecchia (AV), Unison  
 Andrew Mackay (AM), Deputy Chief Operating Officer  
 Lynn Campbell (LC), Associate Director of Nursing  
 Miriam Watts (MW), General Manager – Emergency Care  
 Belinda Morgan (BM), General Manager – Emergency Care  
 Paul Bishop (PB), Head of Estates  
 Craig Webster (CW), Health & Safety Manager  
 Louise Noble (LN), Unison  
 Kevin Egan (KE), Unite  
 Joy Johnstone (JJ), FCS  
 Dr Sue Blair (SB), BMA

**In Attendance:**

Karen Laird (KL), HR Officer (for S Young)  
 Sally Tyson (ST), Lead Pharmacist (for B Hannan)  
 Gillian McKinnon (GMck), Personal Assistant to Director of Acute Services (**Minutes**)

	Action
<p><b>1 WELCOME &amp; APOLOGIES</b></p> <p>CD opened the meeting and welcomed everyone.</p> <p>Apologies were received from Caroline Somerville, Susan Young, Donna Galloway, Benjamin Hannan, Neil McCormick, Murray Cross and Neil Groat.</p>	
<p><b>2 MINUTE OF PREVIOUS MEETING – 24 JUNE 2021</b></p> <p>The Minutes of the Meeting held on 24 June 2021 were accepted as an accurate record.</p>	
<p><b>3 ACTION LIST</b></p> <p>3.1 <b><u>AU2</u></b></p> <ul style="list-style-type: none"> <li>CD advised we were hearing more and more from staff in regard to the physical distancing issues and the demand pressures in AU2. Subsequent to that there has been a piece of improvement work that has been accelerated by Belinda</li> </ul>	

Morgan and Murray Cross and AV and Wilma Brown were both involved.

- CD was delighted to report we have reinstated the assessment units back into each of their homes. AU1 has two amber bays for assessment and a red assessment area. AU2 has an amber assessment area for surgical stream of GP patients.
- AV confirmed the action can be marked as completed and was a good piece of work by all.

**GMcK**

## **4 HEALTH & SAFETY:**

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

- The Health & Safety Update Report was noted, for information.
- CW advised he was taking up a secondment as Deputy Infection Control Manager with a start date of 13 September 2021. CW advised this may be his last meeting as Health & Safety Manager, but he may need to step in to provide support.
- CW advised since the Health & Safety Update Report was prepared, Anne Marie Marshall has been promoted to Acting Band 6 to cover Billy Nixon's vacant post and it may be that you want Anne Marie to come to this meeting as the Health & Safety representative until we get as a person in place for his post.
- CW advised there is a number of vacancies and sickness absence within the Health & Safety Team. Brian Ritchie has made remarkable progress in manual handling training and is taking a combined approach and doing some competency-based assessment work directly with wards plus addressing the induction backlog. We are in discussions with manual handling colleagues in Fife Council to see what support they can offer.
- LC wanted to acknowledged thanks for that flexible approach given the staffing challenges and in particular areas it has been really good to get that onsite support in doing it in a much more proactive way and thanks to the team.
- CW advised he was still in some discussions with Paul Bishop and Neil McCormick about how to fill and cover his post as well as the wider team structure and would keep colleagues updated as we move forward.
- CD congratulated CW on his appointment and for all his contributions to this forum as well as all of those wider aspects of health and safety.
- AV echoed his thanks and staff side colleagues wished him well in his new venture and thanked him for his input into this committee.

## **5 STAFF GOVERNANCE 2019/20**

### **A Well Informed**

## **5.1 Director of Acute Services Brief – Operational Performance**

- CD wanted to record her huge thanks to staff in all Directorates and Divisions for their ongoing support in what continues to be an extremely challenging time from a demand and pressure perspective from the expectation of our public and the people of Fife. These are difficult and unprecedented times and CD was extremely grateful to everyone's hard work and support.
- AM advised the whole hospital system continues to be extremely pressured, and most acutely felt at times at the front door of the hospital. ED on Sunday saw another day in excess of 250 attendances. There have now been 7 instances of attendances in excess of 250 and 6 of those have been since May of this year. The emergency admission demand across surgical, medical and paediatric pathways continues to be above seasonal average. It has reduced slightly from where it was a number of weeks ago, but it is the region of 8-10% at any point in time. That demand is projected to continue for some weeks yet.
- AM advised in terms of longer-term planning around demand, himself, Susan Fraser and Bryan Archibald are engaged with the Scottish Government and Public Health Scotland to do some whole system modelling and we have provided a range of data sets. We are hoping as we refine that model with them over a couple of weeks that will give us 12-week projections in chunks which will be useful as we head into the winter. We are doing some refined work to understand better around trying to predict the unpredictable nature of our business which hopefully helps us be forewarned.
- AM advised COVID demand has been reducing and earlier this week we got down to single figures of COVID inpatients within VHK which is the first point we have been at that since mid-end June and a good step forward. That means we have shrunk our red footprint in the hospital, and we have probably shrunk it down to as far as it will go, and that footprint will probably remain in place as we head into winter. It is still unknown around how COVID numbers will change but it is anticipated that as schools go back and there is additional mixing, we may see cases in the community begin to rise but it will be interesting to see how that translates into hospital admissions.
- AM advised CD has already touched on some of the improvement work that has happened around the front door. This has made a real difference and was working really well, but unfortunately the attendance numbers on Sunday which have been highlighted as being particularly high unpicked that, but teams did a really good job to regain that back at the start of the week and we are back into a much better footprint. Hopefully we will see that redesign bear fruit over the coming weeks we get into a more sustainable operating model across the front door.

