Staff Governance Committee

Thu 12 January 2023, 10:00 - 12:00

MS Teams

Agenda

10:00 - 10:01
1 min

1. Apologies for Absence

Sinead Braiden

10:01 - 10:02
1 min

2. Declaration of Members' Interests

Sinead Braiden

10:02 - 10:07
5 min

3. Minutes of Previous Meeting held on Thursday 10 November 2022

Enclosed   *Sinead Braiden*

📄 Item 03 Staff Governance Committee Minutes (unconfirmed) 10.11.2022.pdf (9 pages)

10:07 - 10:10
3 min

4. Matters Arising / Action List

Enclosed   *Sinead Braiden*

📄 Item 04 Table of Actions for 12.01.2023.pdf (1 pages)

10:10 - 10:35
25 min

5. GOVERNANCE MATTERS

5.1. Corporate Risks Aligned to Staff Governance Committee

Enclosed   *David Miller*

📄 Item 5.1 Corporate Risks Aligned to SGC 12.01.23.pdf (7 pages)
📄 Item 5.1 Corporate Risks Aligned to SGC Appendix 1.pdf (2 pages)
📄 Item 5.1 Corporate Risks Aligned to SGC Appendix 2.pdf (1 pages)

5.1.1. Deep Dive – Workforce Planning - Nursing and Midwifery Staffing Levels

Janette Keenan

5.2. Staff Governance Standard

5.2.1. Improved and Safe Working Environment

Enclosed   *Neil McCormick / Rhona Waugh*

📄 Item 5.2.1 SGC Staff Governance Standards Improved and Safe Working Environment.pdf (3 pages)
📄 Item 5.2.1 Appendix 1- Talking Toolkit NHS Scotland v2.pdf (24 pages)

5.2.2. iMatter Report

Enclosed   *Kevin Reith*

		▤ Item 5.2.2 iMatter Report 2022 12.1.23.pdf (12 pages)

10:35 - 10:45
10 min

6. STRATEGY / PLANNING

6.1. Population Health and Wellbeing Strategy

Presentation   *Margo McGurk / Susan Fraser*

10:45 - 10:55
10 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed   *David Miller*

▤ Item 7.1 IPQR Covering SBAR 12.1.23.pdf (3 pages)
▤ Item 7.1 IPQR December 2022.pdf (9 pages)

10:55 - 11:05
10 min

8. PROJECTS / PROGRAMMES

8.1. Workforce Implications of Memorandum of Understanding (MoU2) Implementation – General Medical Services Contract

Enclosed   *Nicky Connor / Lisa Cooper*

▤ Item 8.1 Workforce Implications of MOU2 Update 12.1.23.pdf (10 pages)

11:05 - 11:20
15 min

9. ANNUAL / OTHER REPORTS

9.1. Training Compliance Report 2021/2022

Enclosed   *Kevin Reith*

▤ Item 9.1 Training Compliance Report 2021-2022 12.1.23.pdf (9 pages)

9.2. NHS Fife Workforce Information Overview

Enclosed   *Rhona Waugh*

▤ Item 9.2 NHS Fife Workforce Information Overview - 12.01.23.pdf (19 pages)

11:20 - 11:35
15 min

10. FOR ASSURANCE

10.1. Delivery of Annual Workplan 2022/2023

Enclosed   *David Miller*

▤ Item 10.1 Delivery of Annual Workplan 2022-2023 Report - 12.1.23.pdf (10 pages)

10.2. Proposed Annual Workplan 2023/2024

Enclosed   *David Miller*

▤ Item 10.2 Proposed Annual Workplan 2023-2024 Report - 12.1.23.pdf (8 pages)

11:35 - 11:45
10 min

11. LINKED COMMITTEE MINUTES

11.1. Area Partnership Forum held on 23 November 2022 (unconfirmed)

Enclosed

📄 Item 11.1 APF Minutes 23.11.22 Cover Sheet.pdf (1 pages)
📄 Item 11.1 APF Minutes 23.11.22 (Unconfirmed).pdf (8 pages)

11.2. Acute Services Division & Corporate Directorates Local Partnership Forum held on 27 October 2022 (unconfirmed)

Enclosed

📄 Item 11.2 ASD&CD Local Partnership Forum Minute 27.10.22 Cover Sheet.pdf (1 pages)
📄 Item 11.2 ASD&CD Local Partnership Forum Minute 27.10.22 (Unconfirned).pdf (13 pages)

11.3. Health & Social Care Partnership Local Partnership Forum held on 21 September 2022 (confirmed)

Enclosed

📄 Item 11.3 H&SCP LPF Minutes 21.9.22 (Confirmed) Cover Sheet.pdf (1 pages)
📄 Item 11.3 H&SCP LPF Minutes 21.9.22 (Confirmed).pdf (6 pages)

11.4. Strategic Workforce Planning Group held on 22 November 2022 (unconfirmed)

Enclosed

📄 Item 11.4 SWPG Minutes 10.11.22 (Unconfirmed(Cover Sheet.pdf (1 pages)
📄 Item 11.4 SWPG Minutes 22.11.22 (Unconfirmed).pdf (7 pages)

11:45 - 11:55
10 min

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1. To the Board in the IPQR Summary

Verbal   *Sinead Braiden*

12.2. Chair's comments on the Minutes / Any other matters for escalation to NHS Fife Board

Verbal   *Sinead Braiden*

11:55 - 12:00
5 min

13. ANY OTHER BUSINESS

12:00 - 12:00
0 min

14. Date of Next Meeting: Thursday 9 March 2023 at 10.00 am via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 10 NOVEMBER 2022 AT 10.00 AM VIA MS TEAMS

Present:
Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Alistair Morris, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Owens, Director of Nursing
Carol Potter, Chief Executive
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:
Kirsty Berchtenbreiter, Head of Workforce Development & Engagement
Nicky Connor, Director of Health & Social Care
Pauline Cumming, Risk Manager *(items 1 – 5.1 only)*
Claire Dobson, Director of Acute Services
Linda Douglas, Director of Workforce
Susan Fraser, Associate Director of Planning & Performance *(item 6.5 only)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
Sandra Raynor, Head of Workforce Resourcing & Relations
Kevin Reith, Deputy Director of Workforce
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A warm welcome was extended to Colin Grieve, Non-Executive Member, who is attending his first Staff Governance Committee meeting as a new member,

The Chair advised that Linda Douglas, Director of Workforce, leaves NHS Fife on 3 January 2023, and is attending her last meeting of the Committee. The Chair took the opportunity, on behalf of members, to thank Linda for her valued contribution to the Staff Governance Committee over the past two years and offered the Committee's best wishes for a long and happy retirement.

The Chair also advised that Kirsty Berchtenbreiter is leaving NHS Fife to take up a position with NHS Greater Glasgow & Clyde and wished her well for the future.

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

In addition, the Chair acknowledged the on-going service pressures affecting colleagues and thanked them for their ongoing efforts during what continues to be a very challenging time.

Due to the challenges of managing the meeting remotely, the Chair requested those presenting papers to be as succinct as possible, on the assumption that all papers had been read prior to the meeting. Thanks were extended to all who had responded to the request to contact report authors with queries in advance of the meeting.

1. Apologies for Absence

Apologies for absence were received from W Brown, Employee Director.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 1 September 2022

The minutes of the meeting of Thursday 1 September 2022 were **agreed** as an accurate record.

4. Matters Arising / Action List

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

5. GOVERNANCE / ASSURANCE

5.1 Corporate Risk Aligned to Staff Governance Committee

The Chair, on behalf of Committee members, highlighted the need to define a risk to reflect the potential of forthcoming industrial action. It was agreed to discuss further outwith this meeting, at the Committee's Private Session.

The Director of Workforce introduced this item. The Risk Manager advised that the papers reflect the latest iteration of our refreshed approach to reporting corporate risks. This has been informed from feedback from the Committees in recent months. The refreshed approach will enable better scrutiny, allow for deep dives on specific risks and to the ability to take assurance on actions being taken to mitigate and reduce risks.

The Risk Manager highlighted Appendix 2: the Assurance Principles which provides an understanding of the different elements to consider for each risk.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted that the summary of corporate risks aligned to the Staff Governance Committee were broad and queried how specific risks with significant risk to the organisation will be provided for scrutiny, such as Personal Development Planning and Review and compliance with Statutory and Mandatory training. The Director of Workforce advised that the

risks detailed in the paper are the overall high level corporate risks, and descriptions and mitigation of these risks will be given due consideration. Assurance was provided that there are risks that sit operationally underneath the high-level measures, such as training and appraisal.

A Morris, Non-Executive Member, expressed the view that the mitigation reports are not specific enough in terms of timelines and outcomes for the Committee to be provided with assurance. A Morris suggested a deep dive on staff appraisal and wellbeing for a future meeting. C Grieve, Non-Executive Member, queried if there were deep dives taking place in other areas of the organisation, from which this Committee could take assurance from.

The Director of Finance & Strategy reported that as part of our new risk management arrangement, a new Risk & Opportunities Group has been established. As part of their remit, this Group are reviewing the operational risks linked to the high risks being presented to the Committees, and they will also recommend escalations of new risks to the Corporate Risk Register. It was noted that formal reporting from this group is still be finalised. C Grieve, Non-Executive Member, highlighted the potential requirement for prompt escalation from this Group and questioned how emerging risks are escalated between Committee meetings.

The Chief Executive reported that this is the first iteration of the report and refinement of the corporate risks will be a work in progress over the coming year. Providing adequate assurance to all the Committees and the importance of deep dives was noted as a measure to continue to improve upon, as the refinement process continues.

The Chief Executive then highlighted staffing levels, suggesting this should be a priority for a deep dive at the next meeting. The Director of Nursing also commented on student nurse attrition, noting that this is the first year that courses have not been fully subscribed, which is compounded by a high number of student nurses dropping out of their first year of study.

Discussion took place on deep dive topics for the next meeting and the following topics were suggested: the Radiography and Radiology Workforce Risk ID90, Nursing & Midwifery staffing levels and student nurse attrition, Staff Experience, Personal Development Planning and Review, Statutory & Mandatory Training and Workforce Planning. Further discussion took place on the prioritisation of these topics, and it was agreed to have a deep dive at the next meeting on Nursing & Midwifery Staffing risks.

Action: Director of Workforce / Director of Nursing

The team were thanked for all their hard work in developing the corporate risk register and the Committee took broad **assurance** from the report.

5.2   Staff Governance Standard Overview

5.2.1   HR Policies Update

The Head of Workforce Resourcing & Relations advised that the paper provides an update on the work undertaken by the HR policy group and on the Once for Scotland Workforce Policies Programme. The policies being progressed since the last update to the Committee were highlighted, and it was advised that the workplan is attached as an appendix. The current consultation on the 'Once for Scotland' Workforce Policies 'Supporting the Work-Life Balance', was also highlighted and it was advised that there will be a collective NHS Fife response. Assurance was provided that from the initial review of the consultation documents, there are policies and processes within these which are familiar to NHS Fife, and when the new policies are launched, it is not expected that there will be much difference in our practice.

The Committee took **assurance** from the work undertaken by the HR Policy Group in developing and maintaining HR policies within its scope and the update on the Once for Scotland Workforce Policies Programme.

5.3   Whistleblowing Report – Quarter 2 2022/2023

The Head of Workforce Resourcing & Relations highlighted that Appendix 1 from the paper provides an update on the two whistleblowing reports that were received in Quarter 4 of 2021/22 as the information was not available for the Annual Report. It was agreed to redact the reference to the ward cited within the report.
Action: Head of Workforce Resourcing & Relations

It was advised that a process is being developed over the coming months in the gathering of feedback, which will be presented to the Committee and will include themes. S Fevre, Co-Chair, Health & Social Care LPF, highlighted that concerns and issues that are raised, and are not necessary whistleblowing concerns, also need to be considered. K MacDonald, Whistleblowing Champion, suggested including these concerns in a separate report, along with sharing staff stories.

An update was provided on the activities around the 'Participation & National Speak Up' week in October 2022.

Members commended the report, noting the report will be developed and refined further within future iterations. The work of the Director of Workforce and K MacDonald, Whistleblowing Champion, was also acknowledged.

The Committee took **assurance** from the report, which confirmed there were no Whistleblowing concerns received; no anonymous concerns received; one Whistleblowing article was published in the local newspaper; and **noted** the Whistleblowing training undertaken during Quarter 2.

6. STRATEGY / PLANNING

6.1 NHS Fife Three Year Workforce Plan for 2022-2025 – Scottish Government Feedback

The Head of Workforce Planning & Staff Wellbeing provided background on the development of the three year Workforce Plan, noting that the final plan incorporates feedback collated to date. Any anticipated changes to the workforce composition numbers and financial planning to take account of the Scottish Government response will be provided through the Strategic Planning & Resource Allocation (SPRA) process. It was noted that the Scottish Government workforce projections exercise had not been received this year, and that the level of detail required is currently being collated from Directorates and services through the SPRA process, which will support developing the specific Directorate and service-based workforce plans, which will accompany the overarching workforce plan.

A Morris, Non-Executive Member, noted that he agreed with the Scottish Government's feedback around the workforce and financial implications and queried if the SPRA would cover all of the Scottish Government's feedback. He also highlighted that innovation is required for the workforce challenges and requested that these plans could be developed and promoted more widely and include timescales. The Director of Finance & Strategy provided assurance that the SPRA is being developed and will provide the detail around the changes and composition of our workforce.

The Director of Workforce clarified that some of the gaps in the feedback received from the Scottish Government on the draft Workforce Plan was available through other strategic documents, and that going forward the connections between financial, service and workforce planning will be pivotal.

S Fevre, Co-Chair, Health & Social Care LPF, noted that the report contributes to the Well Informed strand of the NHS Scotland Staff Governance and suggested including the Appropriately Trained and Developed strand too. The Director of Workforce will take this forward. **Action: Director of Workforce**

The Committee **agreed** to the publication of the three-year Workforce Plan for 2022-2025, taking account of the Scottish Government Workforce Planning Data, Analytics and Insight Unit feedback.

6.2 Health and Social Care Partnership Three Year Workforce Plan for 2022-2025 – Scottish Government Feedback

The Director of Health & Social Care advised that due to the timing of the Scottish Government feedback, a verbal update is being provided to the Committee. It was noted there was a lot of positive feedback received on the plan, with some areas requiring further expansion. Updates to the draft HSCP Plan are currently being discussed through the structures of the Integrated Joint Board (IJB) and the Plan will be brought back to the next meeting of the Committee.

The Committee **noted** the verbal report provided.

6.3   NHS Fife Draft Staff Health & Wellbeing Framework

The Head of Workforce Planning & Staff Wellbeing advised that the draft Framework has been developed in partnership with key contributors, following a series of workshops and engagement through various groups. The Framework sets out our ambition and commitments in terms of staff health and wellbeing.

A Morris, Non-Executive Member, welcomed the Framework and advised of a recent Board members' visit to the Stratheden Hospital site and highlighted the lack of central staff hub facilities there, mainly due to the spread-out nature of staff and the difficulties in identifying an easily accessible location suitable for all. He noted a similar issue at the Victoria Hospital. A Morris suggested having smaller staff hubs, which are more easily accessible, as opposed to one main Hub that some staff may find difficult to use due to their working locations within the hospital grounds. S Fevre, Co-Chair, Health & Social Care LPF, advised that he is working closely with the Site Manager at Stratheden to improve the facilities for staff, which will likely involve a number of smaller areas being refurbished. In terms of the Victoria Hospital, it was advised that space for a Staff Hub in the location previously used as the WRVS café is being redeveloped at present, which will be more feasible for staff working within the hospital footprint to access. An overview on the progress on the Staff Hubs at other sites was provided. It was also noted a Staff Facilities Group has been set up to continue discussions on this on an ongoing basis.

Following a query from C Grieve, Non-Executive Member, clarity was provided that the NHS Fife Resilience Forum has a focus on organisational resilience, however a component of their work is also focused on aspects for example travel and cycle to work. It was agreed to make this more explicit in the document.
                    Action: Head of Workforce Planning & Staff Wellbeing

All those involved in developing the framework were thanked for their hard work. The Committee **endorsed** the Staff Health & Wellbeing Framework for publication within NHS Fife.

6.4   Strategic Planning & Resource Allocation 2023/2024

The Director of Finance & Strategy highlighted that the Scottish Government Emergency Budget review has been published, noting that the financial decisions at Scottish Government and UK level involves significant prioritisation of spend, which will impact on service delivery. It was reported the costs for the current financial year have not concluded, and the wider pressures on the system have already led to some significant changes being made.

It was reported that the ongoing pay deal negotiations for Agenda for Change and the broader cost of living crisis will be significant factors in our allocation of resources by the Scottish Government.

The Director of Finance & Strategy thanked colleagues for a positive change in taking the SPRA process forward, which now includes engagement with teams across the whole organisation.

The Committee took **assurance** from the report and **noted** the Strategic Planning and Resource Allocation methodology and the timeline for delivery.

6.5   Annual Delivery Plan Progress & Winter Actions

The Associate Director of Planning & Performance joined the meeting and informed the Committee that the Quarter 2 update will be provided to the Scottish Government. It was reported that future updates will be in a dashboard format, and this is currently under development.

It was advised the paper is presented to this Committee to highlight the mid-year position in terms of progress of high level deliverables within the Annual Delivery Plan. It was noted that the majority of actions within the Annual Delivery Plan are either complete or partially complete. It was also reported that workshops have been carried out with clinical and managerial staff on the Winter planning actions to identify themes, and a Winter Readiness Checklist has been submitted to Scottish Government.

A Grand Round is scheduled for 16 November 2022 to look at discharges within the organisation, and it was highlighted that this will be a vital and important engagement session with staff to discuss ways processes can be enhanced.

S Fevre, Co-Chair, Health & Social Care LPF, raised concern for Dental Services and questioned what support is planned for these services. The Director of Health & Social Care explained that Dental Services will form part of the Primary Care Strategy, which is in the process of being developed, and that this strategy will underpin the Health & Social Care Strategic Plan and also link into the work of the Population Health & Wellbeing Strategy. Assurance was provided that there is a lot of work to be undertaken, and that this work will progress via the consultation, engagement and governance routes.

The Committee took **assurance** from the status of deliverables from the Annual Delivery Plan 2022/23 at September 2022.

7.   QUALITY / PERFORMANCE

7.1   Integrated Performance & Quality Report

The Director of Workforce reported that the sickness absence level remains at around 6.5% for the reporting period, and work continues in this area. The Director of Workforce also highlighted the continued efforts of staff to maintain sickness absence levels and to support individuals to return to and remain at work.

It was advised that the national set target for the new Personal Development & Performance Review (PDPR) indicator is 80%, and our current position is around 30%. It was reported that conversations with staff are taking place, however, there is currently a lack of evidence within the system to show that annual appraisal activities and Personal Development Plans are being recorded, which is reflective of the continuing operational pressures within services. Further work towards improving the current position will be carried out.

The Committee took **assurance** from this report.

8. ANNUAL REPORTS

8.1 Staff Governance Annual Monitoring Return 2021/2022

The Head of Workforce Resourcing & Relations advised that the draft Staff Governance Annual Monitoring Return 2021/2022 has been through the relevant governance routes.

This Committee **considered** the content of the final draft Staff Governance Annual Monitoring Return for 2021/2022, subject to making any further amendments. The Committee **agreed** to delegate to the Chair of Staff Governance Committee and the Employee Director to **approve** the final return, prior to submission to the Scottish Government by 18 November 2022.