- KE asked if we had a date for the A&E doors opening to the public. AM advised there are no plans for us to open that in the immediate future. We are still having real challenges with physical distancing particularly in the A&E waiting room. On Sunday the count was 75 people in the waiting room. We changed the ambulance arrival configuration back to ambulances coming in the original ambulance entrance but in terms of that door for members of the public this will remain closed and will continue to funnel through the front door of the hospital which would limit the number of relatives and friends coming into A&E.

## **5.2 Attendance Management Update**

- The Attendance Management Update Report has been circulated for information.
- KL advised the overall average figure for NHS Fife was 6.17% in June 2021 and 6.03% in July 2021.

### **Corporate Services**

- KL advised the overall average was 5.38% in June 2021 with a slight increase to 5.40% in July 2021.
- KL advised anxiety, stress and depression continues to be the highest number of hours lost and the highest number of episodes of absences within Corporate Services.
- KL advised Support Services continue to have the highest percentage and highest number of hours lost by job family.
- KL advised the short-term absence decreased from May to June but increase June to July and long-term absence increase from May to June but decrease June to July.
- KL advised absence rate by financial structure shows Facilities sitting at the highest overall for the year at 8.42% for July.
- KL advised sickness absence by level of priority 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.

### **Acute Services**

- KL advised Acute Services had a total average in June 2021 of 6.68% and a slight decrease to 6.62% in July 2021.
- KL advised the Emergency Care Directorate was 7.61% in June and increased to 8.11% in July. Women, Children and Clinical Services was 5.73% in June and decreased slightly to 5.02% in July. Planned Care Directorate was 6.57% in June and a slight decrease to 6.27% in July.
- KL advised anxiety, stress and depression was the highest number of hours lost and the highest number of episodes of absences within Acute Services.
- KL advised within Acute Services, it is showing Other Therapeutic and Support Services are the highest job families

in terms of % but these will have a smaller WTE. In terms of the highest number of hours lost by job family is it Nursing/Midwifery (Bands 1- 4 and Band 5+).

- KL advised short-term absence increased from May to June but decreased June to July and long-term absence increased from May to June and again increased from June to July.
- KL advised sickness absence by level of priority for Acute Services is again included within the report.
- KL advised SY asked her to mention about the recent reminder through StaffLink on Attendance Management. We do really appreciate the overwhelming current pressures on the workforce but a reminder about returning to work paperwork which can be missed or delayed and during these challenging times it is important that discussions take place with staff to support them to return to work. Sometimes a check in to offer support and identify further measures can sometimes prevent further attendance issues. It is important to maintain regular contact with staff on long-term sickness absence in order to plan their return to work and look at support measure in order to enable them to have a sustained return to work. There are times where managers have to progress to formally managed attendance, and we are asking managers to utilise the checklist in the Attendance Management Policy before moving to formal procedures to ensure that a consistent approach is being used. We do have Attendance Management training being delivered regularly and Lynn Anderson can take bookings for that.
- CD thanked KL for her comprehensive report and stark numbers and variations between directorates.
- LC advised we are encouraging the prompt completion of the forms but to highlight in the wider workforce approach we have got approval for a test of change with admin support workers working in every inpatient clinical area. Evidence from other boards that have done this have suggested someone taking that load off have seen a reduction in sickness level as a result of that. We have significant other challenges but as these staff come in we might start to see some support but to highlight that recruitment process is underway at the moment. KL confirmed there has been a good response to the advert for admin staff and Susan Ballantyne is looking at how we introduce that within Emergency Care to start off with and will be a really valued asset into the wards.
- AV advised it was good to hear because when you talk to staff at charge nurse level, they feel overburden with administrative tasks therefore anything that can be done to alleviate that burden would a very good move.
- AV advised we may start to see staff members on long term sick leave affected by delays in operations due to COVID. KL advised STAC guidance gives provision for sick pay to be maintained and staff do not hit nil pay where treatment or rehabilitation is delayed by COVID-19. HRO/Advisors can

support managers complete the appropriate application for authorisation.

- AV advised there are moves from Scottish Government to move away from COVID special leave when we have staff members who are either long-COVID or who then contract COVID. We are led to believe that the initial Director's Letter talked about that ending at the beginning of September, but we are certainly seeing a move by the Scottish Government to phase that out and sick leave would take over. KL advised she is aware there is a consultation document, but no decisions have been made and this is being discussed at a national level.