8.2 Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021/2022

The Director of Acute Services advised that the report highlights the good work of the Local Partnership Forum and provides an overview of the activity that has been undertaken. The report also identifies priority actions for this year.

The Director of Acute Services highlighted the 'Let's Take a Moment' event and noted the key priority to further develop leadership walkabouts. A Verrecchia, Co-Chair, Acute & Corporate Directorates LPF, provided positive feedback on the recent walkabouts.

The team were acknowledgment for their hard work and team spirit in producing the report. The Committee took **assurance** from the report and **noted** the content in support of the Staff Governance Standard.

8.3 Volunteering Annual Report 2021/2022

The Director of Nursing introduced the second NHS Fife Volunteering Annual Report, which provides detail on the favourable work carried out by volunteers. It was noted that NHS Fife explicitly recognises the dedication and commitment of volunteers to supporting staff and patients. The Director of Nursing explained how volunteers are celebrated and highlighted the key points from the report.

The Chair thanked the team for producing the report. The Committee **noted** and took **assurance** from the contents of the Volunteering Annual Report 2021/2022.

8.4 Medical Appraisal and Revalidation Annual Report 2021/2022

The Head of Workforce Planning & Staff Wellbeing advised that the report provides an update and gives assurance on the obligations of NHS Fife in terms of the appraisal and revalidation of our medical staff. It was noted that the General Medical Council (GMC) regulated appraisal revalidation has been in place for medical staff since 2012, and we continue to progress well in this area, despite the challenges of the pandemic and lack of trained appraisers.

The Committee **noted** the contents of the Medical Appraisal and Revalidation Annual Report for 2021/2022.

8.5   Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2021/2022

The Director of Nursing spoke to the report, summarising the main points of the briefing papers.

The Committee took **assurance** from the report.

9.   FOR ASSURANCE

9.1   Annual Workplan 2022/2023

The Committee took **assurance** from the updated workplan.

10.   LINKED COMMITTEE MINUTES

The Committee **noted** the following linked Committee Minutes:

10.1   Area Partnership Forum held on 21 September 2022 (unconfirmed)
10.2   Acute Services Division & Corporate Directorates Local Partnership Forum held on 18 August 2022 (unconfirmed)
10.3   Health and Social Care Partnership Local Partnership Forum held on 20 July 2022 (confirmed)
10.4   Strategic Workforce Planning Group held on 23 August 2022
10.5   Health and Safety Sub Committee held on 2 September 2022

11.   ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1   To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the Committee noting the continuing challenges around managing the Board's sickness absence position.

11.2   Chair's Comments on the Minutes / Any other matters for escalation to NHS Fife Board

It was agreed to highlight the positive work done within the Board to develop our Staff Health & Wellbeing Framework, which was endorsed by the Committee for publication.

12.   ANY OTHER BUSINESS

There was no other business.

13.   DATE OF NEXT MEETING

Thursday 12 January 2023 at 10.00 am via MS Teams.

Deadline passed / urgent	
In progress / on hold	
Closed	

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 12 January 2023

NHS Fife

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	01/09/22	**Staff Governance Standards Overview – Improved and Safe Working Environment**	A further paper to be provided which details the wider issues, including on work to provide safe work places.	**NM**	12/01/23	Short-life Working Group established in partnership to consider Stress Management issues. First meeting held on 14/11/22 and second meeting on 13/12/22. Report on agenda for 12/01/23.	
2.	10/11/22	**Whistleblowing Report – Quarter 2 2022/2023**	To redact the reference to the ward cited within the Whistleblowing report.	**SR**	24/11/22		**Closed**
3.	10/11/22	**NHS Fife Draft Staff Health & Wellbeing Framework**	Clarity was provided that the NHS Fife Resilience Forum has a focus on organisational resilience, however a component of their work is also focused on aspects for example travel and cycle to work - to make this more explicit in the document.	**RW**	30/11/22		**Closed**
4.	10/11/22	**Corporate Risks Aligned to Staff Governance Committee**	To have a deep dive on Nursing & Midwifery Staffing risks at the January Committee meeting.	**KR/JK**	12/01/23	On agenda.	**Closed**

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 12 January 2023**
Title:	**Update on Corporate Risks Aligned to Staff Governance Committee**
Responsible Executive:	**David Miller, Director of Workforce, NHS Fife**
Report Author:	**Pauline Cumming, Risk Manager, NHS Fife**

1. Purpose

This report is presented for:
- Assurance
- Discussion

This report relates to:
- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

This report aligns to the following NHSScotland quality ambition(s):
- Safe, Effective and Person Centred

This report aligns to all aspects of the Staff Governance Standard that staff are:
- Well Informed
- Appropriately Trained and Developed
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect in an environment where diversity is valued
- Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community

2. Report Summary

2.1 Situation

This paper is brought to the Committee as part of the second cycle of reporting to the governance committees on the corporate risks. The content reflects the current status of the risks aligned to this committee. The report will continue to be refined over time.

The Committee is invited to:

- Note the Corporate Risks as at 5 January 2023 set out at Appendix 1;

- Review the updates provided and consider the Assurance Principles set out at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level; and
- Identify which risks are requested for a deep dive at the next Committee

2.2 Background

As part of the refresh of the Risk Management Framework, a Corporate Risk Register has been agreed which aligns to the Board's 4 strategic priorities. The format presents the corporate risks in a manner designed to prompt focused scrutiny and detailed conversations around the level of assurance provided on the management of the risks, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

This is particularly significant for risks which are deteriorating or not improving over time.

2.3 Assessment

NHS Fife Strategic Risk Profile

The Profile is unchanged from the last report to the Committee in November 2022.

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◀▶	High
To improve the quality of health and care services	5	5	-	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	**18**	**14**	**4**	**0**	**0**		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

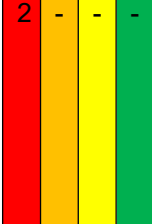| Risk Key			Movement Key	
High Risk	15 - 25		▲	Improved - Risk Decreased
Moderate Risk	8 - 12		◀▶	No Change
Low Risk	4 - 6		▼	Deteriorated - Risk Increased
Very Low Risk	1 - 3			

Details of the risks aligned to this Committee are summarised in Table 1 below and at Appendix 1. Please note:

- the content of the risk register will be reviewed and developed as appropriate between each committee cycle, with consideration at the Risks and Opportunities Group and recommendations to the Executive Directors' Group (EDG)
- it is acknowledged that the current risk profile may change following an appraisal of risks identified through the Strategic Planning & Resource Allocation (SPRA) and other routes as applicable.

To this end, EDG reviewed and agreed the register on 5 January 2023.

Governance Committees and Aligned Corporate Risk Overview

Table 1: Risks aligned to the Staff Governance Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
To improve staff experience and wellbeing	2 - - -	◀▶	• 11 - Workforce Planning and Delivery • 12 - Staff Health and Wellbeing	Updates to mitigations for Risk 12 - Staff Health & Wellbeing

Deep Dive Review of Corporate Risks

A key objective of the new approach is to further develop the level of assurance that can be taken from the management of our corporate risks. To achieve this, deep dive reviews will continue to be commissioned for individual risks, via the following routes:

- Governance committees
- EDG
- Risks & Opportunities Group with recommendations into EDG

In determining the level of assurance that can be derived from the information provided on the corporate risks, members are asked to apply the Assurance Principles provided at Appendix 2; these are intended to support the process, and replace the questions formerly included in the BAF SBAR.

At the last meeting of the Committee on 10 November 2022, given the profile and level of challenge associated with workforce, it was agreed that the deep dive to be prepared for this Committee should not be on a corporate risk, but on Risk 2214 - Nursing & Midwifery Staffing Levels which is associated with the corporate risks 11 - Workforce Planning and Delivery, and 12 - Staff Health and Wellbeing. The deep dive is provided below.

Future deep dives will be agreed by the Lead Officer in consultation with the Chair and Committee members.

Deep Dive for Staff Governance Committee on Thursday 12 January 2023

Corporate Risk Title	Nursing and Midwifery Staffing Levels		
Strategic Priority	To improve staff experience and wellbeing To improve the quality of health and care services		
Risk Description	There is an established and continuing risk that safe nursing and midwifery levels cannot be achieved. 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. Impact on quality of care remains a consequential concern.		
Root Cause (s)	Significant vacancy factor across Nursing and Midwifery which has been highly challenging to recruit to. Low uptake of University places to study nursing coupled with high attrition rates. High sickness absence levels due to stress as a consequence of the pandemic, low staffing levels, high patient acuity, capacity issues and inconsistent staffing.		
Current Risk Level	20	Likelihood 4	Consequence 5
Target Risk Level (in year delivery)	20	Likelihood 4	Consequence 5
Management Actions (current)			
Action			Status
Progress recruitment to trainee Assistant Practitioner posts. HSCP, including mental health, as well as further recruitment to Acute is currently being scoped as per service needs analyses. 25 Trainee Practitioners will be recruited to commence programme in February 2023. Professional Development Award (PDA) has been established with Fife College at SCQF level 8 in line with NHS Education for Scotland (NES) framework and 3 intakes per year agreed, with the first programme commencing in February 2023.			Significant level of delivery challenge
Continue International recruitment (IR) with further funding for recruitment costs being provided by Scottish Government (SG) for those in post by end March 2023. Pipeline for IR has been slower than anticipated due to delay in confirmation of funding for further recruitment costs.			Significant level of delivery challenge
Continue the newly qualified practitioners' recruitment however some may not take up post until 2023 due to delays in achieving practice hours as a result of the pandemic. High rates of student attrition noted from University of Dundee (UoD) as well as nationally. Significantly, 80 student nurse places (from 580) were unfilled for year 1 at UoD.			Significant level of delivery challenge
Establish Healthcare Support Worker (HCSW) pathways to include modern apprenticeship, career development and trainee programmes. Pathways, based on the NES Band 2 – 4 Development Framework, will be in place by March 2023.			On track

Continue to drive nursing and midwifery workforce planning and development activity across NHS Fife through the Nursing and Midwifery Workforce Planning Group. 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.	Significant level of delivery challenge
Management Actions (future)	
Action	**Status**
Commence work with services, finance and workforce to ascertain possibility of recruitment to nursing and midwifery vacancies taking into consideration the 6-12 month time lag from advert to starting post for APs, IR nurses and newly qualified practitioners(NQPs) - January 2023	Significant level of delivery challenge
Promote NHS Fife at UoD recruitment fair in February 2023 to attract 3rd year students who will become NQPs from Sept 23. As per the past 2 years, final placements will be assured within area of substantive post and students will be offered Band 4 posts whilst awaiting NMC PIN.	On track

Completed
On track
Significant level of delivery challenge
At risk of non delivery
Not started

Next Steps

The first cycle of reporting on the corporate risks to the Committee was generally well received, with comments indicating the information and presentation were improvements on the previous Board Assurance Framework approach.

Subsequent feedback and discussions with committee members, and the Risks and Opportunities Group, have reinforced the need to build on this positive start, by strengthening the process to ensure it provides adequate assurance, particularly around evidence of the implementation, impact and timing of risk mitigations and actions, and demonstrates that the latter are having the desired effect.

To achieve the aim of providing assurance to the Committee and the Board, and subsequent Board approval of our risks, work is underway to further enhance the deep dive review component. This will require the inclusion of clear statements as to the proximity of the risk and the related risk appetite, as well as explicit evidence of assurances provided. One of the Board Non - executives is supporting this piece of work.

This along with feedback from all governance committees and the Risks and Opportunities Group, will continue to shape and strengthen our governance reports.

2.3.1 Quality / Patient Care

Effective management of risks to quality and patient care will support delivery of our strategic priorities, to improve health and wellbeing and the quality of health and care services.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to improve staff health and wellbeing, and the quality of health and care services.

This report contributes to all strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability.

2.3.4 Risk Assessment / Management

Subject of the paper.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (Stage 1) was carried out to identify if any items of significance need to be highlighted to EDG .The outcome of that assessment concluded on Option 1: No further action required.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication and engagement, most recently at the Risks and Opportunities Group on 2 December 2022 and EDG on 5 January 2023.

2.3.8 Route to the Meeting

- Kevin Reith, Deputy Director of Workforce on 28 December 2022
- Janette Keenan, Director of Nursing, 30 December 2022
- EDG on 5 January 2023

2.4 Recommendation

This report is presented to the Committee for **Assurance** and members are invited to:

- Note the Corporate Risks as at 5 January 2023 set out at Appendix 1;
- Review the updates provided and consider the Assurance Principles set out at Appendix 2;
- Consider and be assured of the mitigating actions to improve the risk level; and
- Identify which risk(s) are requested for a deep dive at the next Committee meeting.

3. List of Appendices

The following appendices are included with this report:

- Appendix No.1,Summary of Corporate Risks aligned to the Staff Governance Committee as at 5 January 2023
- Appendix No. 2, Assurance Principles

Report Contact:
Pauline Cumming
Risk Manager, NHS Fife
Email pauline.cumming@nhs.scot

Summary of Corporate Risks Aligned to the Staff Governance Committee as at 5 January 2023

		To improve staff experience and wellbeing					
	Risk	**Mitigation**	**Risk Level**	**Target Risk Level by Mar 2023**	**Risk Level Trend**	**Risk Owner**	**Primary Committee**
12	**Workforce Planning and Delivery** There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.	Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan 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 and Corporate Objectives, particularly the "exemplar employer / employer of choice" and the associated values and behaviours and aligned to the ambitions of an anchor institution.	High 16	Mod 8	◀▶	Director of Workforce	Staff Governance

	Risk	Mitigation	Risk Level	Target Risk Level by Mar 2023	Risk Level Trend	Risk Owner	Primary Committee
13	**Staff Health and Wellbeing** There is a risk that if due to a limited workforce supply and system pressures, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, retention and development of staff. Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, published in December 2022.	High 16	Mod 8	◄►	Director of Workforce	Staff Governance

Risk Movement Key

▲   Improved - Risk Decreased

◄► No Change

▼   Deteriorated - Risk Increased

Assurance Principles

Risk Assurance Principles:

Board

➢ Ensuring efficient, effective and accountable governance

Standing Committees of the Board

➢ Detailed scrutiny
➢ Providing assurance to Board
➢ Escalating key issues to the Board

Committee Agenda

➢ Agenda items should relate to risk (where relevant)

Seek Assurance on Effectiveness of Risk Mitigation

➢ Relevance
➢ Proportionality
➢ Reliable
➢ Sufficient

Chairs Assurance Report

➢ Consider issues for disclosure

➢ Emergent risks or ⟨ Escalation / Recording
➢ Scrutiny of risk delegated to Committee

Year End Report

➢ Highlight change in movement of risks aligned to the committee, including areas where there is no change
➢ Conclude on assurance of mitigation of risks
➢ Consider relevant reports for the workplan in the year ahead related to risks and concerns

---

GENERAL QUESTIONS:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both well-designed and effective i.e. implemented properly
- Will further actions bring the risk down to the planned / target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link to the strategic priorities and objectives / corporate risk?

SPECIFIC QUESTIONS WHEN ANALYSING A RISK DELEGATED TO THE COMMITTEE IN DETAIL:

- History of the risk (when was risk opened) - has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
  - In line with the organisation's defined risk appetite?
  - Realistic/achievable or does the risk require to be tolerated at a higher level?
  - Sensible/worthwhile?
- Is there an appropriate split between:
  - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
  - Actions – planned initiatives which should take it from its current to target?
  - Assurances - which monitor the application of controls/actions?
- Assessing Controls
  - Are they 'Key' i.e. are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
  - Overall, do the controls look as if they are applying the level of risk mitigation stated?
  - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty :
  - Are they are on track to be delivered?
  - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
  - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
  - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
  - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
  - Do the assurance sources listed actually provide a conclusion on whether:
    - the control is working
    - action is being implemented
    - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
  - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
    - 1st line – management / performance / data trends?
    - 2nd line – oversight / compliance / audits?
    - 3rd line – internal audit and/or external audit reports / external assessments?

LEVEL OF ASSURANCE

Substantial Assurance	Adequate Assurance	Limited Assurance
Controls are applied continuously with minor lapse	Controls are applied with some lapses	Significant breakdown in the application of controls

---

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 12 January 2023**
Title:	**Staff Governance Standards: Improved & Safe Working Environment**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Neil McCormick, Director of Property & Asset Management / Rhona Waugh, Head of Workforce Planning and Staff Wellbeing**

1.   Purpose

This report is presented for:
- Assurance

This report relates to:
- Emerging issue
- Government policy / directive
- Local policy

This report aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

This report aligns to the following Staff Governance Standard(s):
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community.

2.   Report Summary

2.1   Situation

Following a discussion at the Staff Governance Committee in November 2022 and a previous EDG meeting with Unison representatives, followed by a wider discussion at Area Partnership Forum, it has been agreed that consideration should be given to the format of risk assessments to be undertaken to identify where additional work can be undertaken to alleviate stress in the workplace.

2.3   Assessment

NHS Fife has a legal duty to protect employees from stress at work by doing a risk assessment and acting on it.

Any documentation produced should help to communicate and manage the risks in our organisation.

Sample stress risk assessment templates have been provided by the Health and Safety Executive and an NHS Scotland talking toolkit (Appendix 1) has been agreed locally as an appropriate way of engaging with staff to determine what the key risks are in terms of stress in the workplace and any potential solutions.

HSE's Management Standards are very helpful and identify six areas of work which can affect stress levels – demands, control, support, relationships, role and change.

In line with best practice, a short-life steering group has been set up to support the development of this initiative across the organisation, to identify pilot projects to ensure a consistent approach and to ensure learning across the organisation.

The Steering Group includes:

- Neil McCormick, Director of Property & Asset Management
- Rhona Waugh, Head of Workforce Planning and Staff Wellbeing
- Mechelle Sinclair-Forrow, HR Officer
- Billy Nixon, Health & Safety Manager
- Conn Gillespie, Staff Side H&S Representative
- Wendy McConville, Senior Charge Nurse Learning Disabilities Service
- Dr Sue Blair, Consultant in Occupational Medicine
- Sue Ponton, Interim Head of Service, Occupational Health
- Ruth Lonie, Communications Manager

Next steps include:

- In January 2023, Wendy McConville has agreed to pilot the talking toolkit in two areas, which includes an inpatient ward area and a community team setting.
- The Steering Group will meet again in February 2023, to understand what initial feedback has been with respect to the use of the tool in different settings.
- In March 2023, risk assessments will be prepared for both areas which will form the basis of a blueprint for other areas to complete the same exercise.
- It is anticipated that the process will be rolled out to other areas from April 2023 onwards, which could start with early adopters and identified high risk areas

2.3.1 Quality / Patient Care

This report relates to the sustainability of care services which is essential to ensure continued quality in the delivery of patient care.

2.3.2 Workforce

Whilst there are no immediate changes to workforce, the risk assessments may identify areas where there may be future workforce implications
.

2.3.3 Financial

There are currently no immediate financial implications, however, the risk assessments may identify areas where there may be future pressures

2.3.4 Risk Assessment / Management

As the exercise is inherently a risk assessment, a number of local and corporate risks may emerge from the process.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

An impact assessment has not been completed.

2.3.6 Climate Emergency & Sustainability Impact

There are currently no implications for Climate Emergency & Sustainability.

2.3.7 Communication, involvement, engagement and consultation

The Board has undertaken engagement with staff as part of the wider Health & Wellbeing Framework for NHS Fife and there is regular feedback through iMatter. A communication strategy is in place to publicise the recently updated Live Positive Stress Management Tool for NHS Fife, which complements the work described above.

2.3.8 Route to the Meeting

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

- EDG: 5 January 2023
- Staff Governance Committee: 12 January 2023

2.4 Recommendation

Members are asked to **Discuss** and take **Assurance** from the report:

Assurance – For Members' information.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Talking Toolkit, NHS Scotland

Report Contacts:
Neil McCormick
Director of Property & Asset Management
Email neil.mccormick@nhs.scot

Rhona Waugh
Head of Workforce Planning and Staff Wellbeing
Email rhona.waugh2@nhs.scot

Talking Toolkit
Preventing work-related stress in Health and Social Care in Scotland

Contents

Introduction for employers

The case for preventing stress:

- **The law requires employers to tackle work-related stress.**
- **Tackling stress prevents ill health.**
- **Taking action to tackle stress brings organisational and business benefits; it reduces sickness absence, reduces costs, boosts morale and helps improve productivity.**

The earlier a problem is tackled the less impact it will have, as with many things 'prevention is better than cure' … and usually cheaper.

Preventing work-related stress

Across Great Britain, in 2019/20, work-related stress accounted for about half of all working days lost to ill health and more than three quarters of a million workers reported stress, depression or anxiety caused or made worse by work.

In 2019, Scotland it is estimated that 53 000 workers reported stress, anxiety or depression caused or made worse by their work, at a loss of 1 616 000 working days.

Stress affects us all at different times and in different ways. It can cause people to feel physically unwell, can cause mental health problems and can make existing physical and mental health problems worse.

It's important to remember that it's not the employer's nor the manager's role to diagnose stress, whatever its cause. But if an employee is having problems, it's important that they get help as soon as possible, and as an employer or manager you can help them to do so. This toolkit helps you to have the necessary conversations.

Whether an employer is a GP practice, a care home or Social Care Provider, a hospital or a NHS Trust Board the law requires them to assess the risk of work-related stress and to put measures in place to tackle it.

Managers play an important role in implementing these measures and there are many tools, resources and guides available to help them decide what measures to take (see pages 22 and 23).

Getting started

The starting point is to find out whether you have a problem; this toolkit helps managers hold initial conversations with employees, to gather information needed to move towards preventing work-related stress.

By taking action employers can help create a more engaged, healthy workforce, improve patient care/client services and ensure quality and efficiency.

Other employers have reported improvements in productivity, retention of staff and a reduction in sickness absence when tackling work-related stress.

The whole ethos of both the health and social care sector and NHS is to make people well and to keep them healthy both physically and mentally. By tackling stressors, you will be protecting your employees and the patients who use your services.

Using this talking toolkit

This toolkit is designed to help managers and others hold initial conversations with employees as part of the organisation's overall approach for preventing and managing work-related stress.

The toolkit can also be used by:

- **managers or team leaders as part of their management role:**

  - to understand team dynamics;
  - in performance reviews, sickness absence management or return to work interviews, or one-to-one meetings;
  - to develop 'reasonable adjustments' to get colleagues back to work, for example under the Equality Act 2010;
  - in resource and demand planning; or
  - to identify issues at an early stage.

- **the organisation or senior management:**

  - during change management projects;
  - to provide evidence of stressors;
  - to identify good practice that can be shared;
  - to test potential interventions (using it before and after implementation could evaluate interventions).

- **HR:**

  - to investigate where stress is identified or where there are multiple cases of stress;
  - to develop 'reasonable adjustments' for people with mental health issues or returning to work following illness;
  - to follow up the results of staff surveys, eg checking/comparing results.

- Occupational Health providers as a consistent approach to referred cases, whether relating to stress or not.

- Employee Assistance Programmes as the basis for information gathering for work-related problems.

When developing solutions, you don't have to start from scratch; there are many tools, resources and guides available to help decide what measures should be taken (some examples can be found on pages 22 and 23).

> The law requires all employers to assess the risk of work-related stress and to put measures in place to tackle those risks.

> The Talking Toolkit can form part of an organisation's response but should not be used in isolation as its only measure for preventing stress.

> If your organisation uses the Management Standards approach to tackling work-related stress, you will recognise the topics to be discussed and can see how the feedback from these can help with your organisation's approach to tackling work-related stress.

Starting the conversation

Starting the conversation is an important step towards preventing work-related stress and developing the actions and stress risk assessment that employers need to comply with the law.

The Talking Toolkit should not be used in isolation but as part of the organisation's overall approach to wellbeing and reducing work-related stress. It can support managers, helping them have simple, practical conversations with employees.

The toolkit has templates for six different conversations. Each of these has a different theme designed to get managers and employees talking about issues which may be causing work-related stress, or issues which could be potential future causes if they are not managed properly.

Conversation 1 – Demands

This includes issues such as workload, work patterns and the work environment

Conversation 2 Control

How much say the person has in the way they do their work

Conversation 3 – Support

This includes the encouragement, sponsorship and resources provided by the organisation, management and colleagues

Conversation 4 – Relationships

This includes promoting positive working to avoid conflict and dealing with unacceptable behaviour

Conversation 5 – Role

Whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles

Conversation 6 – Change

How organisational change (large or small) is managed and communicated in the organisation

For each conversation, the first sheet gives the manager a series of questions to start discussions about the causes of stress. The second sheet helps to develop ideas for how to begin tackling causes through discussion and agreement.

There is no strict format for these conversations, or how they should be conducted, and the layout of the toolkit is not prescriptive. You could hold one conversation a week or one a month. The conversations could focus on just one topic or cover all six.

The conversations can fit into an existing one-to-one or team meeting, they could be built into the next training day or a new meeting could be set up solely to talk about stress and mental health and how to prevent problems developing.

You may find that issues recur in different topics or action taken in one topic may have an impact on another. For example, if someone has high demands, the problem can be tackled by reducing those demands, by giving the employee more control over how they carry out the task or providing additional support.

Importantly, employers should make sure that there is time available for managers and employees to have these conversations and that the conversations take place in a suitable setting.

The toolkit also relies on both managers and employees having an open and honest conversation, and the importance of this should be clarified at the outset.

Top tips for managers holding conversations

Consider the six conversations and how to effectively explore these topics with your team members.

- Ensure everyone can attend and take part in the discussions.

- Build trust with your teams.

- Be open about the situation.

- Be clear about the follow up actions and agree these as far as possible with the team.

- Be realistic about what changes you can influence directly (eg team culture).

- Be clear what issues need to be fed into and addressed at organisational level.

It is important that managers listen to what is being said rather than trying to offer excuses or explanations. Action points and solutions should be agreed together. The important thing is to start talking and to start planning.

What happens next?

The Talking Toolkit is just one step on the journey towards managing work-related stress and mental health issues. Using it can improve the wellbeing of employees and make them more likely to talk about any problems openly, and earlier, protecting their health, including mental health.

If you identify that someone is experiencing stress or a mental health problem, they should be encouraged to talk to someone, whether it's a manager, a trusted peer, their trade union representative, GP or occupational health team.

After you complete the six conversations, you will have built up a picture of the potential work causes of stress in your organisation or team.

Depending on the way you conduct these six conversations you may need to have a mop-up session to discuss the agreed action plans, agreeing who will take the actions forward. As part of this you should check whether there are any other areas that haven't been raised or which may reflect changes since the initial discussion.

Remember, although employers have a legal duty to protect employees from stress at work, diagnosing it isn't their responsibility but taking steps to prevent or tackle the problem is. There are suggestions throughout this toolkit on tackling the issues.

You may decide to implement the Management Standards – HSE's approach for preventing stress at work. This approach helps identify and manage the six causes of stress at work, providing advice on how to build the business case for taking action, and how to involve the management team and all employees across your organisation to work together to tackle the problems.

The approach also advises on how and when to involve your employees in gathering information on problems by organising focus groups, surveys and working groups to identify solutions which are relevant to where you work.

You can find out more about the Management Standards on HSE's website at www.hse.gov.uk/stress/standards. The Sources of further advice section points you in the direction of other useful guides, workbooks and tools for both managing and preventing work-related stress.

Conversation One: **Demands**

How your employee should feel
- They are able to cope with the demands of their job.
- They are provided with achievable demands in relation to the hours they work.
- Their skills and abilities are matched to the demands of their job.
- Concerns about their work environment are addressed.

Go through the following questions with your employee or team.

Does your workload feel achievable? Think about which tasks take up the most time and how your organisation, team or department copes at busy times.

Do you feel the priorities/deadlines you are given are realistic? Do you often have conflicting priorities?

Have you got the necessary skills, experience and training to carry out the core functions of your job?

What improvements or support could be put in place to help with any of the issues you have talked about? Think about you, your manager, your department, your organisation or trust.

Set a date to revisit these proposed changes

Conversation One: Demands

#stuc19 Congress, UNISON's Helen Duddy, said that UNISON members working in health know all too well about the increasing strains on NHS staffing levels and the associated pressures on individual workloads.

'Our members and the teams they work in are part of an NHS in Scotland that is under pressure, with figures released in October showing high stress absence levels. And if you have a cycle of not enough staff, then extra workload, then increasing stress levels and increasing absence, you have a vicious escalating circle,' warned Helen.

Working patterns

- Allow/encourage regular breaks, especially when the work is complex or emotionally demanding.
- Consider how flexible working can be used to enable employees to balance their work and personal commitments, whilst meeting the needs of services.

Workload

- Hold regular meetings, both with individuals (to consider individual issues, eg disabilities and reasonable adjustments) and as a team, to discuss anticipated workloads and staffing arrangements.
- Provide training to help employees prioritise.
- Develop systems to notify employees of unplanned tight deadlines and any exceptional need to work long hours.
- Develop systems to monitor emloyees overtime and bank shifts.
- Identify blocks of time to allow for genuine collaborative planning between managers and employees.

- If you're a team leader or supervisor, understand the team's current workload when discussing the allocation of additional tasks.
- If you're a team leader or supervisor, ensure you and your team have a clear understanding of escalation procedures where employee or patient safety is at risk.
- Consider the introduction of a work/life balance policy.
- Encourage flexible working.

Environment

- Assess the risk and impact of other potential hazards and take steps to deal with them by consulting with employees and others. For example, make arrangements not to be alone with previously aggressive patients, or community nurses going to do visits, do so in twos.
- Provide training to help employees deal with and defuse difficult situations.
- Take steps to reduce unwanted distraction, disturbance and noise levels.
- Review systems and procedures, eg queuing, triaging policies.

Agreed action plan

Set a date to revisit these proposed changes

Conversation Two: **Control**

How your employee should feel

- They are consulted over the way their work is organised and undertaken, eg through regular meetings, one-to-ones, performance reviews.
- They have regular opportunities for discussion and input at the start of projects or new pieces of work.
- They are encouraged to use their skills and initiative to do their work.
- They are consulted over things affecting their work.
- They are encouraged to develop new skills and undertake new and challenging pieces of work.
- Efforts are appreciated and acknowledged.

Go through the following questions with your employee or team.

Do you feel involved in how decisions about your job are made? Think about whether you feel listened to, trusted and valued - how you are consulted and given opportunities for input?

Do you feel your skills are used to good effect? How could your existing skills be used more effectively?

Do you feel you have a say in how your work is organised and undertaken?

What improvements or support could be put in place to help with any of the issues you have talked about? Think about you, your manager, your department, your organisation.

Set a date to revisit these proposed changes

Conversation Two: **Control**

'We expect NHS Boards to assess and mitigate the risks of stress whilst supporting staff to manage stress in the workplace. This includes where it has been added to, or caused by stress in their personal lives.'

Jeane Freeman, Scottish Government Cabinet Secretary for Health and Sport.

Communication

- Help employees to have a say about the way their work is organised and undertaken, for example at project meetings, one-to-ones and performance reviews.
- Hold regular discussion forums during the planning stage of any changes to work to talk about the anticipated methods of working.
- Allocate responsibilities to teams rather than individuals to take projects forward.
- Allow employees to have some control over the pace of their work.
- Talk about training needs.
- Involve a range of employees in any projects or change initiatives.

Decisions

- Talk about the way decisions are made, ensuring employees understand how the organisation, department and team make decisions.
- Allow and encourage people to participate in decision making, especially where it affects them.

Skills and training

- Talk about the skills people have and if they believe they are able to use these to good effect.
- Talk about how people would like to use their skills.
- Consider personal development/training plans, where you ask employees to think about the skills they would like to develop.
- Explore the continuous professional development (CPD) requirements of your team members and how these can be met.

Agreed action plan

Set a date to revisit these proposed changes

Conversation Three: **Support**

How your employee should feel	• They receive information and support from colleagues and their managers. • The organisation has systems in place to enable and encourage managers to support their employees and for colleagues to support one another. • They know what support is available and how to access it. • They know how to access the resources they need. • They receive regular and constructive feedback.

Go through the following questions with your employee or team.

Do you feel that your team/organisation is a positive place to work and that you are valued? Think about the working environment, the support available and the opportunities to talk about support you may need.

Do you know who to talk to and where to go when you need support? Think about where you would go for help if you were experiencing an issue and whether you would feel comfortable doing so.

Do you feel there are enough opportunities to discuss any emerging issues or pressures?

What improvements or support could be put in place to help with any of the issues you have talked about? Think about you, your manager, your team, your department, your organisation.

Set a date to revisit these proposed changes

Conversation Three: **Support**

‘At a strategic level, mental health is one of the Cabinet Secretary for Health and Sport's top priorities. This reflects the importance that the Government, our partners in COSLA, the mental health community and the wider population place on Scotland's mental health and the services which support read it.’

Scottish Government Minister for Mental Health, Clare Haughey

Support

- Hold regular one-to-one and team meetings to talk about any emerging issues or pressures.
- Include work-related stress or pressures as a standing item for meetings with employees and/or performance reviews.
- Consider buddying systems or work shadowing to improve understanding of roles across the team and to foster peer support.
- Find examples of how people would like to receive, or have received, good support from managers or colleagues and share them with others.

Resources

- Share information on support available with your employees, for example employee assistance programmes, trade union support, occupational health and external organisations.
- Talk about the ways your organisation can provide support if someone is experiencing problems outside work.

Training

- Regularly consult with people to ensure training is up to date.
- Hold local induction sessions.

Environment

- Assess the risk of physical violence and verbal abuse by consulting with staff and others, such as the police and charities.
- Raise awareness of initiatives already in place.
- Provide training to help employees deal with and defuse difficult situations.

Agreed action plan

Set a date to revisit these proposed changes

Conversation Four: **Relationships**

How your employee should feel
- They are not subjected to unacceptable behaviours such as bullying or harassment at work.
- The organisation promotes positive behaviours at work.
- The organisation has agreed policies and procedures to prevent or resolve unacceptable behaviour.
- The organisation has systems in place to enable and encourage managers to deal with unacceptable behaviour.
- The organisation has systems in place to enable and encourage employees to report unacceptable behaviour, without fear of reprisal.

Go through the following questions with your employee or team.

Have you experienced or witnessed unacceptable behaviour at work? Do you feel satisfied with how this was dealt with?

Do you feel that honest, open communication is encouraged in your organisation?

Do you feel that you know where to go and what to do if you experience or witness unacceptable behaviour? Do you feel confident that steps will be taken to stop this behaviour?

What improvements or support could be put in place to help with any of the issues you have talked about? Think about you, your manager, your team, your organisation.

Set a date to revisit these proposed changes

Conversation Four: **Relationships**

The Sources of further advice section includes links to HSE's free stress risk assessment template, example risk assessments on stress written for small businesses, links to Acas guidance on bullying and Equality and Human Rights Commission (EHRC) guidance on harassment.

In 2019/20, on average, 21.6 working days were lost for every case of stress, anxiety or depression caused or made worse by work.

- Have an agreement with employees and senior leaders on which behaviours are unacceptable.
- Have a written policy for dealing with unacceptable behaviour and procedures for reporting incidents.
- Regularly communicate these policies and procedures to employees and make sure that they are understood.
- Have a confidential system for people to report unacceptable behaviour.
- Encourage good communication and provide training to help, such as listening skills, confidence building and assertiveness.
- Encourage and provide opportunities for employees to socialise together.
- Make sure that you are providing the same level of support and communications for employees who work in isolation like lone workers or those in separate locations.

- Find ways to celebrate personal, team and organisational successes.
- Ensure managers role model the values and behaviours of the organisation and develop positive cultures within their own team.

Agreed action plan

Set a date to revisit these proposed changes

Conversation Five: **Role**

How your employee should feel
- They understand their role and responsibilities.
- The organisation provides information to enable them to understand their role and all of their responsibilities.
- The requirements the organisation places on them are clear.
- They are able to raise concerns about any uncertainties or conflicts they have in their role and responsibilities through the systems that the organisation has in place.

Go through the following questions with your employee or team.

Do you feel clear on what your responsibilities are?

Are you clear on what your performance objectives are and what success looks like for you, your area/department and the organisation? Do you feel that they are achievable?

Do you feel you understand how work is structured in your department and in the wider organisation? Do you know who is doing what and why, and how your role fits in?

What improvements or support could be put in place to help with any of the issues you have talked about? Think about you, your manager, your organisation, your profession, your staff/union representative.

Set a date to revisit these proposed changes

Conversation Five: **Role**

Did you know that stress, anxiety and depression caused or made worse by work accounts for more than half of all the working days lost to sickness absence in Great Britain

mentalhealthatwork.org brings together resources, training, information and tools to help make workplace wellbeing a priority find out more at **www.mentalhealthatwork. org.uk**

New starters

- Give all new employees a thorough induction into your organisation and its policies and procedures. Include details of where to get support or who to speak to about stress or mental health issues.

Communication

- Provide clear work objectives.
- Define work structures clearly so that all team members know who is doing what and why.
- Hold regular one-to-one meetings to ensure people are clear about what is planned for the coming months.
- Agree specific standards of performance for individual tasks and review regularly.
- Hold regular team meetings to enable employees to discuss any issues.
- Display departmental/ organisational targets and objectives.
- Introduce or revise job descriptions with the involvement of employees to ensure the core functions and priorities are clear.

Role

- Introduce personal work plans which are aligned to the objectives of the team/ organisation.
- Introduce or revise job descriptions to ensure the core functions and priorities are clear.
- Review job descriptions regularly, especially following change, and discuss training/ retraining regularly too.

Agreed action plan

Set a date to revisit these proposed changes

Conversation Six: **Change**

How your employee should feel
- **The organisation engages with them frequently when undergoing change.**
- **They are provided with timely information, enabling them to understand the reasons for proposed changes.**
- **They are consulted on changes and provided with opportunities for them to influence proposals.**
- **They are aware of the probable impact of any changes to their job and, if necessary, they are given training to support any changes in their job.**

Go through the following questions with your employee or team.

Do you feel that your organisation handles change well?

Do you feel you are properly consulted when changes are made which affect you and your role? Do you feel the reasons for the change are explained well?

Do you feel that you are involved in the planning process when changes are made?

What improvements or support could be put in place to help with any of the issues you have talked about? Think about you, your manager, your organisation, your profession, your staff/union representatives.

Set a date to revisit these proposed changes

Conversation Six: Change

> '**Scotland's health and social care system is undergoing a significant transformation, including the integration of health and social care, an expansion of multi-disciplinary teams in primary care, and a substantial investment in mental health services**'
>
> **Malcolm Wright, Chief Executive of NHS Scotland**

Never underestimate the effects of 'minor' changes. Seemingly small changes can have a big impact on people's ways of working, their morale, mental health and level of work-related stress.