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

- CD advised we are between board cycles at the moment. We are about to go into another cycle of Committees and are busy preparing papers in readiness for that.
- CD advised the vaccination arrangements for COVID have now moved into the partnership and Lisa Cooper has been appointed as the Programme Director. This has released Ben Hannan back into his role and he is now the Deputy Director of Pharmacy in addition to that. Huge thanks to BH for all his work on the COVID vaccination programme.
- CD advised updates are starting to come through around the staff vaccination programme and Marie Paterson is our lead for that from an Acute perspective.
- CD advised the Clinical Strategy we have currently ends this year. NHS Fife are going to embark on the creation of a Population Health and Wellbeing Strategy. We are having a session as an Extended SLT in September to hear more about it and any colleagues from LPF would be welcome to come along and Susan Fraser will give us a presentation on that. There are 4 key programmes of work around unscheduled care, scheduled care, prevention and place and wellbeing.
- CD advised we have a further remobilisation plan coming forward (RMP4). That will combine remobilisation with the winter plan. For awareness the Winter Planning Event will take place next week and colleagues should attend in terms of setting our direction and how we are going to manage through winter.

## **6 B Appropriately Trained**

### **6.1 Training Update**

- KL was asked to give a reminder about whistleblowing training for staff and managers. We have the core training on Turas Learn and we have also had the Whistleblowing Policy added on to suite of NHSScotland Workforce Policies. The Independent National Whistleblowing Officer has a webinar

planned on Good Practice in Receiving Concerns for Wednesday 29 September 2021. At this time this is a 'save the date, and further details are to follow.

## **6.2 Turas Update**

- No update available.

## **7 C Involved in Decisions which Affect Them**

### **7.1 Annual Report**

- CD confirmed the Annual Report has been enclosed. Huge thanks to everyone who has contributed to the compiling of the Annual Report.
- AV echoed his thanks and advised he did not appreciate the effort and planning that goes into producing something like that. A Sway version will be also be made available and AV/CD to discuss this further.
- Colleagues were happy to accept the Annual Report.

**AV/CD**

### **7.2 Staff Briefings & Internal Communications**

- CD advised one of key priorities within the Annual Report for the coming year is around more walkabouts, visible leadership, briefings where we can within the confines of physical distancing and the COVID situation. CD would like to make a commitment on behalf of Senior Leadership Team within Acute.
- AV confirmed he mirrored CD's thoughts. We have not physically gone out and briefed staff for a long time but think we are getting to a stage in the pandemic where we could perhaps start getting back into the Lecture Theatre. AV advised there are proposed changes to the NHS pension scheme coming up in the next few months. They have arranged for Wille Duffy to brief Unison members and have managed to secure the Lecture Theatre albeit on a significant reduce capacity. We could potentially start doing something like that and to discuss further with CD.
- CD confirmed she would be keen that we include QMH within those plans. CD had visited QMH last week and met with colleagues in day surgery, ophthalmology, plastics, endoscopy and theatres and was a fantastic morning. CD then visited Gynaecology, Clinic 4, QMH on Tuesday.
- LC confirmed she has similarly been out with the HoNs and the Director of Nursing and had visited Wards 52 and 53 with CD which had been well received.

**AV/CD**

### **7.3 iMatter**



- KL advised the iMatter cycle will start again and we will receive surveys at the end of August 2021. The deadline for confirming team members is Friday 27 August 2021.
- KL confirmed this will be fully electronic survey with the exception of Estates and Facilities staff.
- KL advised a hub has been set up - fife.imatter@nhs.scot if there is any support required by any managers in setting up their teams.
- MW advised she has completed her team but asked if the staff she has removed from her team would be automatically picked up by the feedback. KL suggested MW contact the iMatter hub email address and they would be happy to help.

## **8 D Treated Fairly & Consistently**

### **8.1 Current/Future Change Programmes/Remobilisation**

- CD advised she had mentioned about the Population Health and Wellbeing Strategy under Item 5.3.
- CD advised we also have the Cancer Strategy & Governance Group and that ongoing commitment that staff side colleagues will be involved at the earliest opportunity and colleagues are welcome to attend the Extended SLT meetings where we will hear about those developments (Population Health & Wellbeing Strategy Update: 9 September 2021; Cancer Strategy Update: 23 September 2021). GMcK to circulate details to colleagues.

**GMcK**

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

### **9.1 Staff Health & Wellbeing Update**

- The Staff Health & Wellbeing Update was noted, for information.
- KL advised it was good to see a lot of good new stories but has picked out some highlights.
- KL advised the Occupational Health Service continued to support the efforts during the pandemic. In Appendix 1 it provides an overview of how one of the new posts supporting staff mental health is contributing to the health and wellbeing agenda and the feedback in Appendix 1 seems to have been well received from those who were referred to the service and does seem to be helpful in minimising absence.
- KL advised arrangements are currently being 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.
- KL advised there is a really good paper in Appendix 2 on Celebrating and Inspiring Kindness Conference. The evaluation report will be available in due course but for those

who missed the conference there are links in the appendix to some of the speakers and further information. There is also a SWAY available on the conference.