Consultation

- Define and explain key steps of changes being made.
- Consult employees early and throughout the change process.
- Build in engagement and support as key elements of any change process.
- Involve employees in the planning process.
- Provide a system for employees to comment and ask questions before, during and after the change.
- Review how the change will impact on departmental and individual objectives and workloads.
- Include training/retraining needs as part of your change process.

Communication

- Start communication early and, as far as possible, make it a two-way conversation.
- Explain what the organisation wants to achieve and why it is essential that the change takes place.
- Explain the timescales of changes and how changes will impact directly on employees.
- Have an agreed system for communicating to employees why a change is happening.
- Have agreed methods of communication (such as meetings, notice boards, newsletters, email and feedback forms) and agree their frequency.
- Don't rely on a single communication route – most people may have access to a computer in work but what about those who don't, or those who work off-site or out in the community?
- Make sure that employees are aware of the impact of the change being made on their jobs.
- Talk about the potential need for (re)training.
- Include people on long-term sickness, maternity/paternity leave or career breaks, where possible.

Agreed action plan

Set a date to revisit these proposed changes

Sources of further advice

This Talking Toolkit can form part of your organisation's response to preventing work-related stress. If people you work with are experiencing stress, they should be encouraged to talk to someone, whether it's a manager, their trade union representative, GP or an occupational health team.

Samaritans provide confidential, non-judgemental emotional support for people experiencing feelings of distress.

Telephone: **116 123** (24 hours a day, free to call)

Website: **www.samaritans.org**

Stress

HSE's guidance on work-related stress: www.hse.gov.uk/stress

Mind has guidance on stress and how to manage it: https://www.mind.org.uk/information-support/types-of-mental-health-problems/stress/what-is-stress/

Healthy Working Lives (Scotland) provide information and guidance on tackling stress in the workplace: https://www.healthyworkinglives.scot/workplace-guidance/mental-health/Pages/stress-at-work.aspx

Mental Health

Staff can visit the NHS Inform Mental Health Zone.

Scotland's Action on Mental Health.

Mind's free Wellness Action Plans are an easy, practical way of helping people to support their own mental health at work: https://www.mind.org.uk/workplace/mental-health-at-work/taking-care-of-your-staff/employer-resources/wellness-action-plan-download/

Business in the community, in partnership with the UK Health Security Agency, has created the Mental Health for Employers Toolkit to help them build a culture that champions good mental health: https://www.bitc.org.uk/toolkit/mental-health-for-employers-toolkit/

Heads Together and Mind's website brings together resources, training, information and tools to make workplace wellbeing a priority.

Training opportunities available online can help improve awareness about mental health and develop key skills. If you're based in Scotland, you can access NHS Health Scotland's Mentally Healthy Workplaces course https://www.learningpublichealthscotland.scot

Violence, bullying and harassment or discrimination

HSE guidance on ways to prevent, manage and respond to complaints of inappropriate behaviour: https://www.hse.gov.uk/violence/

Acas advice – Bullying and harassment at work: a guide for managers and employers: https://www.acas.org.uk/handling-a-bullying-harassment-discrimination-complaint

CIPD advice – Harassment and bullying at work: https://www.cipd.co.uk/knowledge/fundamentals/emp-law/harassment/factsheet?IsSrchRes=1

EHRC has advice on tackling discrimination and harassment: https://www.equalityhumanrights.com/en

See Me in Work (Scotland), Preventing unlawful discrimination – a checklist for employers: http://www.seemescotland.org/media/7643/employers-checklist.pdf

See Me in Work (Scotland), Understanding stigma: https://www.seemescotland.org/stigma-discrimination/

Tools and templates from HSE

HSE's stress indicator and analysis tools can be used to assess the level of work-related stress within your organisation.

An action plan template can be used to plan how your organisation will tackle the identified stressors.

The tools and template are available at: https://www.hse.gov.uk/stress/standards/downloads.htm

Stress risk assessment examples of how smaller organisations can approach risk assessment: www.hse.gov.uk/stress/risk-assessment.htm

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit www.hse.gov.uk. You can order HSE priced publications at https://books.hse.gov.uk

HSE priced publications are also available from bookshops.

This publication is available on the HSE website at www.hse.gov.uk/stress/talking-toolkit.htm

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

HSE

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 12 January 2023**
Title:	**Staff Experience Update – iMatter 2022 National Results**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Kevin Reith, Deputy Director of Workforce**
	Kirsty Berchtenbreiter, Head of Workforce Development and Engagement

1. Purpose

This report is presented to Staff Governance Committee for:

- Discussion

This report relates to:

- Annual Delivery Plan
- Government policy / directive

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

- Safe
- Effective
- Person Centred

This report aligns to the following Staff Governance Standard(s):

- Well informed
- Involved in decisions

2. Report Summary

2.1 Situation

This paper provides an update on the iMatter survey for 2022 following the publication of the National Health and Social Care Staff Experience report on the 16 November 2022, click here to view the report in full - Health & Social Care Staff Experience Survey 2022 - gov.scot (www.gov.scot)

2.2 Background

The iMatter Continuous Improvement Model was developed with a focus on team-based understanding of experience, but it also offers information at various levels within organisations to evidence and help improve staff experience. As such, it can provide clarity on where to focus efforts for maximum impact, which in turn leads to better care, better health, and better value.

Each board undertakes the iMatter cycle on an annual basis including the questionnaire and action planning. This is the first year the National Health and Social Care Staff Experience report has acknowledged the distinct differences in the national boards, classifying as support services and patient-facing.

There is strong evidence that high levels of employee engagement have a positive impact on both staff and patient experience. Everyone within the organisation has apart to play – not just those who are patient-facing.

2.3   Assessment

Within Fife the survey was sent to staff in August 2022, fully electronic directorates received their report the day after the survey closed with mixed response (electronic and paper) directorates; H&SCP, Acute and P&AMS receiving the results 2 weeks later.

As with previous national iMatter Reports, NHS Fife is not an outlier in terms of results.Whilst our response rate (60%) was slightly higher that the NHS Scotland Response rate (55%), the Employee Engagement Index and experience of working in the organisation both deviated marginally by -1 point. When comparing NHS Fife's results with the National report all scores were either the same or deviated by one point. There were no red flags in our report and no significant surprises.

On comparing the Staff Governance Standards data NHS Fife are -1 point in all strand scores. This provides us with an opportunity to reflect on changes we can make to support increases in these components, and how this will inform deliver/workplans.

Staff Governance Standards – Strand Scores	National	NHS Fife
Well Informed	79	78
Appropriately trained and developed	75	74
Involved in Decisions	71	70
Treated Fairly and consistently, with dignity and respect, in an environment where diversity is valued	78	77
Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and wider community	77	76

Whilst the report is broadly similar to last year, there are several results that have shown a one-point drop from 2021 and should be kept under review. These include:

o   The overall Employee Engagement Index (EEI)
o   'I understand how my role contributes to the goals of my organisation'

- o 'I feel my organisation cares about my health and wellbeing'
- o 'I feel that board members who are responsible for my organisation are sufficiently visible'
- o 'I have confidence and trust in Board members who are responsible for my organisation'
- o 'I get the help and support I need from other teams and services within the organisation to do my job'
- o 'I would be happy for a friend or relative to access services within my organisation'.
- o The experience of working in the organisation.

There are other elements of employee experience that have shown a one-point increase from 2021:

- o I am confident my ideas are acted upon
- o 'I am treated fairly and consistently'
- o 'I feel appreciated for the work I do'
- o 'My direct line manager cares about my health and wellbeing'
- o 'My direct manager is sufficiently approachable', and
- o 'I would recommend my team as a good one to be part of'

Action Plans are a vital part of the iMatter process, where staff feedback is reviewed, and actions are agreed to address staff concerns and identify opportunities for improvement. The table below shows Action Plan completion for each Board, both for 2021 and for previous years. The last two years have seen the Action Plan completion window reducing from 12 – 8 weeks. NHS Fife have seen a 3% decline in the number of Teams completing Action Plans this year.

Teams completing an Action Plan	2017	2018	2019	2021	2022
Health and Social Care	**43%**	**56%**	**58%**	**42%**	**47%**
National Boards (Support)					
Healthcare Improvement Scotland	72%	89%	73%	44%	61%
NHS Education for Scotland	73%	82%	93%	83%	80%
Public Health Scotland				55%	85%
NHS National Services Scotland	78%	76%	88%	90%	90%
National Boards (Patient-facing)					
NHS Golden Jubilee	63%	71%	52%	74%	59%
NHS 24	14%	66%	54%	58%	56%
Scottish Ambulance Service	72%	86%	82%	41%	62%
The State Hospital	78%	55%	79%	59%	65%
Geographic Boards					
NHS Ayrshire & Arran	54%	60%	55%	40%	49%
NHS Borders	26%	75%	70%	48%	44%
NHS Dumfries & Galloway	13%	46%	58%	20%	30%
NHS Fife	40%	42%	42%	52%	49%
NHS Forth Valley	26%	80%	72%	58%	58%
NHS Grampian	54%	49%	52%	37%	41%
NHS Greater Glasgow & Clyde	44%	50%	57%	49%	49%
NHS Highland	29%	48%	49%	10%	30%
NHS Lanarkshire	48%	67%	77%	50%	50%
NHS Lothian	33%	60%	57%	15%	42%
NHS Orkney	81%	81%	70%	55%	39%
NHS Shetland	14%	45%	41%	36%	27%
NHS Tayside	39%	41%	47%	54%	42%
NHS Western Isles	12%	14%	13%	31%	31%

We were delighted to publish two team stories this year which can be accessed below:

https://www.imatter.scot/team-stories/nhs-fife/nhs-fife-pharmacy-and-medicines-directorate/

https://www.imatter.scot/team-stories/fife-hscp/fife-children-young-people-s-occupational-therapy-service/

2.3.1 Quality / Patient Care
The activities supported by the iMatter process supports staff to deliver quality services.

From a patient's perspective, evidence shows that higher engagement and improved staff experience results in:

o Lower mortality
o Fewer errors
o Lower infection rates
o Enhanced patient experience

2.3.2 Workforce
iMatter underpins and support positive staff experience.

2.3.3 Financial
N/A

2.3.4 Risk Assessment / Management
N/A

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions

iMatter helps to ensure that staff are treated fairly and consistently in line with Staff Governance Standards.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

We have already shared our local data at September's Area Partnership Forum where we took some time to consider what actions could be taken forward at Board level. We gave a commitment to bring a further paper back for discussion once the National Report was published.

2.3.8 Route to the Meeting

This paper has been previously considered by the Executive Directors Group.

2.4 Recommendation

This paper is provided to Staff Governance members for **discussion** and Staff Governance Committee is asked to **note** the update on iMatter Comparative National results which will inform plans for work being undertaken in relation to staff experience.

3 List of Appendices

The following appendices are included with this report:

- Appendix 1: iMatter 2022 Board Report
- Appendix 2: iMatter Reporting Governance
- Appendix 3: Staff Experience Continuous Improvement Framework

Report Contact

Kevin Reith
Deputy Director of Workforce
Email: kevin.reith@nhs.scot

Appendix 1

Board Report 2022

NHS Fife

Total number of respondents: 7134

75

Employee Engagement Index

Response rate

60%

Response rate
Respondents: 7134
Recipients : 11861

Staff Governance Standards - Strand Scores

Weighted Index Value

		Weighted Index Value
Well Informed	69% / 14% / 7% / 10%	**78**
Appropriately Trained & Developed	58% / 20% / 9% / 13%	**74**
Involved in Decisions	50% / 23% / 11% / 16%	**70**
Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued	65% / 17% / 8% / 10%	**77**
Provided with a Continuously Improving & Safe Working Environment, Promoting the Health & Well Being of Staff, Patients & the Wider Community	63% / 20% / 7% / 10%	**76**

● **Strive & Celebrate (67 - 100)**　● **Monitor to Further Improve (51 - 66)**　● **Improve to Monitor (34 - 50)**　● **Focus to Improve (0 - 33)**

Calculating the Average Score

The number of responses for each point on the scale (Strongly Agree – Strongly Disagree) is multiplied by its number value (6-1) (see right). These scores are then added together and divided by the overall number of responses to the question.

6	Strongly Agree
5	Agree
4	Slightly Agree
3	Slightly Disagree
2	Disagree
1	Strongly Disagree

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements:

Number of respondents: 7134

Average score

Statement	Average score
I am clear about my duties and responsibilities	86
I get the information I need to do my job well	80
I am given the time and resources to support my learning growth	70
I have sufficient support to do my job well	77
I am confident my ideas and suggestions are listened to	75
I am confident my ideas and suggestion are acted upon	72
I feel involved in decisions relating to my job	70
I am treated with dignity and respect as an individual	83
I am treated fairly and consistently	82
I get enough helpful feedback on how well I do my work	73
I feel appreciated for the work I do	74
My work gives me a sense of achievement	80

● Strive & Celebrate (67 - 100)   ● Monitor to Further Improve (51 - 66)   ● Improve to Monitor (34 - 50)   ● Focus to Improve (0 - 33)

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your team and direct line manager:

Number of respondents: 7134

Average score

Statement	Average score
I feel my direct line manager cares about my health and well-being	84
My direct line manager is sufficiently approachable	87
I have confidence and trust in my direct line manager	84
I feel involved in decisions relating to my team	75
I am confident performance is managed well within my team	77
My team works well together	82
I would recommend my team as a good one to be a part of	84

● Strive & Celebrate (67 - 100)   ● Monitor to Further Improve (51 - 66)   ● Improve to Monitor (34 - 50)   ● Focus to Improve (0 - 33)

Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 7134

Average score

Statement	Average score
I understand how my role contributes to the goals of my organisation	82
I feel my organisation cares about my health and wellbeing	70
I feel that board members who are responsible for my organisation are sufficiently visible	54
I have confidence and trust in Board members who are responsible for my organisation	61
I feel sufficiently involved in decisions relating to my organisation	55
I am confident performance is managed well within my organisation	63
I get the help and support I need from other teams and services within the organisation to do my job	70
I would recommend my organisation as a Good place to work	74
I would be happy for a friend or relative to access services within my organisation	76

● Strive & Celebrate (67 - 100)   ● Monitor to Further Improve (51 - 66)   ● Improve to Monitor (34 - 50)   ● Focus to Improve (0 - 33)

Please tell us how you feel about your overall experience of working for your organisation from a scale of 0 to 10 (where 0 = very poor and 10 = very good):

Number of respondents: 7134

Very good experience... 10

9

8

7

6.8

6

5

4

3

2

1

Very Poor Experience... 0
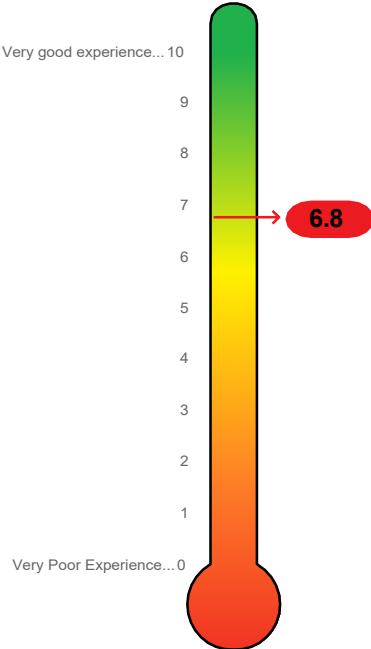
EEI number for teams in the same Board

EEI Threshold	(67-100)	(51-66)	(34-50)	(0-33)	No report	Total
Number of Teams	710	113	11	2	86	922
Percentage of Teams	77.0%	12.3%	1.2%	0.2%	9%	100%

iMatter Reporting Governance

Healthy Organisational Culture

NHSScotland
- iMatter NHSScotland Report (aggregated from 22 Board EEI scores) and also a copy of each iMatter Board Report with Board EEI and Components Reporting.
- 4 KPI report covering each Board

Board (Chair)
- Board (organisational) Aggregated Report for iMatter EEI and iMatter Component.
- 4 KPI report covering all directorates, Board Team reporting (per team reporting below)

CEO:
- iMatter CEO Report Organisational Aggregated iMatter EEI and iMatter Component for all Directorates and Board report
- 4 KPI report for all directorates, senior Management Team Reporting (per team reporting below)

DIRECTORS / CHIEF OFFICERS:
- Aggregated Reports to directorate level for iMatter EEI and iMatter Component
- 4 KPI report for their teams

SUB-REPORTING MANAGERS:
- Aggregated Reports to sub-report level for iMatter EEI and iMatter Component
- 4 KPI report for their teams

TEAMS:
- iMatter EEI Team Report (team can choose to share upwards, but this is a team decision not manager)
- iMatter Component Team Report
- Access their iMatter Directorate aggregated reports

iMatter Operational Leads will have access to all iMatter and EEI reports to provide support and mentorship when required
National Lead will also have access to all iMatter and EEI Reports

Health Care Quality Strategy 2010 - 3 Quality Ambitions	Person-Centred, Safe & Effective																			
MacLeod Enablers/Healthy Working Lives	MacLeod: Leadership				MacLeod: Engaging Managers				MacLeod: Employee Voice				MacLeod: Integrity to the Values & Purpose				Health and Well-being			
Staff Governance Standard Strands	SG1: Well Informed				SG2: Appropriately Trained & Developed				SG3: Involved in Decisions				SG4: Treated Fairly & Consistently, with Dignity & Respect, in an Environment where Diversity is Valued				SG5: Provided with a Continuously Improving & Safe Working Environment, Promoting the Health & Wellbeing of Staff, Patients and the Wider Community			
Staff Experience Components	Visible & Consistent Leadership	Sense of Vision, Purpose & Values	Role Clarity	Clear, Appropriate & Timeously Communication	Learning & Growth	Performance Development & Review	Access to Time & Resources	Recognition & Rewards	Confidence & Trust in Management	Listened to & Acted Upon	Partnership Working	Empowered to Influence	Valued as an Individual	Effective Team Working	Consistent Application of Employment Policy & Procedures	Performance Management	Appropriate Behaviours & Supportive Relationships	Job Satisfaction	Assessing Risk & Monitoring Work Stress & Workload	Health & Well-being Support
KSF Core Dimensions	C1	C1	C2	C1	C2	C2	C2	C2	C6	C4	C4	C4	C6	C5	C6	C5	C6	C5	C3	C3

Staff Experience Employee Engagement Components	iMatter Questions
Visible and Consistent Leadership	My direct line manager is sufficiently approachable
Visible and Consistent Leadership	I feel senior managers responsible for the wider organisation are sufficiently visible
Sense of Vision, Purpose and Values	I understand how my role contributes to the goals of my organisation
Role Clarity	I am clear what my duties and responsibilities are
Clear, Appropriate and Timeously Communication	I get the information I need to do my job well
Learning and Growth	I am given the time and resources to support my learning and growth
Performance Development and Review	I get enough helpful feedback on how well I do my work
Access to Time and Resources	I have sufficient support to do my job well
Recognition and Reward	I feel appreciated for the work I do
Confidence and Trust in my management	I have confidence and trust in my direct line manager
Confidence and Trust in my management	I have confidence and trust in senior managers responsible for the wider organisation
Listened to and Acted Upon	I am confident my ideas and suggestions are listened to
Listened to and Acted Upon	I am confident my ideas and suggestions are acted upon
Partnership Working	I feel involved in decisions relating to my organisation
Empowered to influence	I feel involved in decisions relating to my job
Empowered to influence	I feel involved in decisions relating to my team
Valued as an Individual	I am treated with dignity and respect as an individual
Effective Team Working	My team works well together
Consistent Application of Employment Policies and Procedures	I am treated fairly and consistently
Performance Management	I am confident performance is managed well within my team
Performance Management	I am confident performance is managed well within my organisation
Appropriate Behaviours and Supportive Relationships	I get the help and support I need from other teams and services within the organisation to do my job
Job Satisfaction	My work gives me a sense of achievement
Assessing Risk and Monitoring Work Stress and Workload	I feel my direct line manager cares about my health and well being
Health and Wellbeing Support	I feel my organisation cares about my health and well being
Additional Question	I would recommend my team as a good place to work
Additional Question	I would recommend my organisation as a good place to work
Additional Question	I would be happy for a friend or relative to access services within my organisation

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 12 January 2023**
Title:	**Integrated Performance & Quality Report – Staff Governance**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Author:	**Bryan Archibald, Head of Performance**

1. Purpose

This is presented to the Staff Governance Committee for:
- Assurance

This report relates to:
- Annual Delivery Plan

This aligns to the following NHSScotland quality ambition(s):
- Safe, Effective and Person Centred

This report relates to the Staff Governance Standard requirement that staff are:
- Well Informed

2. Report Summary

2.1 Situation

This report informs the Staff Governance 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 generally up to the end of October 2022, although there are some measures with a significant time lag and a few which are available up to the end of November.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly.