- KL advised Alison Morrow, Trainee Health Psychologist's poster on Healthcare Worker Weight Management Service has been accepted at the Division of Health Psychology Conference. Attached at Appendix 3.
- KL advised the 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 were well received. There is also additional work being undertaken by Dr Pitt and Dr McDougall in establishing a Peer Support Service. There have been further doctors and senior nurses trained in peer support skills. Sharon Doherty is going to follow up with a peer support model for other staff.
- KL advised there are quite a number of supports available for staff and managers at the end of the paper. There are updates on the National Wellbeing Hub with the August, September dates. There are also additional resources for Dealing with increased levels of anxiety; Financial Wellbeing - Money Helper video and Workforce Specialist Service video.
- KL advised there is also a back catalogue of podcasts and previous webinars which are very helpful.
- KL advised other support initiatives include a new Pause Pod at Stratheden Hospital in addition to the one at Whyteman's Brae and will be ready to launch soon.
- KL advised staff are being offered a taster session on enjoying the outdoors which was promoted on StaffLink.
- KL advised staff should be encouraged to make use of the new initiatives in place to support their health and wellbeing.
- CD advised she had been contacted by Mark Evans in regard to chaplaincy. The Acute Chaplains will attend the huddle each morning to get the up-to-date position on where we are as a site and if there are any particular areas of challenge they will proactively go and visit those areas based on what they are hearing in terms of the safety huddle.

## 9.2 **Capital Projects Report**

- The June 2021 Capital Projects Report was noted for information.
- PB advised we have had a challenging time over the last 12 months. We have been reacting by colleagues in Phase 3 to ensure the footprint that we have there is conducive with the treatment areas, i.e. red and amber footprint which was changing quite rapidly.

- PB advised in terms of the rest of the estate there is quite a lot of minor capital and capital works being done but the main thing is the Orthopaedic Elective Centre and is well underway for delivery next September.
- PB advised we are now looking at the estate itself in terms of repurposing areas that might be becoming vacant. We have still got a lot of work to do to reduce the amount of backlog maintenance.
- PB advised at the moment we seem to be able to keep up with everything, but it just takes a bit longer to deliver as there is so much.

### 9.3 **Adverse Events Report**

- The Adverse Events Report for the period July 2021 to June 2021 was noted, for information.
- LC advised the top 3 themes are unwanted behaviours/violence and aggression, personal accidents and infrastructure and staffing. It is important to note there is some natural fluctuation month by month.
- LC advised for violence and aggression we previously had reporting through security and reporting through staff and we would have had a number of reports. This is now just reported once and we have a much clearer view of that, and this has been in place for some time.
- LC advised often within MOE we will have someone who comes in who is very distressed or stressed and sometimes that will reflect behaviours that often can result in an incident and there can be a number of incidents related to the same patient. We have to keep that in mind in terms of when we are reporting that and sometimes the cluster in a month can be related to a patient's episode of care within our settings.
- LC referred to the infrastructure chart we can see the fluctuation in these themes, and we can see infrastructure is on the rise at the moment. It is not as high as it has been, but it is certainly on an upward trend. We strongly encourage staff to DATIX where they feel that staffing has not been as it should have been, or the skill mix is different, and we should try and encourage that in terms of evidence. Within infrastructure we can see the top areas who have reported regularly that there are aspects that are of concern.
- PB advised if anyone comes through the Phase 3 entrance and sees a lack of security presence it is highly likely staff are attending a violence and aggression incident.
- AV asked about the double reporting where we saw in the past where security would DATIX the same incident as a ward staff member. What is the criteria and who decides who would report the incident? LC advised there was agreement this would be clinically led with a cross check in terms of the security log. PB confirmed this was correct, but the only difference is when one

of the officers is physically assaulted which constitutes a separate DATIX in the system to enable this to be monitored from a security perspective.

#### **9.4 Violence & Aggression Performance Reports**

- The Violence & Aggression Performance Reports prepared by Ian Bease were noted, for information.

### **10 ISSUES FROM STAFF-SIDE**

#### **10.1 Use of Fans**

- KE advised he had been asked by a number of his members whether infection control have banned the use of fans within offices.
- CW advised this has come from national level and there are issues with the use of fans in clinical areas particularly where people have respiratory illness. The difficulty seems to be where we have staff offices in clinical areas wanting to use fans. CW's understanding is if you are in a ward area it is a clinical area and fans are not permitted for use. If you are in an office block if there is a single occupancy office, then you could use a fan but anything above that then there would need to be a risk assessment put in place. There will be some flexibility around bladed fans in clinical areas where there is no respiratory illness but would again require to be risk assessed and discussed with colleagues in infection control.
- LC advised there was information available on Blink which provides some of the evidence and the background which has come from a national directive and it is covering clinical and non-clinical areas. It is partly due to the nature of what we are dealing with also trying to make sure we protect staff and do not spread any airborne infection around. The documentation does include a risk assessment and completion of that and sign off by the line manager would be the approach. It is probably more challenging in big offices and does detail the requirement then for masks etc. but single offices would still require a risk assessment but may be easier to manage.

### **11 MINUTES FOR NOTING:**

#### **11.1 Capital Equipment Management Group**

- The Minutes of the Capital Equipment Management Group meetings held on 1 July 2021 were noted, for information.

### **12 HOW WAS TODAY'S MEETING?**

#### **12.1 Issues for Next Meeting**

- AV advised the format of meetings have been held virtually for a while, however wondered if we could start to have a conversation as to whether we could or should consider getting back into a room over the coming months and for colleagues to think about.
- CD advised she would be happy for a discussion to take place at the next meeting on 28 October 2021.