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this will streamline local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested

by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Adverse Events Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

2.3   Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2022.

The Staff Governance aspect of the report covers Sickness Absence and Personal Development Plan & Review (PDPR), and their current status is shown in the table below.

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.00%	Not achieving (6.63% in October, now including COVID-related absence apart from infection control period)
PDPR	Monthly	80%	Not achieving (This is measured on a rolling 12-month basis)

2.3.1   Quality/ Patient Care

IPQR contains quality measures.

2.3.2   Workforce

IPQR contains workforce measures. The IPQR report contributes to 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

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table, the Indicator Summary Table, the Executive Summary narratives and the relevant drill-downs.

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution ambitions

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

The NHS Fife Board Members and existing Standing Committees are aware of the approach to the production of the IPQR and the performance framework in which it resides.

The Staff Governance extract of the December IPQR will be available for discussion at the meeting on 12 January 2023.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 5 January and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

The report is being presented to the Staff Governance Committee for:

- **Discussion** – Examine and consider the NHS Fife performance as summarised in the IPQR

3. List of Appendices

None

Report Contact:

Bryan Archibald
Head of Performance
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

Produced in December 2022

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI).

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR for the Staff Governance Committee comprises the following sections:

a) **Corporate Risk Summary**
   Summarising key Corporate Risks and status.

b) **Indicatory Summary**
   Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.

c) **Projected & Actual Activity**
   Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

d) **Assessment**
   Summary assessment for indicators of continual focus.

e) **Performance Exception Reports**
   Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2022/23, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

Prepared by:

MARGO MCGURK
Director of Finance & Strategy
5 January 2023

SUSAN FRASER
Associated Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◄►	High
To improve the quality of health and care services	5	5	-	-	-	◄►	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◄►	Moderate
To deliver value and sustainability	6	4	2	-	-	◄►	Moderate
Total	18	14	4	0	0		

Summary Statement on Risk Profile

Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite.

Mitigations in place to support management of risk over time with some risks requiring daily assessment.

Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.

Risk Key

High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

Movement Key

▲ Improved - Risk Decreased

◄► No Change

▼ Deteriorated - Risk Increased

b. Indicator Summary

Section	Indicator	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	Month	Oct-22	36	○	▲	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	TBD	Month	Oct-22	23.1%	●	▲	▼	●
	HSMR	N/A	Year Ending	Jun-22	0.99	●	▲	▲	●
	Inpatient Falls	6.91	Month	Oct-22	8.00	○	▲	▼	●
	Inpatient Falls with Harm	1.65	Month	Oct-22	2.03	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Oct-22	1.03	○	▲	▼	●
	SAB - HAI/HCAI	18.8	Month	Oct-22	9.6	○	▲	▲	● QE Jun-22
	C Diff - HAI/HCAI	6.5	Month	Oct-22	3.2	○	▲	▲	● QE Jun-22
	ECB - HAI/HCAI	33.0	Month	Oct-22	41.7	○	▼	▼	● QE Jun-22
	S1 Complaints Closed in Month on Time	80%	Month	Oct-22	63.9%	○	▼	▼	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Oct-22	0.0%	○	▼	▼	● 2021/22
	S2 Complaints Opened in Month and Closed On Time	N/A	Month	Oct-22	10.3%	○	▲	▲	●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Oct-22	100.0%	●	◄►	◄►	●
	4-Hour Emergency Access	95%	Month	Nov-22	70.1%	○	▲	▼	● Nov-22
	Patient TTG % <= 12 Weeks	100%	Month	Oct-22	50.6%	●	▲	▼	● Sep-22
	New Outpatients % <= 12 Weeks	95%	Month	Oct-22	50.2%	●	▼	▼	● Sep-22
	Diagnostics % <= 6 Weeks	100%	Month	Oct-22	62.5%	●	▼	▼	● Sep-22
	18 Weeks RTT	90%	Month	Oct-22	69.9%	●	▲	▼	● QE Sep-22
	Cancer 31-Day DTT	95%	Month	Oct-22	96.7%	○	▲	▼	● QE Sep-22
	Cancer 62-Day RTT	95%	Month	Oct-22	68.3%	○	▼	▼	● QE Sep-22
	Detect Cancer Early	29%	Year Ending	Mar-22	22.2%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Oct-22	93.8%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Nov-22	12.1%	●	▼	▲	● QE Jun-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Nov-22	7.7%	○	▼	▲	● QE Jun-22
	Antenatal Access	80%	Month	Sep-22	86.1%	●	▼	▼	● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Nov-22	(£19.6m)	●	▼	—	●
	Capital Resource Limit Performance	£29.3m	Month	Nov-22	£17.8m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Oct-22	6.63%	○	▲	▼	● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Nov-22	33.6%	●	▲	—	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Jul-22	99	●	—	▼	● 2021/22
	CAMHS Waiting Times	90%	Month	Oct-22	77.2%	○	▲	▲	● QE Sep-22
	Psychological Therapies Waiting Times	90%	Month	Oct-22	75.8%	○	▼	▼	● QE Sep-22
	Drugs & Alcohol Waiting Times	90%	Month	Sep-22	98.8%	●	▲	▲	● QE Sep-22
	COVID Vaccination (Autumn/Winter Booster, Age 65+)	80%	Month	Nov-22	87.1%	●	▲	—	●
	Flu Vaccination (Age 65+)	80%	Month	Nov-22	85.5%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Sep-22	94.4%	○	▼	▼	● QE Sep-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Sep-22	88.4%	○	▼	▼	● QE Sep-22

Performance Key
- (green) on schedule to meet Standard/Delivery trajectory
- (amber) behind (but within 5% of) the Standard/Delivery trajectory
- (red) more than 5% behind the Standard/Delivery trajectory

SPC Key
- ○ Within control limits
- ○ (red) Special cause variation, out with control limits
- ● No SPC applied

Change Key
- ▲ "Better" than comparator period
- ◄► No Change
- ▼ "Worse" than comparator period
- — Not Applicable

Benchmarking Key
- ● Upper Quartile
- ● Mid Range
- ● Lower Quartile
- ● Not Available

c. Projected and Actual Activity

		Quarter End Jun-22	Quarter End Sep-22	Month End Oct-22	Month End Nov-22	Month End Dec-22	Quarter End Dec-22	Quarter End Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	1,029	1,029	1,029	3,087	3,087
	Actual	2,878	2,996	1,012	1,215		2,227	0
	Variance	-158	-57	-17	186			
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	6,400	6,395		12,795	19,166
	Actual	20,951	21,448	6,710	8,611		15,321	0
	Variance	2,384	2,642	310	2,216			
Urgent	Actual	10,868	11,377	3,684	4,177		7,861	0
Routine	Actual	10,083	10,071	3,026	4,434		7,460	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	497	497	497	1,491	1,491
	Actual	1,550	1,608	595	560		1,155	0
	Variance	59	117	98	63			
Upper Endoscopy	Actual	575	630	227	191		418	0
Lower Endoscopy	Actual	182	191	77	71		148	0
Colonscopy	Actual	738	742	268	277		545	0
Cystoscopy	Actual	55	45	23	21		44	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	3,996	3,996	3,996	11,988	11,988
	Actual	13,471	12,936	3,950	4,311		8,261	0
	Variance	1,483	948	-46	315			
CT Scan	Actual	4,083	3,989	1,140	1,304		2,444	0
MRI	Actual	2,936	2,923	913	927		1,840	0
Non-obstetric Ultrasound	Actual	6,452	6,024	1,897	2,080		3,977	0

d. Assessment

STAFF GOVERNANCE

| | To improve staff experience and wellbeing | 2 | 2 | - | - | - | ◀▶ | Moderate |

		Target	**Current**
Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**4.00%**	**6.63%**

The sickness absence rate in October reduced by almost 0.5% compared to September. This is likely to be impacted by the fact that COVID-19 related absence, with the exception of the infection control period, is now included within the sickness absence figures.

The sickness absence rate within the Health & Social Care Partnership continued to be lower than within Acute Service Division where the Emergency Care and Planned Care Directorates have trended upwards since the start of FY 2022/23.

The national picture (from monthly management information) is the same across all mainland Health Boards. NHS Fife had the 4th highest absence rate of all Mainland Health Boards for the 12-month period from October 2021 to September 2022.

The Attendance Management Operational Group meets regularly to consider and implement preventative measures relating to sickness absence including, for example, promotion of 'how are you?' built into the beginning of 1-1 discussions and encouraging walking 1-1 meetings. An Attendance Management balance scorecard is being developed by the group for use by managers.

To complement the NHS Workforce Policies and the TURAS attendance training module, our more detailed local Attendance Management training has been revised to incorporate a focus on managing and supporting staff experiencing mental health issues and attendance triggers and setting targets. It is anticipated that this will improve managers' confidence in dealing with these common issues. Promoting Attendance Review and Improvement panels are in place across NHS Fife reviewing hot spots and complex cases.

Despite a wide range of health and wellbeing supports available to staff, there continue to be unprecedented workforce pressures as the NHS recovers from the pandemic and this, along with the related personal pressures due to COVID-19, is impacting on staff resilience and wellbeing. The current cost of living crisis may also result in additional stressors to some staff and a financial wellbeing guide has been developed alongside the promotion of Moneyhelper.org and Boost your Income, with a financial wellbeing section added to StaffLink. The Live Positive Stress Toolkit has been updated and will be promoted across NHS Fife.

Sickness absence trends remain elevated with mental health as one of the main reasons for OH referral. A number of services are available to staff including confidential, independent counselling, OH Mental Health Nurse, Psychology and self-guided resources and toolkits, supplemented by a number of wellbeing activities throughout the organisation. The Staff Health & Wellbeing Framework for 2022 to 2025 has just been published.

PDPR Compliance	*To achieve an annual PDPR compliance rate of 80%*	**80%**	**33.6%**

After showing a slight decline at the end of October, performance for the 12-month period ending 30 November 2022 increased slightly. At Directorate / Divisional level, there were modest increases in Emergency Care and Complex & Critical Care, but these two areas continue to lag behind others.

The number of reviews held (207) also showed an increase compared to the previous month (161) but is not yet back to the level reached for several of the last 12 months (250+).

Staffing levels and competing priorities continue to hinder engagement in PDPR conversations. Attempts to restart the PDPR process following the pause that was implemented during the Covid-19 pandemic continue to prove challenging. Daily enquiries regarding KSF, Appraisal and PDPR indicate a growing desire to improve performance in these areas, however, it is not currently at the pace required by financial year-end to attain the desired compliance percentage.

PDPR compliance reports have now been issued to all managers in the Corporate Directorates and Acute Services areas. HSCP reports will be distributed week commencing Monday 5 December. TURAS Appraisal Lunchtime Bytes sessions will continue to be offered twice monthly for the foreseeable future.

e. Performance Exception Reports

Sickness Absence *To achieve a sickness absence rate of 4% or less*	Performance 6.63%

Local Performance

National Benchmarking

Month	2021/22					2022/23						
	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
NHS Fife	6.79%	6.98%	5.93%	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%
Scotland	6.37%	6.23%	5.37%	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%

Key Deliverable		End Date
Support the Health and Wellbeing of our Staff		Mar-23 On track
Key Milestones	Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions	Mar-23 On track
	Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	Mar-23 At risk

PDPR Compliance
To achieve an annual PDPR compliance rate of 80%

Performance 33.6%

Local Performance
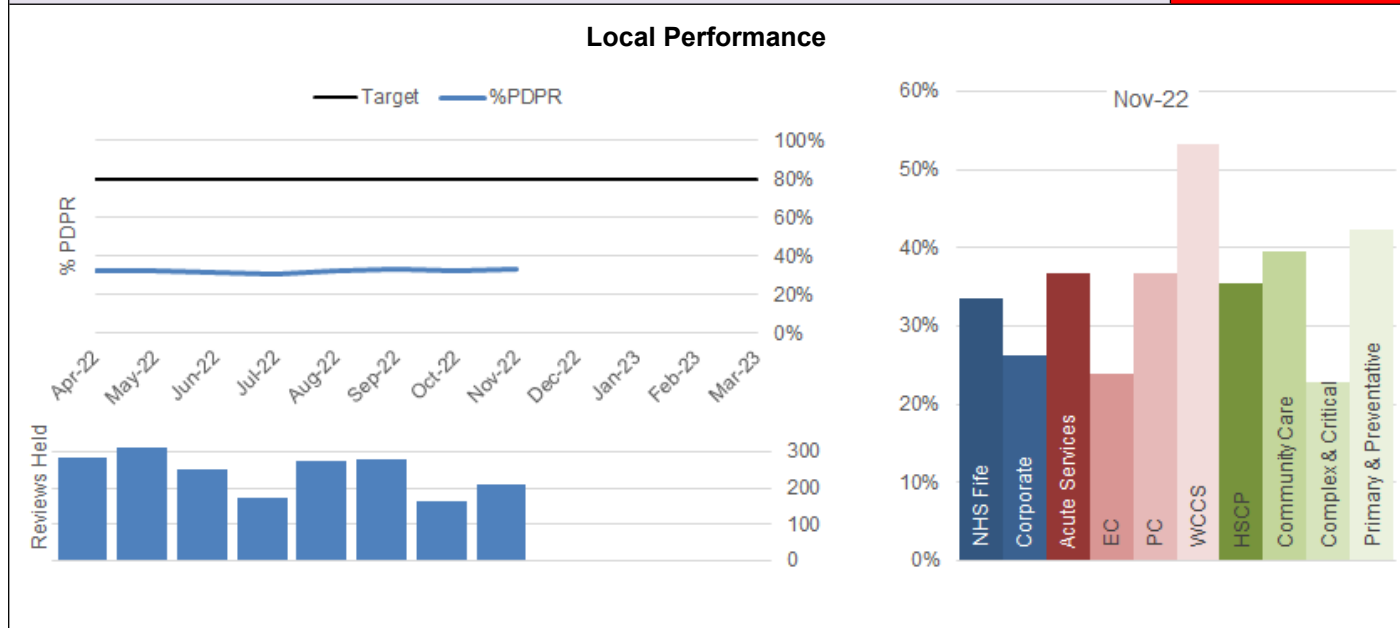
Key Deliverable	End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate	Mar-23 At risk

	Key Milestones	End Date
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 On track
	Provide RAG status reports to all Managers during September 2022	Sep-22 Complete
	Provide Compliance reports to the Executive Directors Group and relevant forums, including a trend of the total number of employees who have participated in PDPR meeting, and engage with staff side colleagues on a monthly basis	Dec-22 On track
	Produce an Annual Communications Plan which enhances communications to staff and managers regarding completion of appraisal/PDP&R activity	Dec-22 Complete

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 5 January 2023**
Title:	**Workforce Implications of Memorandum of Understanding (MoU2) Implementation Update**
Responsible Executive:	**Nicky Connor, Director Health and Social Care**
Report Authors:	**Lisa Cooper, Head of Primary and Preventative Care Services** **Chris Conroy, Immunisation Programme Director and Primary Care Portfolio lead**

1. Purpose

This Report is presented to the Staff Governance Committee to provide an update on the workforce implications of implementing the Primary Care Improvement Plan (PCIP) – in particular in relation to the revised Memorandum of Understanding 2 (MOU2)

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 NHS Scotland quality ambition(s):

- Safe, Effective and Person-Centred

This report aligns to the following Staff Governance Standard(s):
- Well informed
- Appropriately trained & developed

2. Report Summary

2.1 Situation

A revised MOU2 covering the period 2021-2023 was 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 initially intended to be delivered by April 2021. This report is brought to highlight the ongoing workforce requirements and the risks associated with the implementation of the required workforce model.

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 sets 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

A revised MoU2 was issued for the period 2021-2023; although all six priority areas remain, an emphasis was placed on focussing on three services for transitioning to NHS board responsibility between 2022-2023:

- Vaccination Transformation Programme
- Community Treatment and Care
- Pharmacotherapy

Plans for Urgent Care, Additional Professional Roles and Community Link Workers would continue with services already in place maintained, and with an expectation of continuous development and progress, all be it at a reduced pace, whilst focus on the Vaccination

Transformation Programme (VTP), Community Treatment and Care (CTAC) and Pharmacotherapy was accelerated.

2.3 Assessment

Implementation of MOU2 relies on having access to an available skilled workforce and as such Fife HSCP continues to evaluate the alignment of services to maximise staffing across General Practices and in delivering the most effective and sustainable services. The evolving nature of this implementation must ensure synergy across the workforce and as services develop and where appropriate co-production sought.

There continues to be a high risk that if MOU2 is delivered in full that there will be significant recurring cost pressures on the Fife HSCP budget, with no increased PCIP allocation from Scottish Government Health Finance Team for 2023-2024.

PCIP Delivery and workforce status

A high-level PCIP RAG status report is in place which outlines current progress against MoU2 deliverables, with a summary of current staffing and vacancies across PCIP outlined within **Appendix.1**.

WORKSTREAM 1: VACCINATION TRANSFORMATION PROGRAMME

The Vaccination Transformation Programme (VTP) has fully transitioned out of all general practices across Fife, meeting the 1 April 2022 objective.

The Immunisation Strategic Framework 2021 – 2024 was approved by Fife HSCP and NHS Fife governance routes and presented to the IJB on 24th September 2021 where implementation was supported.

The Community Immunisation Service (CIS) board has been successfully launched and integrated with the previous FVCV programme and Children's Immunisation service and taken on VTP to provide ongoing assurance regarding service delivery and achievement of the aims of the strategic framework.

Transfer of travel vaccination as outlined in MoU2 was successfully launched on schedule with an agreed level 1 to 3 commitment with Community Pharmacy delivering via a Service Level Agreement.

Regarding over 80s flu programme traditionally delivered by General practice, The whole adult influenza programme has now become a fully transitioned service within the current 2022/23 flu and Covid-19 campaign. To date the season uptake for the 80+ population is 89% for Covid-19 booster vaccination and 87.9% for flu vaccination.

Both Shingles and Pneumococcal vaccination programmes are now fully delivered by the Community Immunisation Team.