## 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 **eESS Proxy**

- KL advised NHS Fife will move to operate eESS on a proxy basis for those areas where admin support is available to do that. This will help support some of the current service pressures and other areas will come on stream as they secure the relevant admin support. This is being rolled out in a staggered way and piloted initially. This means that the Proxy User will enter the transaction on behalf of the supervisor. The transaction would thereafter follow the workflow hierarchy for authorisation.

## 13.2 **Staff Experience Partnership Event**

- KL advised the Staff Experience Partnership Event would be held from 20-24 September 2021. More information would follow on StaffLink.

## 13.3 **Recruitment vacancies/Jobtrain System Reserve Candidates Function**

- KL advised to assist with staffing challenges currently being experienced throughout NHS Fife and to assist with an increased number of vacancies at this time, recruiting managers can routinely record on the Jobtrain system appointable candidates from the recruitment process who were not the preferred candidate for the post. This action will ensure the organisation has detailed appointable candidate information to assist with speeding up recruitment processes in areas where there are staffing and vacancy challenges.

## 13.4 **EU Settlement Scheme**

- KL advised although the EU Settlement Scheme deadline for applications has now passed. If there are situations where we

identify an EU Citizen in our workforce who has not applied to the EU Settlement Scheme by the deadline and does not hold any other form of leave to remain in the UK, then we have had further guidance on that and we will be able to support them to make an application. There is a further opportunity to do that up until 31 December 2021 but there is a very strict process.

### 13.5 **Director of Acute Services**

- AV wanted to acknowledge and offer congratulations to CD's on her permanent appointment into the post of Director of Acute Services.
- CD advised she had enjoyed her time on secondment and was pleased to be made permanently into the role. CD advised she looked forward to continuing to work with colleagues and was keen to get into the strategy and the direction of the Division for the next 5 years.

## **15 DATE OF NEXT MEETING**

Thursday 28 October 2021 at 2.00 pm via MS Teams.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2021/190821

# **UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE PLANNING GROUP MEETING HELD ON TUESDAY 24<sup>TH</sup> AUGUST 2021 AT 14:00 HRS VIA MS TEAMS**

**Chairing this meeting: Kevin Reith, Deputy Director of Workforce**

**Present:**

Jacqui Balkan, Regional Workforce Planning Manager  
 Wilma Brown, Employee Director  
 Lynn Campbell, Associate Director of Nursing, Corporate Services  
 Claire Dobson, Director of Acute Services  
 Susan Fraser, Associate Director of Planning and Performance  
 Brian McKenna, HR Manager – Workforce Planning  
 Janette Owens, Director of Nursing  
 Nicola Robertson, Associate Director of Nursing, Acute Services  
 Sally Tyson, Lead Pharmacist, H&SCP Pharmacy Service  
 Rhona Waugh, Head of Workforce Planning & Staff Wellbeing  
 Amanda Wong, Associate Director of Allied Health Professionals

**In Attendance:**

Janet Melville, Personal Assistant (Minutes)

## **Actions**

### **Welcome and Apologies**

K Reith welcomed everyone to the meeting, especially L Campbell and S Tyson attending their first NHS Fife Strategic Workforce Planning Group meeting. Apologies were noted from L Douglas, S Garden (S Tyson attending), H Hellewell, M McGurk and D McIntosh.

### **01. Presentation: Overview of Tableau and Turas**

B McKenna explained that Tableau and Turas (developed in East Region) have enabled advancements in workforce reporting from generic table presentation to dashboard style infographics allowing improved interrogation of information. The dashboards incorporate workforce information covering a range of factors, with additional functionality recently activated. The systems are populated from existing platforms, including eESS, ePayroll, eFinance, SSTS and Allocate; this enables up-to-date (2 month time lag) but not real time data to be extracted, including highlighting of trends and comparison with other Health Boards in Scotland.

B McKenna outlined the sickness absence dashboard which provides 'visualisations' on sickness absence trends; including data on long-and short-term sickness absence; reasons; and priority areas. Information can be analysed by cost centre, job family, division and location. Within NHS Fife, work is ongoing through Review & Improvement Panels to address high levels of absence in 'hot spot' areas and the dashboard will support management of absence.

The recently introduced functionality, captures absence in a wider sense,

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including maternity leave, annual leave; and currently COVID-19 related absences, to provide information on maintaining appropriate staffing levels (particularly nursing). It also provides information on other workforce indicators, including age demographics; staff in post; use of supplementary staffing inclusive of excess overtime and bank, breakdown of new starts and leavers, and establishment gaps. There is an aspiration to have data on turnover, although complications of obtaining this information were noted, particularly in terms of capturing internal movement. Work is ongoing to ensure accurate establishment gap information.

B McKenna confirmed that these management reporting tools provide broad themes and trends, rather than detailed or personal identifiable information. B McKenna acknowledged there are currently some coding issues resulting in inaccurate data, but 'fixes' are being worked on. It was recognised that it is important to have a consistent, organisation-wide standard of reporting to ensure the information gathered is valuable e.g. for Performance Reviews and for LPF reports.

## **02. Minutes and Matters Arising**

The minutes of the previous meeting held on 18 May 2021 were accepted as a true and accurate record. There were no matters arising.

## **03. Population Health & Wellbeing Strategy Update**

S Fraser indicated that she would update on a number of documents that are all interlinked: in terms of the strategy, a Population Health & Wellbeing Portfolio Board has been established to oversee and lead the development of key priority programmes; the deadline for completion of the strategy is 31 March 2022. The strategic framework supporting the strategy comprises four care programmes founded at national level: Integrated Unscheduled Care, Integrated Planned Care, Proactive & Preventative Care, and Place & Wellbeing.

S Fraser advised that the strategic documents include Remobilisation Plan 4, the submission date for which is the end of September 2021. It will be based on the actions from Remobilisation Plan 3 and projected actions. Scottish Government (SG) guidance has been received, which hasn't been the case for previous iterations of the plan. The guidance requests Action Plan style reporting rather than narrative; exception reporting will be used to highlight issues. It is anticipated Remobilisation Plan 5 guidance will be issued in early 2022 and is likely to request 3 year projections and action planning, rather than a 1 year operational plan.

The SPRA (Strategic Planning and Resource Allocation) process was completed at the end of 2020; it is expected to be earlier for 2021. It will detail the objectives of services for next year and for 2-5 years thereafter.. The intention is to ensure sufficient interconnectedness with strategic, workforce and financial aims; and to inform workforce planning and the development of corporate objectives.

## **04. Scottish Government Feedback on the Interim Workforce Plan 2021/22**

B McKenna talked to the document previously circulated to the Group. The Scottish Government (SG) provided feedback on the Interim Workforce Plans to every Health Board, but suggested further discussions would be

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advantageous where the interim plans did not quite meet their expectations. Although SG appreciated NHS Fife's extensive work on staff wellbeing, additional information on short and medium workforce drivers and modelling was requested; which is more indicative of a full 3-year plan. R Waugh noted that the feedback received was general in nature, noting frustration that more detail was called for, since the remit was to provide a 12 page summary document. J Balkan confirmed that several other Boards had also voiced their frustration with their feedback, as they had submitted exceptionally good plans.

J Balkan drew attention to the request to dovetail with a National Workforce Planning Strategy in line with Recovery Plans by the end of 2021. The timescales do not allow sufficient time to inform each Board's Workforce Strategy, which require to be submitted to SG by 31 March 2022.

## **05. NHS Fife Workforce Strategy 2022-25 Development**

K Reith reported that the development of the Workforce Strategy 2022-25 is on schedule, despite the challenging timeline for the document to be published by 31 March 2022. However, it will not be possible to incorporate a full response to the national strategy within NHS Fife's strategy and to proceed through the required governance route prior to the deadline date. Arrangements are being implemented to ensure appropriate connectedness with the Population Health & Wellbeing Strategy and with Health & Social Care. To this end K Reith advised that he, L Douglas and Nicky Connor, Director of Health & Social Care had recently met to discuss an integrated approach for the future submissions.

K Reith explained that following on from the imminent publication of the National Recovery Plan, there is an intention for a National Workforce Strategy to be completed by the end of December 2021 and consideration is being given to how we respond. It has been agreed the NHS Fife Workforce Strategy is separate from the NHS Fife Workforce Strategic Plan; however, the timelines may require review in order to achieve all required outcomes.

## **06. Updates from Associated Groups**

### **6.1 NHS Fife Operational Workforce Planning Group**

B McKenna reported that the Group had met in July 2021, when he had given a demonstration of Tableau and an overview of the Scottish Government feedback on the Interim Joint Workforce Plan. The timeline for the 3 year Workforce Plan was reviewed in the context of additional national asks and governance arrangements. Members have been asked to review their 2019-22 Action Plans and to submit their completed Action Plans for 2022-25 by the end of Summer 2021 in order that the Workforce Plan can be prepared timeously. B McKenna is liaising with Planning & Performance colleagues, to ensure a comprehensive approach.

It was suggested an overview of Safe Staffing could be added to the next agenda to emphasise that the legislation impacts on all staff groups, not exclusively Nursing and Midwifery.

### **6.2 Health & Social Care Partnership Workforce and Organisational Development Board**

R Waugh confirmed that the H&SCP Workforce & OD Board has not met

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recently; however, it is planned to reconvene meetings and review membership in the near future.

### 6.3 NHS Fife Nursing & Midwifery Workforce Planning Group

N Robertson advised that the Group has met twice since the last meeting of this Group: with good representation from across the Board, currently finalising the Terms of Reference, preparing Action Plans and determining Sub-Groups.

N Robertson reported that challenges continue with a significant number of vacancies and a high sickness absence rate. A large number of supplementary staff (bank and agency) have been used to fill gaps. An extensive recruitment campaign is underway, including new Ward Admin posts and new Band 4 posts, for Newly Qualified Practitioners (NQP) still to complete NMC registration to provide additional staffing. There is a higher than ideal attrition rate of NQPs, which is particularly concerning in Acute Services. Further recruitment activity includes: working with a recruitment agency and collaborating with Comms to target advertising for specific posts; exploring Corporate Membership of LinkedIn for NHS Fife; and liaising with forces leavers by advertising in *Civvy Street* publication. There is a Scottish Government initiative for a specific midwifery recruitment campaign on social media. In terms of International recruitment, a regional approach has been agreed to share processes; however, each Board will individually contact Yeovil Trust after identifying priority areas. A Self-Assessment document to evidence readiness for progressing with international recruitment also requires to be completed.