As per MOU2 direction, the VTP continue to work closely with the CTAC workstream to ensure synergy with Community & Treatment and Care, in the alignment of services to maximise pace and efficiency.

WORKSTREAM 2: COMMUNITY TREATMENT AND CARE

In line with proposals agreed in August 2021 which outlined a 2 phased approach to Community Treatment and Care (CTAC) roll out, phase 1 of delivery has been completed, with 65% of staffing in place against the initially scoped Fife wide CTAC Service. This has seen the recruitment of 11WTE band 5 Nurses and an additional 28.1WTE HCSWs, TUPE of three treatment care nurse previously employed by GP Practices, to supplement the already established Fife HSCP employed treatment care nurses and phlebotomists.

A further review of the initially scoped staffing skill-mix required to deliver CTAC Services, has subsequently transformed the staffing model, with Band 3 Health Care Support Workers (HCSW) replacing Band 2 Phlebotomists. HCSWs are trained to deliver additional responsibilities, such as basic disease monitoring, that Phlebotomists are not. It is anticipated that this will create a more resilient and sustainable staffing workforce. A review of all current Band 2 Job Descriptions and current roles/tasks performed in line with the national job profiles has now seen 37 Band 2 phlebotomists move to a Band 3 HCSW Job Description.

The delivery model for phase1 has seen a predominately practice based, with 2 hubs already established (St Andrews and Adamson) and 2 others in progress which are Skeith Health Centre to cover the East Neuk and Primrose Lane, to provide resilience to Southwest villages and Dunfermline. CTAC services are delivering around 10,000 appointments per month across Fife.

Current phase 2 plans are that Fife HSCP will increase CTAC service to 6.3 hours of AFC Band 5 Registered Nurses to 1,000 patients per week (9.3 in total including HCSW cover). Whilst Non-recurring funding has been agreed to support the recruitment of additional staff on a 21-month basis, as CTAC seeks to deliver all CTAC services by 31st March 2023 this will not deliver the full CTAC model. Along with system-wide challenges in recruitment of band 5 nurses and band 3 HCSWs, fixed term recruitment brings with it a higher risk of not attracting enough suitable candidates. This will continue to be monitored via the CTAC Implementation Group and escalated as appropriate.

Given potential recruitment and recurring funding challenges and in line with the principles outlined within MOU2, synergies between CTAC and the vaccination service are being explored to ensure the most effective utilisation of the available workforce with a working group established. Furthermore, the CTAC Workforce sub-group will continue to explore the staffing model and skill-mix to determine whether additional roles could be established within the team.

WORKSTREAM 3: PHARMACOTHERAPY UPDATE

Regulations were amended by Scottish Government in early 2022 in that NHS Boards were made responsible for providing a pharmacotherapy service to patients and practices by April 2023, as follows:

Delivery of a "level one" service (Managing acute and repeat prescriptions, medicines reconciliation, and the use of serial prescribing, to deliver a more manageable GP workload, should be delivered principally by pharmacy technicians, pharmacy support workers, managerial, and administrative staff. In tandem, focus on high-risk medicines and high-risk patients, working with patients, to undertake regular medication and polypharmacy reviews ("levels two and three") to ensure effective person-centred care, delivered principally by

pharmacists. This will help manage demand within GP practices and develop a sustainable service which will attract and retain pharmacists.

Despite above, there is currently no nationally agreed definition of a Pharmacotherapy service and therefore, it is not possible, to ensure service delivery will meet contractual requirements.

The current available funding for the service equates to 1.31 Whole Time Equivalent (WTE) per 5,000 patients, which falls short of the previously locally agreed staffing level of 1.5WTE/ 5,000 patients. This creates a gap of 14WTE staff, in addition to the current 27WTE vacancies.

Changes to operational delivery models and development of the pipeline for registered pharmacists and pharmacy technicians require several years' development time. There are concerns locally and nationally regarding availability of qualified staff – the team has moved to a more flexible recruitment model to maximise benefit, as well as realigning NHS primary care funded roles to PCIF, thus giving additional capacity and mitigating the impact of current vacancies in order to fill some of the 27WTE vacancies. Furthermore, skill mix is being optimised via recruitment of additional 15WTE Medicines Management Support Workers, which will free up capacity of pharmacists and pharmacy technicians. Lastly, there are now 19 trainee pharmacy technicians, across the Pharmacy and Medicines Directorate, which will create a pipeline of pharmacy technicians from 2023 onwards.

WORKSTREAM 4: ADDITIONAL PROFESSIONAL ROLES

Additional professional roles provide first contact services to patients without the need to be seen by or referred by the GP. These additional roles to the practice multidisciplinary team (MDT) include musculoskeletal physiotherapists; Community mental health nurses; Community link workers (workstream 6) also form part of the newly broadened MDT.

Musculoskeletal (MSK Physiotherapists)

The endpoint MSK delivery model of 19WTE General practice MSK Advanced Practice Physiotherapists (GP APPs) was based on national benchmarking, which estimated one GP APP to 20,000 practice population over 42 weeks per year.

National evidence demonstrates the value of GP APPs in facilitating reallocation of GP time towards more complex non-MSK cases. The GP APP can independently assess, diagnose, request and follow-up investigations, provide first line management, optimise self-care, and refer patients to secondary care where appropriate.

Given the success of these roles, the service within Fife was requested to include a 22.5% staffing uplift to cover leave, absence, and training, providing a comprehensive 52-week cover, requiring an additional 5WTE GP APPs. Owing to the limited national pool of physiotherapists, a staged approach to achieving the 1:20,000 model was agreed to avoid destabilising the wider Physiotherapy Service within Fife.

Community Mental Health Nurses

Within Fife the model of delivery approved was to establish a Mental Health Triage service delivered by Mental Health Nurses within general practice. The resultant Mental Health Triage Nurse (MHTN) service would provide first point assessment of patients

presenting with a mental health problem, providing patient-centred exploration of the problem to engage self-care and decision making at an early point and to support next steps and follow-on care as appropriate.

An initial plan was proposed to provide 14WTE posts by year 2021/22, based on delivery of 10 hours per week per 7,500 practice population with the addition of 1WTE Team Leader post. This model did not however include cover for leave, absence, or training; 22.5% uplift was further agreed to provide a 52-week service.

Six clusters have subsequently been funded with 12.3WTE MHTNs and 1WTE Team Leader through the PCIF, though not to a full 52-week service delivery level; the remaining cluster was funding by 2WTE MHTNs through the allocation of Action 15 funding, made available through the SG Mental Health Strategy commitment for 2017-2027.

WORKSTREAM 5: URGENT CARE

Further guidance is expected from the National GMS Oversight Group on the expectations of delivery of this commitment, giving consideration to the wider system redesign of urgent care work.

Within Fife's current plans, Phase 1 of In-hours urgent Care model focused on advanced practitioner resource as first response for home visits and to support assessment and treatment of Urgent and Unscheduled Care presentations within practice.

To meet the requirements of this, the proposal was to develop a cluster model of 2 WTE ANPs and 1 WTE Advanced Practice Paramedic within each locality, which provides 1 Advanced Practitioner per 22,000 practice population, with an additional 2 ANPS deployed to cover the more geographically dispersed conurbations, which requires a model of 24 WTE Advanced Practitioners.   We currently have a full establishment of 16 ANPs and 1 x Lead ANP currently in post, fulfilling the home visit (including care homes) aspect of the model.

Alongside the home visiting service, the ambition is to also provide an in-practice service using UCPs with paediatric experience. This was initially scoped as requiring 1wte/12,000 patients. This model requires an additional 39 WTE Urgent Care Nurse Practitioners.

Whilst we await guidance from the Oversight Group, the priorities for the In-hours Urgent Care Group in the coming months are to establish the Urgent Care Practitioner within In-hours to evaluate further in practice models. Additionally, the Group is also reviewing opportunities for closer linkages to wider Urgent and Unscheduled Care work, namely those programmes under the auspices of the Urgent and Unscheduled Care Collaborative.

WORKSTREAM 6: COMMUNITY LINK WORKERS

Community Link Workers (CLW) aid in better patient outcomes through addressing socioeconomic issues that are impacting on the individual's health, in particular their mental health wellbeing.

CLWs in Fife are known as Local Area Coordinators (LACs) there are currently 4WTE posts funded via the PCIF. The LAC resource works like other early intervention and preventative mental health local initiatives, consolidating what is already in place, making

connections within and across primary care, health, community, and the social care system, joining up good practice whilst building trust and working in an enabling manner for the benefit of the patient.

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.

2.3.2 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. Despite an increase in Scottish Government funding for PCIP of an additional £1.02m, and funding commitment of £1m from Fife HSCP, there still remains a recurring funding gap of circa £11m.

2.3.3 Risk Assessment / Management

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

- With additional funding allocated to deliver CTAC services, CTAC are currently in the process of recruiting staff to deliver phase 2 of CTAC delivery. A proportion of these positions will recruited on a fixed term basis, creating some challenges in terms of sustainability.

- Large scale workforce recruitment of band 5 Registered Nurses remains challenging, with incremental recruitment across the year resulting in difficulty recruiting to the workforce projected to implement PCIP and allow transfer of services fully to implement the GMS contract.

- Continued recruitment of the pharmacotherapy workforce to the workforce projected as required continues to be challenging especially in view of the finite number of trained staff available.

- Based on historical recruitment outcomes, permanent posts which are going to be established are likely to be attractive to internal candidates, and this may compound the depletion of services and create pressures elsewhere across Health and Social Care system.

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 continues to be explored to assist

with a sustainable skilled workforce, offering diverse roles, job satisfaction and improving retention and efficient deployment of the workforce.

- 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.

- A PCIP review will be undertaken in January 2023 to assess progress and project requirements for the future with the refreshed PCIP progressed to relevant committees and boards for support and approval by April 2023.

2.3.5 Equality and Diversity, including health inequalities

An EqIA will be completed in order to assess and address any impact on individual groups within the community in line with development of the service

2.3.6 Other impact

No other impact.

2.3.7 Communication, involvement, engagement and consultation

Communication and engagement have taken place with key stakeholders including GMS Implementation Group members, Fife H&SCP SLT members, and various primary care and vaccination steering group members. It can be assured critical partners are involved in planning and implementation including staff side, HR and comms colleagues

2.3.8 Route to the Meeting

This update report is from an amalgamation of reports previously 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
- Community Immunisation Board

2.4 Recommendation

This paper is produced in order for the Staff Governance Committee to be informed of progression and challenges with regard to the recruitment of the MOU2 workforce. The Committee is also asked to be **Assured** regarding the on-going identification and mitigation of the associated workforce and finance risks to support progression.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 Workforce considerations in each MOU2 work-stream.

Report Contact:
Lisa Cooper
Head of Primary & Preventative Care Services
Email lisa.cooper@nhs.scot

Appendix.1- PCIP Workforce Numbers

Financial Year	Pharmacotherpy			Vaccinations/community			Urgent Care			Additional Professional roles			Community Link workers
	Pharmacist	Pharmacy technician	Other Pharmacy Support	Nursing	HSCW	Other	ANP	APP	Other	Mental Health Workers	MSK Physios	Other	
Mar-22	24.2	16.5	5	24.23	33.04	2.25	12.6	0	1.8	12.33	4.8	6	2.79
Mar-23	29.2	23.5	20	54.42	46.85	8.25	18.8			12.33	6.3	6	2.79
Full requirement post March 2023	9.6	2	4.5	44.98	38.14	45.64	10		1.8	5.41	2.875		9.6
Planned staffing post March 2023	0	25.5	24.5	99.4	109.09	54.89	63.8		1.8	32.07	19	6	53.99

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 12 January 2023**
Title:	**NHS Fife 2021/2022 Training Compliance Update**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jackie Millen, Learning & Development Officer (KSF)**

1.   Purpose

This report is presented to Staff Governance Committee for:
- Discussion

This report relates to:
- Legal requirement
- Local policy

This report aligns to the following NHSScotland quality ambition(s):
- Safe
- Effective
- Person Centred

This report aligns to the following Staff Governance Standard(s):
- Appropriately trained & developed

2.   Report Summary

2.1   Situation

The purpose of this report is to provide an overview of NHS Fife's Mandatory core training compliance performance for the rolling year 1 October 2021 – 30 September 2022.

2.2   Background

NHS Fife defines Mandatory core training as any training our employees must complete. Training is considered essential for a workplace's safety and efficiency, as well as for employees' safety and wellbeing. NHS Fife is committed to investing in education and training to equip its staff with the knowledge and skills they need to perform their roles effectively.

In addition to statutory law, legislation, national guidance, and recommendations, mandatory core training is backed by a number of legislative and regulatory frameworks. The Board's workforce is expected to comply with all mandatory core training requirements.

The Staff Governance Standard requires employees to be informed, trained appropriately, and provided with a safe and continuously improving work environment.

It is essential that all staff complete relevant Mandatory Core courses to comply with these requirements. This will ensure the highest levels of safety and minimise risks to both staff and patients. At the start of employment, this training will be provided via Corporate Induction. This training will then be updated throughout the employee's career in accordance with the required refresh dates for each core skill topic.

The nine subject areas are:

Improvement in performance compliance for each of the identified mandatory core training subjects is progressed through proactive action by all training owners and managers. This ensures adequate delivery capacity, appropriate delivery models, and training accessibility.

Accountability and responsibility in relation to the Mandatory core training agenda is three-fold:

o The organisation's responsibility as the employer to provide the learning and development programmes.
o The responsibility of the line manager to prioritise core skills compliance, support staff participation, and monitor local compliance rates.
o The employee's responsibility to complete the required learning as identified in their performance development plan. This includes keeping a record of what they learn, and to put what they learn into practice

2.3   Assessment

Mandatory Core Training Activity Summary

Over the course of the operational year from 1 October 2021 to 30 September 2022, 30,384 episodes of core compliance training were undertaken across core skills. eLearning remains the most accessed training method, accounting for 91% of completions. This equates to 65% of the annual training target needed to maintain / achieve compliance.

Core Skills compliance rate has reduced by 5% since the last report provided in December 2021. Average engagement rates have fluctuated across the nine subject areas over this period.

Appendix 1 provides a breakdown of performance by subject area, with overall engagement ranging between 35-100%, while directorate breakdowns indicate variable engagement.

While classroom-based training has not yet returned to pre-pandemic levels, services delivering Adult Basic Life Support, Violence and Aggression, Manual Handling, and Fire are increasing their training delivery.

A number of core skills topics have been impacted by additional training. Employees who do not deliver direct patient care or therapies are now required to complete Level 1 Adult Resuscitation, which means this topic is no longer confined to the clinical and key non-clinical workforce. Following guidance from the Head of Resilience, Prevent eLearning has now been included in the Protection for All topic. Appendix 2 contains the updated Core Skills guidance.

In addition to the core skills guidance, since the launch of the Whistleblowing Standards in 2021 training available via Turas Learn has been referenced in the core skills guidance to encourage all NHS Fife employees to engage in the required learning. This training should be completed by all NHS staff including students, contractors and volunteers.

Training Compliance Monitoring & Reporting

The NHS Fife Executive Directors Group have given assurance of their commitment to mitigating any risk of a further decline in compliance rates during 2023. Compliance improvement trajectories will be produced to to track activity against engagement targets. Promotion of Core/Mandatory skills training will be prioritised with activity monitored on a regular basis. It is noted, that in the current environment, this will be balanced with ensuring continued service delivery and patient care.

Work is also in progress with Services that deliver Core/Mandatory training topics to assess the most effective approach to supporting staff engagement to improve completion levels for their specific core/mandatory training topic. This work will assist in improving training attendance levels which have been notably lower in the recent past. Although further analysis is being undertaken, this is indicative of the continuing situation associated with the increasing demand on services, and reduced staff availability due to vacancies and absence.

To ensure timely compliance monitoring all eESS accounts have been updated to include access to the eESS OBIEE reporting tool so managers can monitor training compliance locally. All managers will be provided with guidance regarding producing training compliance reports for their team(s) or service after testing is completed with a small group of managers.

The Workforce Development and Engagement team will provide a centralised training environment and reporting tool for NHS Fife as part of work to continuously improve staff experience and ensure a well-informed and appropriately trained workforce. Turas Learn's training booking functionality is currently being tested to meet this requirement.

The transition of NHS Fife training events to this platform is expected to begin in 2023 following an agreement with NES regarding an implementation date. In the future, all learning and development opportunities in the Board will be offered through Turas Learn. By using this platform, employees will have access to their own learning history, while managers will be able to monitor compliance rates in their areas in real time.

2.3.1 Quality / Patient Care

Providing quality care will be enhanced by a well-skilled workforce. Maintaining core skills compliance, as well as other role-specific training, will ensure that all care is provided with up-to-date, relevant knowledge and skills at all times.

2.3.2 Workforce

Providing workforce with opportunities to enhance, or refresh, skills and knowledge will support the Staff Governance Standard for staff to be well informed, appropriately trained and provided with a continuously improving and safe working environment. It will also support the strategic priority of the Board to improve staff experience and wellbeing leading to an engaged and positive workforce.

2.3.3 Financial

The introduction of Turas Learn as our new booking system for training in 2023 will not have any financial impact.

2.3.4 Risk Assessment / Management

Ongoing service pressures are a significant factor in the reduced level of training compliance. Improvements in training monitoring and reporting noted above are being progressed to address this issue and allow services to target their improvement work.

2.3.5 Equality and Diversity, including Health Inequalities and Anchor Institution Ambitions

The equality, diversity and human rights training introduces staff to equality legislation and explains how it protects different groups of people from discrimination and unfair treatment.

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, Involvement, Engagement and Consultation

Training providers have been consulted in the production of this paper will also be presented to Area Partnership Forum for discussion.

2.3.8 Route to the Meeting

This paper has been previously considered by the Workforce Directorate Senior Leadership Team and Executive Directors Group.

2.4 Recommendation

This paper is provided to Staff Governance members for **discussion** - for considering the training position and the proposed actions.