N Robertson indicated she had met with the HIS Lead Associate Director for Workforce Excellence and in Care: once this Group is fully established, the data will be available to demonstrate links with safe staffing and patient care. N Robertson highlighted that Humza Yousaf, the Cabinet Secretary for Health and Social Care could remobilise the legislation at any time for all staff but clarification is required on the relevant tools for each staff group.

In terms of education: the possibility of a midwifery programme through the University of Dundee (at present only available at in Aberdeen, Edinburgh and Glasgow) is currently being explored to encourage local individuals to work in Fife. It has been agreed that it would be beneficial to have two intakes of nursing staff per year (there is only one at the moment); planning to take forward this proposal with the Chief Nursing Officer.

## 07. Emerging Workforce Risks / Risk Register

K Reith advised that a commitment was made to Staff Governance Committee colleagues to undertake a comprehensive review of risks given the current fast moving environment, and to 'normalise' COVID-19 associated risks into NHS Fife's usual risk register. K Reith explained that the Workforce Sustainability Board Assurance Framework is currently under review. Workforce risks on Datix are being updated to ensure risks are captured accurately and consistently; refreshing high level risks which are escalated for committee awareness; reassigning non-workforce related risks; and closing out of date risks. The intention going forward is to share the risk register with the Group to obtain a broader perspective and to determine whether risk management is effective and

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appropriate mitigations are in place; and to onboard new and emergent risks as required, to provide an additional level of assurance. S Fraser advised that with the SPRA, risks and mitigations were identified for each action; exploring strategic, workforce and financial risks together.

#### **08. Regional Workforce Update**

J Balkan noted that the Regional Workforce Planning Group meetings have been 'thin on the ground' during the past year as Boards focused on their own workload. Plans are in place to get the agenda going again, with input from Jan McLean, Regional Director. A new group has been established to address the concerns with paediatric virus surge; the second meeting is next week. The main risk is to tertiary services and the impact on adult services. Other activity includes workforce scoping around Haematology services and Learning Disabilities Network. In terms of recruitment of Physicians Associates to support services; 30 applications have been received and selection arrangements are ongoing.

#### **09. National Workforce Planning Update**

J Balkan reported that the main item is the new strategy, which with the national planning piece is very welcome; however, hoping to delay the request for submission of workforce plans if at all possible. The National Workforce Planning Group next meets at the beginning of September 2021.

#### **10. AOB**

There was no other business.

**Date of Next Meeting: Tuesday 23<sup>rd</sup> November 2021 at 14:00 hrs via MS Teams** (although Group members will be kept up-to-date with email communications in the interim).

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## **UNCONFIRMED Minutes of the Health & Safety Sub Committee held on Friday 14<sup>th</sup> September 2021 at 13:30 within Microsoft Teams**

### **Present:**

Neil McCormick (NM) Director of Property & Asset Management  
Conn Gillespie (CG) Staff Side Representative  
Kevin Reith (KR) Deputy Director of Workforce (Deputising for Linda Douglas)

### **In attendance**

Craig Webster (CW) Health & Safety Manager  
David Young (DY) Minute Taker

### **1. Chairperson's Welcome and Opening Remarks**

NM Welcomed everyone to the meeting and reported that this will be CW's last meeting as the Health and Safety Manager. As from this week, Craig has moved across to work with the Infection Protection and Control Team.

NM thanked CW for all his endeavours over the years in Health & Safety and wished him luck in his new role.

### **2. Apologies for absence**

Dr Chris McKenna (CM) Medical Director  
Linda Douglas (LD) Director of Workforce

### **3. Minutes of previous meeting**

Action

#### **3.1. APPROVAL OF PREVIOUS MINUTES**

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

#### **3.2. Actions Update**

##### **3.2.1. Theatre Locker Rooms**

NM reported that the Health & Safety Executive are now happy that NHSF were working within National Guidelines and had addressed the issues raised following the HSE Inspection. The Organisation has received two invoices from HSE for the work that they undertook. Action Closed.

##### **3.2.2. Clinical Areas - welfare areas and communal rooms**

NM indicated that this was the updated Return to Work Guidance for Staff Returning to Work. KR stated that the Learning and Development Team have now incorporated the guidance into online resources for staff returning to work which fulfils all requirements. Action closed.

##### **3.2.3. Laundry**

Action Closed

##### **3.2.4. Face Fit Testing**

CW reported that following the HSE Inspection, there was an issue raised regarding the competency of the H&S team to conduct Face Fit Testing. CW noted that H&S staff were competent to do the testing but did not have certificated evidence for this. CW informed the group that a company named RPE2fit, who are accredited trainers, carried out work with the H&S Team on quantitative and qualitative fit testing and the team now have certification in place. Action closed

#### **3.3. Changes to Terms of Reference**

NM raised some points mentioned at the last meeting relating to the Terms of Reference.

##### **3.3.1. Updating Names and Job Titles in ToR**

NM noted that CW had sent an up-to-date copy of the ToR to the group. CW confirmed that the tidying up of names and job titles has been completed.