3. List of Appendices

The following appendices are included with this report:

- Appendix No. 1 Performance breakdown by subject area
- Appendix No. 2 Core Skills Topics, Target Audience and Refresh dates

Report Contact

Kevin Reith
Deputy Director of Workforce
Email: kevin.reith@nhs.scot

Appendix 1
Performance Breakdown by subject area

Table 1: NHS FIFE – Core Skills Compliance as of 30th September 2022

Subject area	refresh period (year)	Target Population	NHS Fife compliance %age	Acute Service compliance %age	H&SCP Compliance %age	Corporate Compliance %age	Pharmacy Compliance %age
Manual Handling	1	all clinical staff (2 years for non-clinical staff)	44	54	38	37	26
Fire Safety	1	all staff	57	70	58	34	49
Adult Basic Life Support	1	all clinical staff	40	53	45	13	23
Healthcare Acquired Infection	1	all clinical +key nonclinical staff	35	41	35	26	31
Information Governance	3	all staff	65	84	63	38	55
Health & Safety	3	all staff	95	100	93	52	79
Protection for All	3	all clinical + key nonclinical staff	100	100	100	99	100
Equality & Diversity	once	all staff	95	100	90	63	86
Violence & Aggression	1 year / 3yrs	all clinical staff in priority areas + key nonclinical staff	91	75	100	32	45
TOTAL			**65**	**75**	**60**	**33**	**45**

Table 2: Rolling Compliance Performance
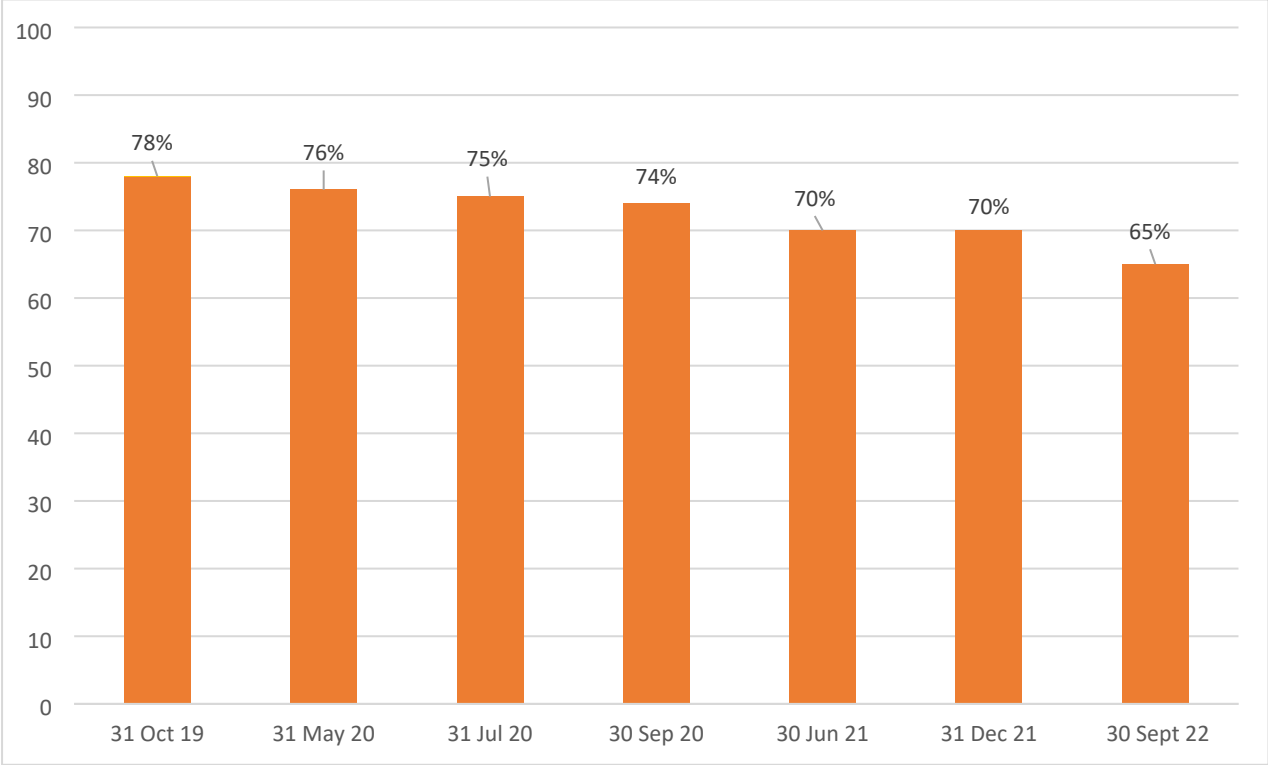
This table provides information on compliance performance over the past three years since monitoring began. In some areas of the organisation, training continues to be affected by the pandemic as the demand for services continues to increase. Workforce absences could also be considered as contributing factors to the decline in compliance.

Appendix 2

Core Skills Topics, Target Audience and Refresh dates

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Manual Handling	Manual Handling (Non Patient Handling): NHS Fife • Manual handling (non patient handling) theory • Manual handling (non patient handling) videos Manual Handling (Patient Handling): NHS Fife • Manual handling (patient handling) theory • Manual handling (patient handling) videos	Manual Handling (non patient handling) Manual Handling (patient handling)	2 years Annual	ALL staff who are not responsible for physically lifting, moving or supporting patients. ALL Clinical and Key non Clinical Staff who are responsible for physically lifting, moving or supporting patients.
Fire Safety	Fire Training NHS Fire Training Video	Fire Training Provided by Fire Safety Team	Annual	ALL
Resus	Level 1 Adult Resuscitation Level 2 Adult Resuscitation Level 2 Paediatric Resuscitation	Level 1 Adult Resuscitation Level 2 Adult Resuscitation Level 2 Paediatric Resuscitation	Annual	All staff who do not deliver direct patient care or therapies. All staff who deliver direct patient care or therapies. All staff who deliver direct patient care or therapies to children (excludes neonates).
Health & Safety	NHS Fife: Health and Safety	Health & safety eLearning	3 years	ALL
Infection Control	SIPCEP Foundation Layer (NES Scottish IPC Education Pathway – Foundation (15 individual courses))	Infection Control eLearning	Annual	ALL

Core Skill Topic	Learning Course	Method/Approach	Refresh Period	Target staff group
Equality & Diversity	Equality and diversity: equality and human rights (NES content)	Equality and Diversity eLearning	3 Years	ALL
Information Governance	NHS Fife: Information Governance Information governance: safe information handling (NES content)	Information Governance eLearning Information governance: safe information handling	3 Years	ALL
Protection for All	NHS Fife: Protecting Children in Scotland NHS Fife: Adult Protection NHS Fife: Gender-based Violence NES: Human Trafficking (NES content) Prevent	Protecting Children in Scotland eLearning Adult Protection eLearning Gender Based Violence eLearning Human-trafficking eLearning Prevent eLearning	3 Years (Prevent – is a one-time completion with no refresh required)	ALL Clinical and Key non-Clinical Staff
Violence & Aggression	NHS Fife: Violence and Aggression Awareness	Violence and Aggression Awareness eLearning	3 Years	ALL Clinical and Key non-Clinical Staff

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 12 January 2023**
Title:	**NHS Fife Workforce Information Overview**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Brian McKenna, HR Manager – Workforce Planning**

1.   Purpose

This is presented to Staff Governance Committee members for:

- Assurance

This report relates to:

- Local policy

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

- Effective

This report relates to the Staff Governance Standard requirement that staff are:

- Well Informed

2.   Report Summary

2.1   Situation

The attached report provides the NHS Fife Workforce Information Overview for the latest available quarter to 30 September 2022.

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 on-going high level overview for the Committee. This activity is underpinned by access to workforce statistics produced and maintained by National Education Scotland, plus the continued rollout of the Tableau Regional Workforce Information Dashboard.

Appendix 1 attached to this report provides an overview of NHS Fife workforce information at 30 September 2022. The information has been taken from a range of workforce systems, including those maintained by National Education Scotland and that generated through theTableau reporting tool.

The Workforce Directorate continues to review the appropriateness of these data sources and will remain responsive to proposed changes in the provision of workforce information, where possible. Workforce information presented at different hierarchical levels appropriate to operational remit and purpose is available to managers on a routine basis.

Our responses / developments until this point have seen the production of a range of dashboards on MicroStrategy covering TURAS Appraisal, Nurse Bank Activity and previously Covid-19 related absence. Future changes may involve greater use of eESS reporting for absence management and Employee Relations cases, once these are uploaded by the operational team. There will also be information requirements arising from the implementation of the eRostering Programme and the implementation of the Health and Care (Staffing) (Scotland) Act 2019 - Safe Staffing legislation.

2.3 Assessment

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution Ambitions

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 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

The systems development activity mentioned within this report is part of on-going Regional collaboration. The content of this report has been developed by the Workforce Information Team in collaboration with colleagues in Digital & Information and Finance.

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 Information Overview report and the future development of our workforce reporting capability.

2.4 Recommendation

This paper is provided to the Staff Governance Committee for **Assurance** and members are invited to **note** the contents of the:

- Overview of the NHS Fife workforce information at 30 September 2022
- Summary of the Staff Health and Wellbeing Support activities and statistics for July to October 2022

3. List of Appendices

- Appendix 1: Overview of the NHS Fife workforce information at 30 September 2022
- Appendix 2: Summary of the Staff Health and Wellbeing Support activities and statistics for July to October 2022

Report Contact:

Brian McKenna
Workforce Planning, Workforce Systems and Data Intelligence Lead
e-mail: brian.mckenna@nhs.scot

Workforce Information Overview

30 September 2022

Table of Contents

1. Introduction

This report provides an overview of workforce data 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.

2. Overview

At 30 September 2022, NHS Fife employed 9,714 employees (8,134.8 WTE). There has been a marked increase in the number of employees within the previous 5 years, correlating to the start of the COVID-19 pandemic. This rise in staffing numbers has been driven by a greater prevalence of temporary contracts, and the utilisation of such contracts will increase the number of leavers at the planned expiry of their contracts. The percentage of staff on fixed term contracts was 10.2% in September 2022, compared to 4.4% in March 2020.   Turnover figures have increased for the year ending 31 March 2022.   The high level overview is set out below:

Source: turasdata.nes.nhs.scot
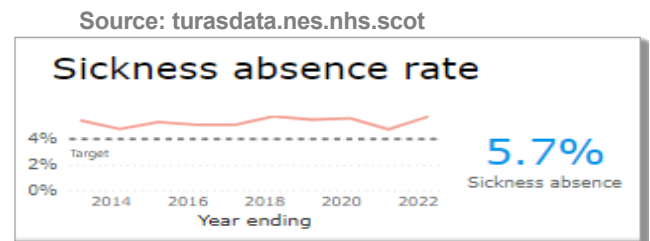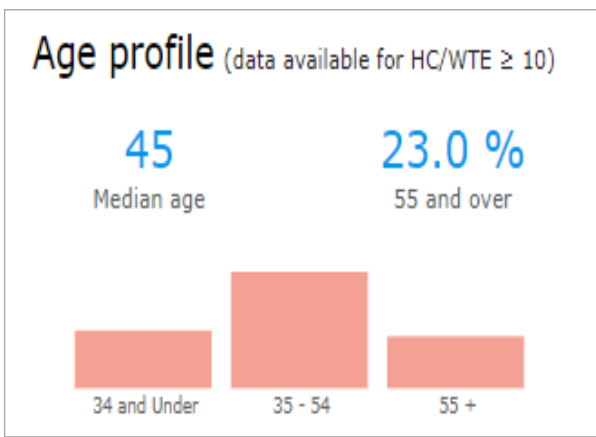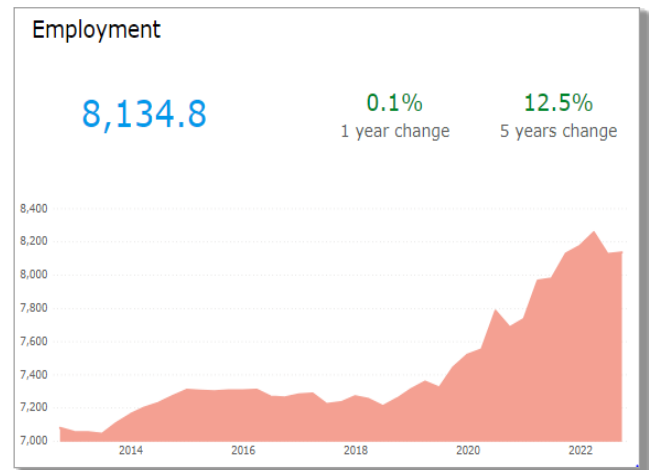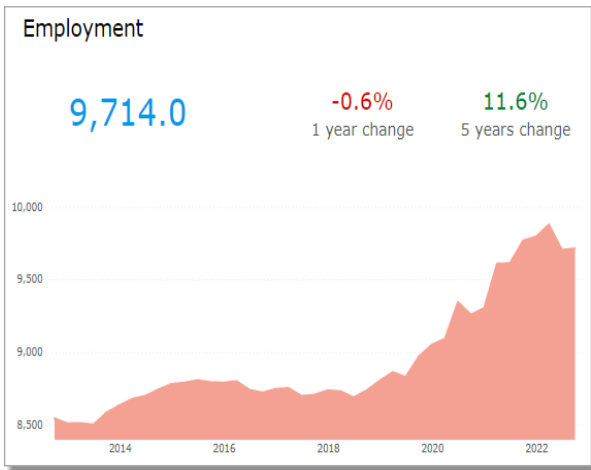
3. Recruitment: Joiners, Leavers & Turnover

As we emerge from the COVID-19 pandemic, the impact on recruitment activity and the overall available staffing resource is demonstrated in the chart below. The WTE number of joiners has increased steadily since the year ending 31 March 2019. The number of leavers had shown a reducing trend since 2018, only increasing in the 2020/2021 financial year.
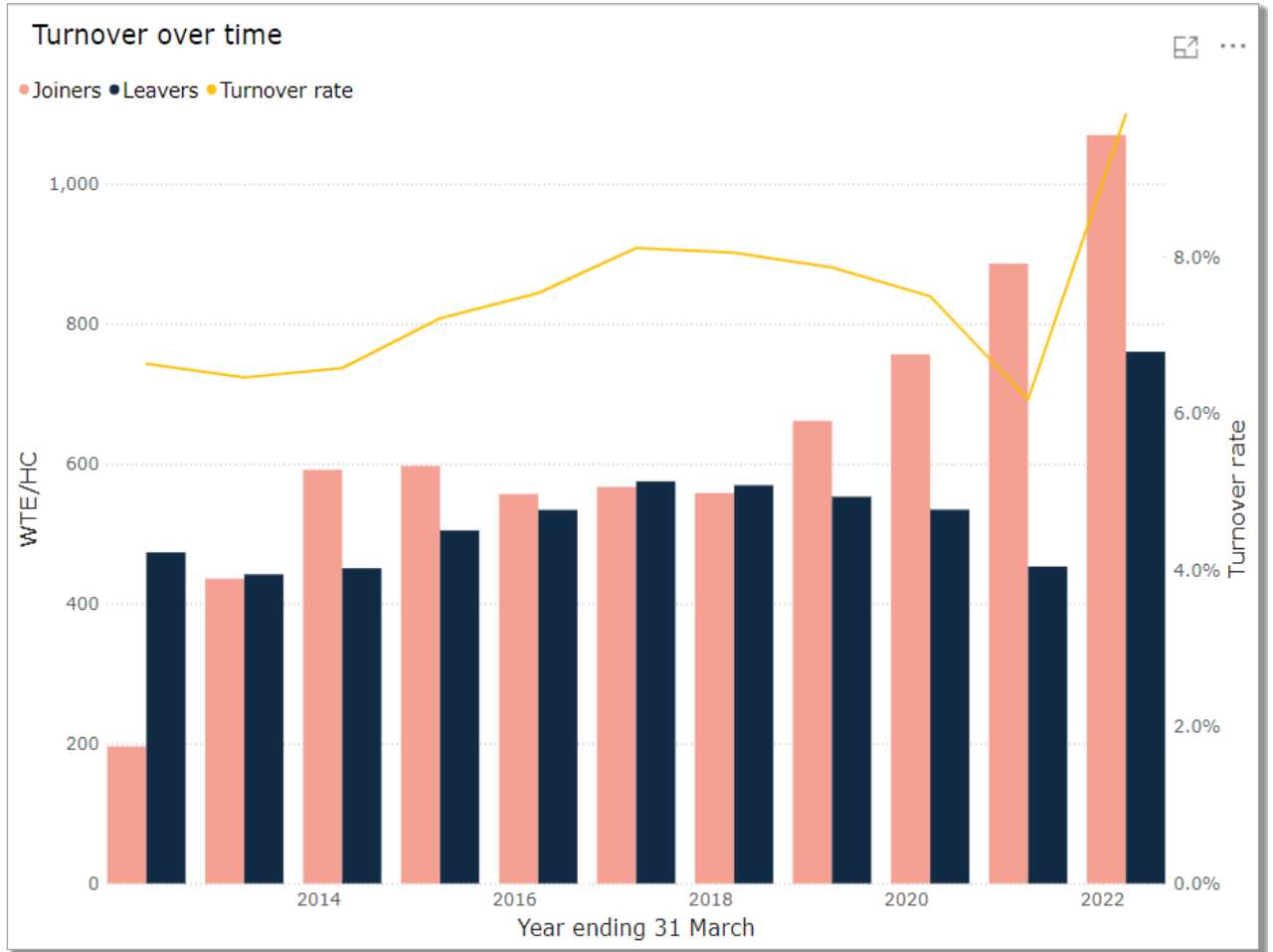
Source: turasdata.nes.nhs.scot

4. Recruitment: Vacancies

The increase in the total number of employees joining NHS Fife is reflected in recruitment activity, as measured by the number of advertised vacancies. With the exception of the Consultant level vacancies, vacancies within the other professions who control intake to pre-registration academic courses have shown significant increases in the previous 12 months.

Further information on vacancy trends within these professional groups is outlined to the right and below. These graphs highlight changes within advertised vacancies since 2012, with vacancies at 30 September 2022 broken down by the main frontline professions for AHPs, Nursing and Midwifery posts, and Medical and Dental specialities.
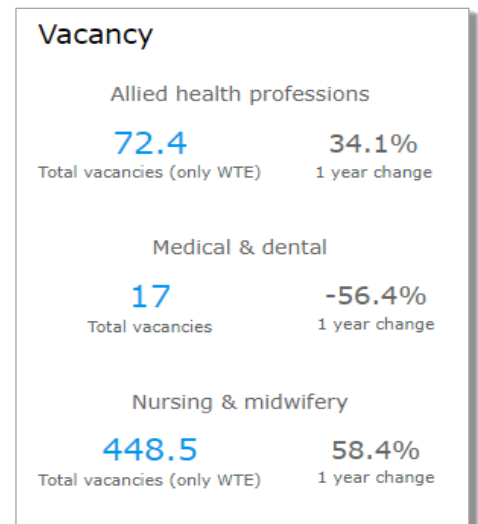
Vacancy