### **3.3.2. Links relating to resilience and resilience forums**

CW told the group that he hasn't made any changes to the resilience group diagrams, so that's something that the committee may wish to consider moving forward or as a review next year.

### **3.4. Work Plan to be reviewed.**

CW reported that the review of the Work plan has still to be done.

### **3.5. Reports to Clinical Governance.**

NM stated that CW had updated the annual report to that new format. CW said that would be covered later on in the agenda

### **3.6. Matters arising not on agenda**

Nil

## **4. COVID 19**

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

NM pointed out two issues that have significantly changed since March

- **1- and 2-meter social distancing**

NM discussed the recent DL letter outlining the move to a policy of 1- and 2-meter social distancing. He expressed his concern about how confusing the guidance was so has asked the Communications Team to post a message on Blink that will help clarify the new guidance to staff.

CW said that Health Facilities Scotland has issued an update to the social distancing guidance document. The documentation has been released without consultation with ARHAI and it appears to contradict some of the guidance that's been coming out from Scottish Government. These issues have been flagged and will be raised to the Hospital Control Team.

NM has attached the file he received from NSS for information.

- **Changes to the 10-day isolation period**

NM discussed the changes to the 10-day isolation period so that if staff have had both vaccines and a negative PCR test, they can return to work provided they are not working with clinically vulnerable patients.

NM believes that both issues have been addressed across the organisation now and are better understood. NM asked if anyone has anything to add.

## **5. Governance Arrangements**

### **5.1. Discussion around H&S arrangements for 2021-2022 (and beyond)**

NM informed the group that, considering CW's move and having had discussions with a recently retired NHS H&S Head of Service, the Estates Senior Managers are looking at the function of Health & Safety within NHSF and the different strands that need to be addressed.

- An up-to-date Health and Safety Policy and Policy Statement
- Arrangements around about the reporting structure of the Health and Safety Sub committee
- The resources that the Health & Safety team require to provide suitable support for health and safety, Manual Handling and Violence and Aggression.

An independent review was carried out which NM found to be helpful and has given him some food for thought. He said that the organisations needs a Health and Safety Manager so will be moving to advert to see if there's interest and to take up the post moving forward. He plans to look at how the team can prepare to get through the backlog of Staff that need Manual Handling and Violence & Aggression Training.

NM stated that the Health & Safety Policy was reviewed and so it's on the agenda today for approval.

NM stated that the Team needs to consider different ways that we can work in the Community and how we can deliver the amount of training done that we need to. He has been speaking to Fife Council to see if there something that we can do jointly in terms of manual handling training

NM has also had a conversation with the H&S Manager in NHS Tayside to see if we could potentially call on their expertise should any health and safety issues materialise

NM hopes to submit a SBAR to EDG in the next month or so outlining the main points that need to be addressed to get the Health and Safety, Manual Handling and Violence & Aggression Team shaped the way that we need for the future.

## **6. NHS Fife Enforcement Activity**

CW informed the group that the Enforcement Notice has been closed. The Organisation has sent the information that the HSE had requested, and they emailed back indicating they were happy with the direction of travel.

No other enforcement activity at present. CW reported that he is aware of HSE activity in other NHS Boards looking at Manual Handling and Violence & Aggression.

## **7. Policies & Procedure**

### **7.1. Health and Safety Policy review**

The health and policy and policy statement has been updated to reflect changes in job titles CW has made some changes to make it more readable. NM asked if the group were happy to approve the policy and statement for approval.

There was some discussion regarding the appropriate route to send the policy to and it was finally decided that NM should take it to EDG but with a question attached to that for a discussion about if it should be routed to clinical governance either for approval or for information.

NM noted that CW had helpfully provided the group with a document showing the status of policies and procedures relating to health and safety.

CW reported that the document listed all the policies he is responsible for. There was some discussion regarding the contents of the document. CW added that he believed that GPE8.9 - Work Environment Procedure was no longer fit for purpose but was unsure how to have the procedure deleted. NM suggested that CW should contact Hazel Thomson and ask her how to remove this document from the system.

NM stated that the list is helpful to the group and should be kept up to date. NM has asked DY to make sure that the list is updated on a quarterly basis.

## **8. Other business**

### **8.1. Management of Sharps**

CW informed the meeting that he has completed all actions within his remit. There are still some outstanding actions against the Sharps Strategy Group and another in relation to Sharps Investigation Incident Management which is within the scope of the adverse event review policy process. CW has communicated all relevant info to the internal audit team and all the actions have been updated.

CW informed the group that Waste Management is back into contingency arrangements as the company who took over the contract was unable to fulfil its contract obligations. Information that the contract was being pulled came through very late and very suddenly, so Facilities have been "firefighting" since the weekend but are now on top of things.

NM added that he had raised this issue with EDG gold and agreed that the facilities team seem on top of things. NSS and HFS have been very helpful and are in working with Tradebe to resolve issues.

## **9. FOR INFORMATION/ NOTING**

Committee Minutes

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

## **10. Next Meeting**

Next meeting will take place on Friday 10<sup>th</sup> December 2021 @ 12:30 on Teams

CW/NM

NM asked if the meetings for next year have been set up. DY confirmed that dates have been scheduled.