Allied health professions

72.4 — Total vacancies (only WTE)   34.1% — 1 year change

Medical & dental

17 — Total vacancies   -56.4% — 1 year change

Nursing & midwifery

448.5 — Total vacancies (only WTE)   58.4% — 1 year change

Source: turasdata.nes.nhs.scot

AHP vacancies over time

Top five professions with AHP vacancies

Source: turasdata.nes.nhs.scot

M&D vacancies over time

Top five professions with M&D vacancies

Source: turasdata.nes.nhs.scot

N&M vacancies over time

Top five professions with N&M vacancies
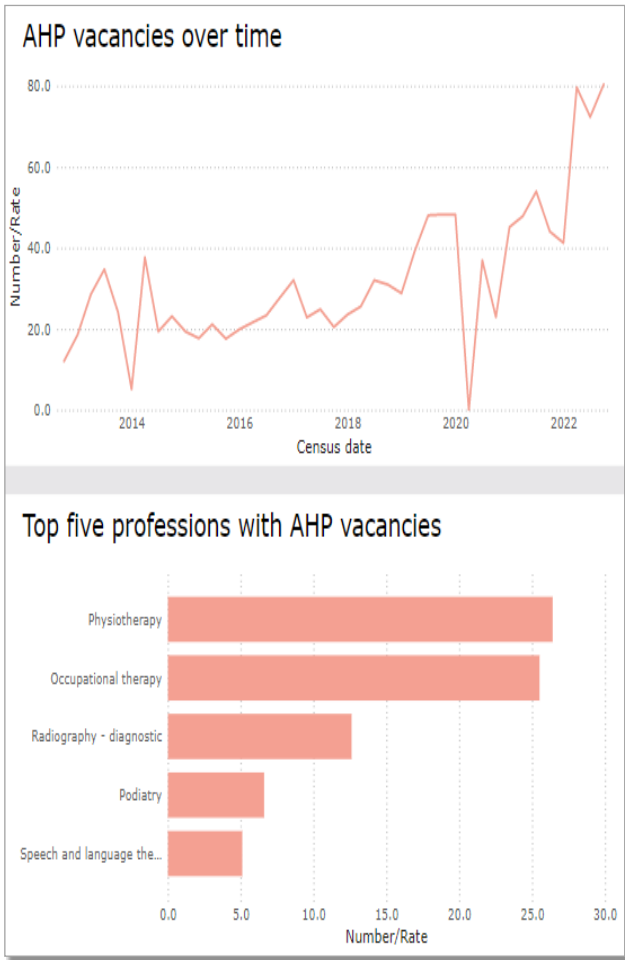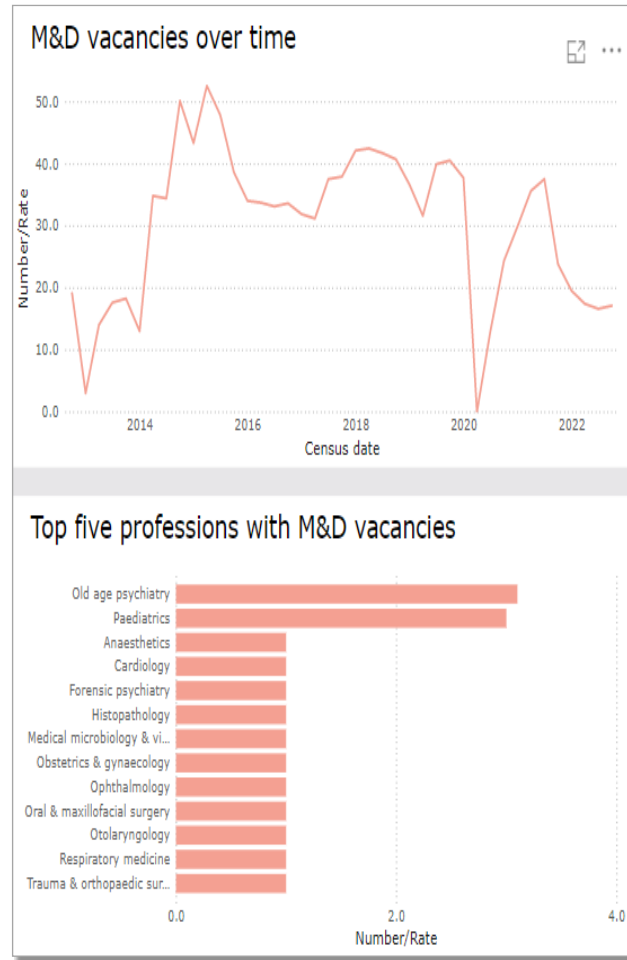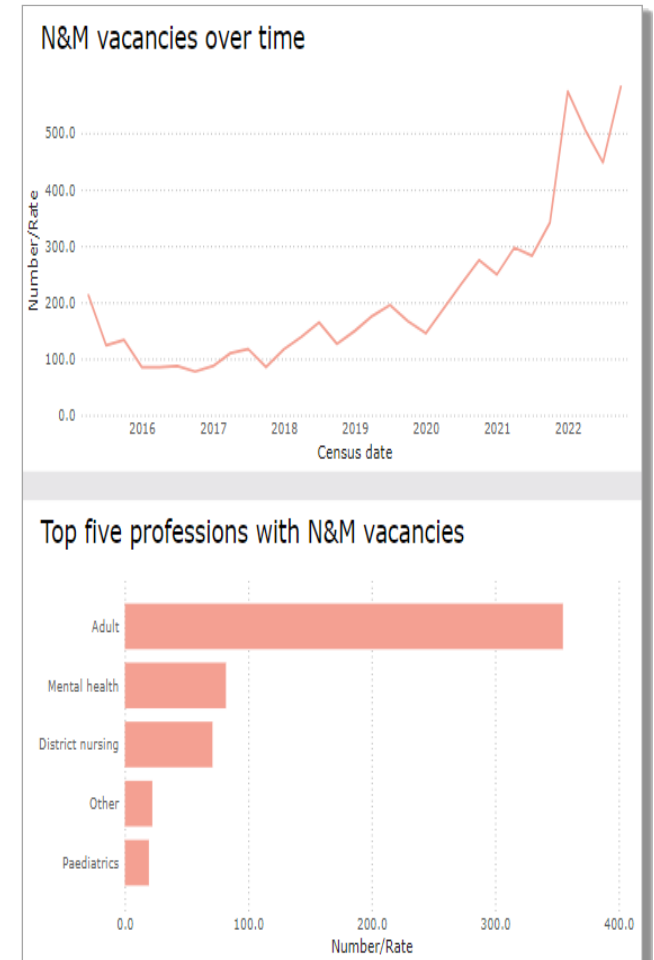
Source: turasdata.nes.nhs.scot

5. Establishment Gap

Please note the following caveats when reviewing this information. The wte in post data extracted from the relevant Finance report includes:

- Bank staff which are encompassed within wte actuals
- Agency staff, again encompassed within wte actuals
- Staff excess hours, overtimes, encompassed within wte actuals

The report excludes, for example:

- Staff on maternity leave who are 'out of pay'
- Staff on sick leave who are 'out of pay '

The attached data is extracted from a Finance report and not a Workforce report and there are caveats in the data for the requested purpose.

NHS Fife's funded establishment is 5,321.66 wte. The current wte is 5,231.18 wte, with an establishment gap of 90.48 wte, as detailed in the Expenditure Summary Report for April to October 2022 below:

2CCN - Level 2 Cost Centre Name	3CCN - Level 3 Cost Centre Name	Funded Estab	YTD Ave WTE	Curr WTE
Acute Services Division	Acute Nursing Directorate	10.90	10.81	9.84
Acute Services Division	Director Of Acute Services	23.42	20.14	17.05
Acute Services Division	Emergency Care & Medicine	1,200.06	1,187.65	1,224.26
Acute Services Division	Planned Care & Surgery	1,184.42	1,123.02	1,155.91
Acute Services Division	Women, Children + Clinical Ser	938.26	890.26	903.80
Fife Health Board Division	Corporate Services	969.90	1,010.28	959.92
Fife Health Board Division	Estates Directorate	136.80	131.22	130.65
Fife Health Board Division	Facilities Directorate	786.06	701.14	704.27
Fife Health Board Division	Fe Health And Safety	8.40	4.88	5.00
Nhsf Covid-19	Hb Retained Covid-19	0.00	338.20	65.14
		5,258.22	5,417.59	5,175.84
Include	IJB Non-delegated	63.44	57.11	55.34
Total		5,321.66	5,474.70	5,231.18

In terms of the Health and Social Care Partnership, the funded establishment is 3,400 wte. The current wte is 3,382 wte with an establishment gap of 18 wte, as detailed in the Expenditure Summary Report for April to October 2022 below:

2CCN - Level 2 Cost Centre Name	3CCN - Level 3 Cost Centre Name	Funded Estab	YTD Ave WTE	Curr WTE
Hsci Directorate	Community Care Services	1,122.62	1,076.57	1,084.75
Hsci Directorate	Complex And Critical Services	1,132.03	1,079.79	1,093.84
Hsci Directorate	Health And Social Care Other	3.09	26.10	27.04
Hsci Directorate	Primary Care + Prevention Serv	1,020.50	976.32	1,004.71
Hsci Directorate	Professional/business Enabling	39.09	35.95	39.13
Nhsf Covid-19	Hscp Delegated Covid-19	146.01	170.01	187.87
		3,463.34	3,364.74	3,437.34
Exclude	IJB Non-delegated	63.44	57.11	55.34
Total		3,400	3,308	3,382

6. Workforce Composition: Medical & Dental Staff

Inclusive of those engaged via the regional employment model for training grade Doctors and Dentists, the Medical and Dental Job Family represents 8.0% of the WTE workforce as at 30 September 2022, with Anaesthetics, General (internal) Medicine and General Surgery having the greatest WTE staffing complement. Over 40% of those engaged within this job family are on the Consultant grade, with the working pattern in this job family heavily biased in favour of full time working. Details are set out in the charts below:
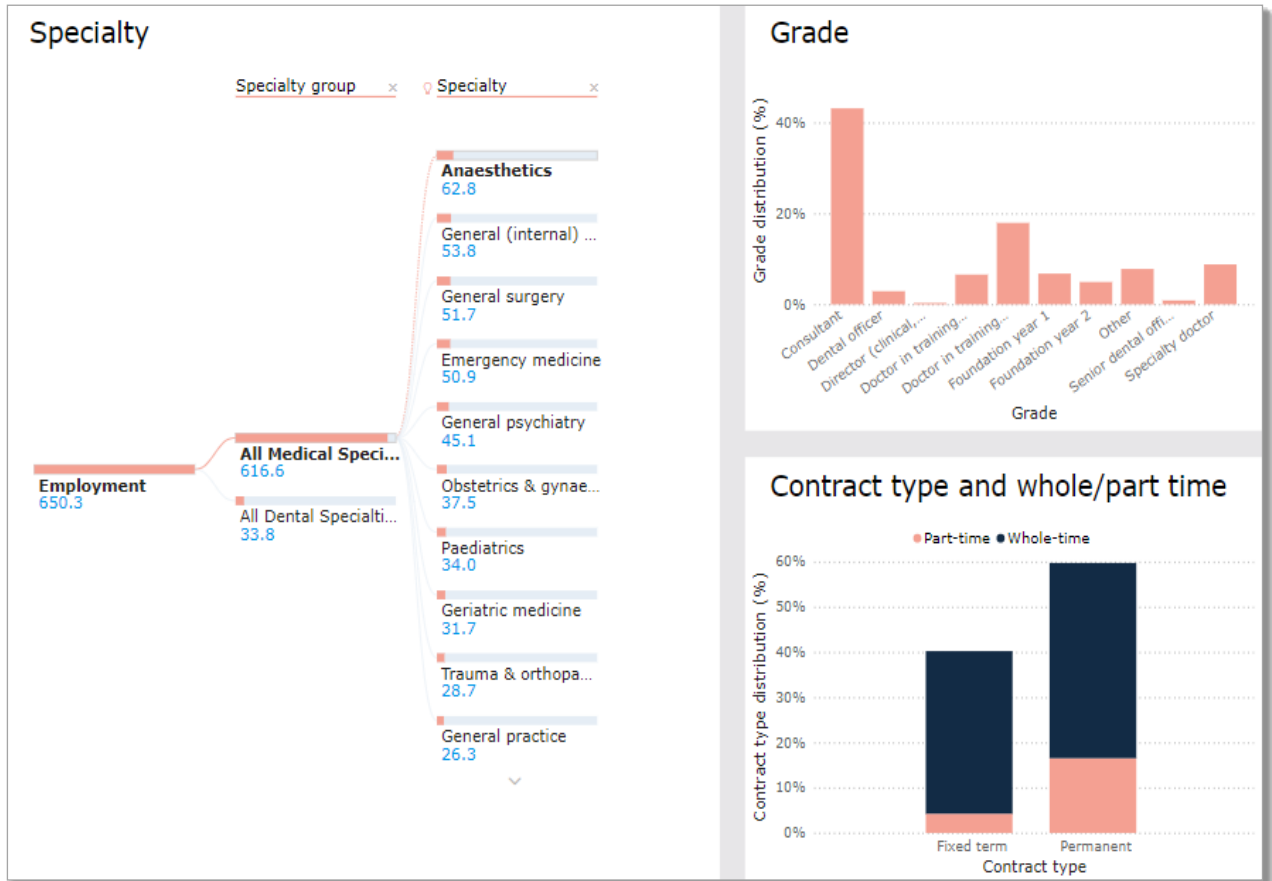
Source: turasdata.nes.nhs.scot

7. Workforce Composition: Non-Medical & Dental Staff

Those employees engaged on Agenda for Change Terms and Conditions, including those within the Executive / Senior Management cohort, represent 92.0% of the WTE NHS Fife workforce as at 30 September 2022. 52.0% of these employees are engaged within the Nursing & Midwifery Job Family. The mode value band (i.e. most frequently occurring value) is Band 5 with greater parity in working patterns between part time and full time working. The number of employees engaged on fixed term contracts was 7.2%, with this figure rising in the previous 3 years. Details are set out in the charts below:
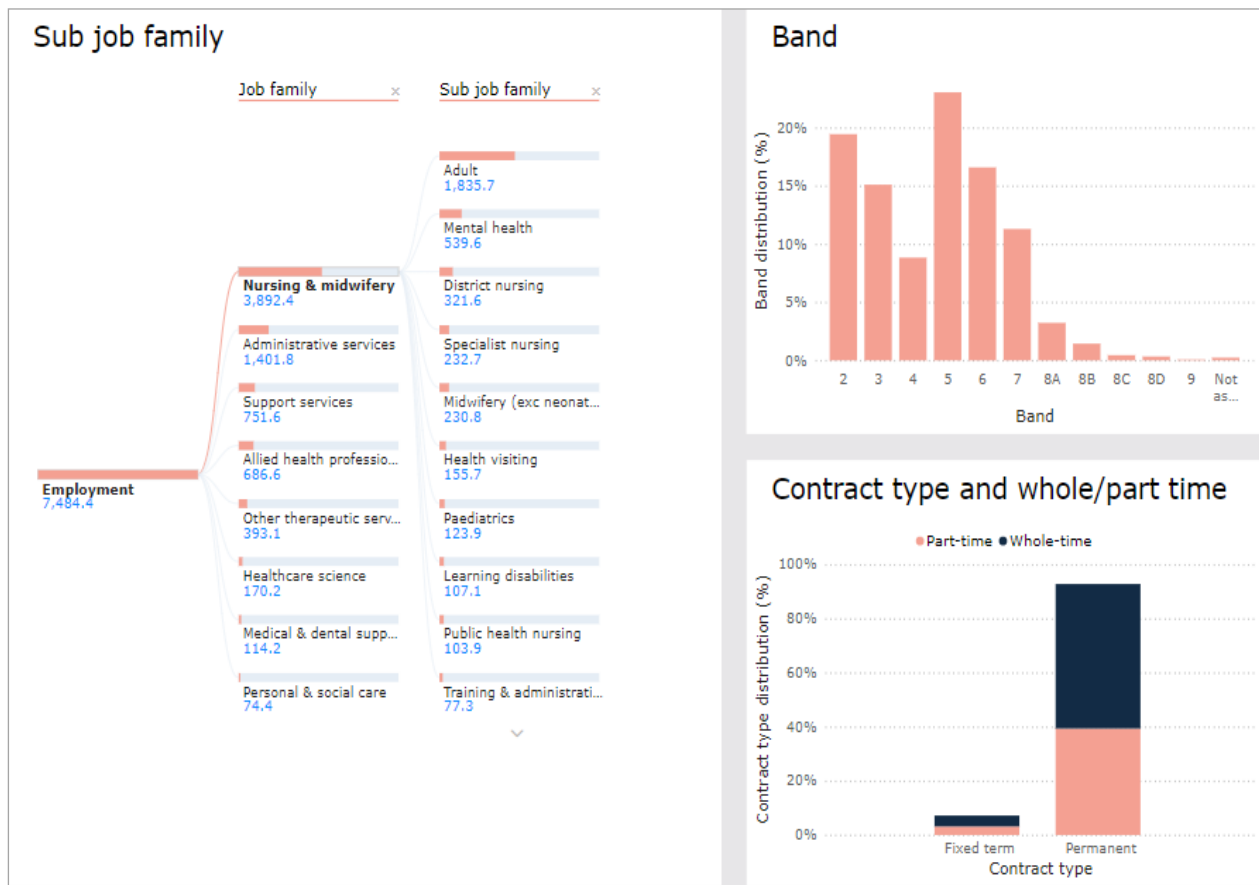
Source: turasdata.nes.nhs.scot

8. Supplementary Staffing

Total spend on Bank and Agency as at 31 March 2022 across the Medical & Dental and Nursing & Midwifery Job Families increased by 31.7% and 74.3% respectively. Details are provided below:
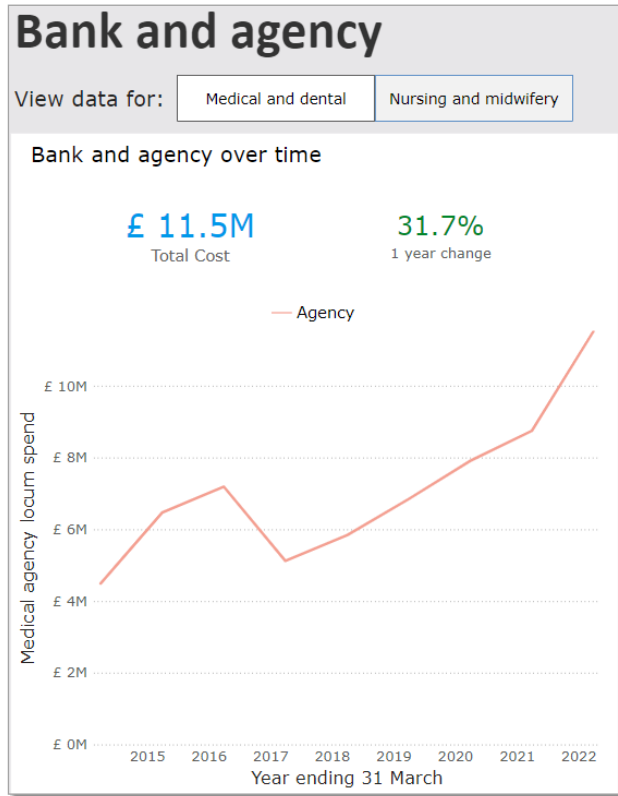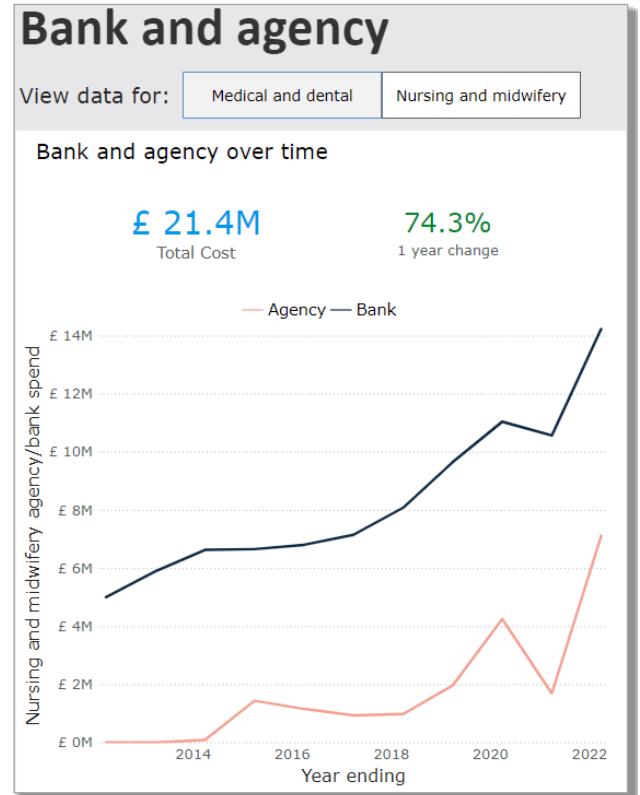
The information detailed below focuses on supplementary staffing use within the Nursing and Midwifery Job Family. The information is extracted from the Regional Workforce Dashboard which provides monthly data, one month in arrears.
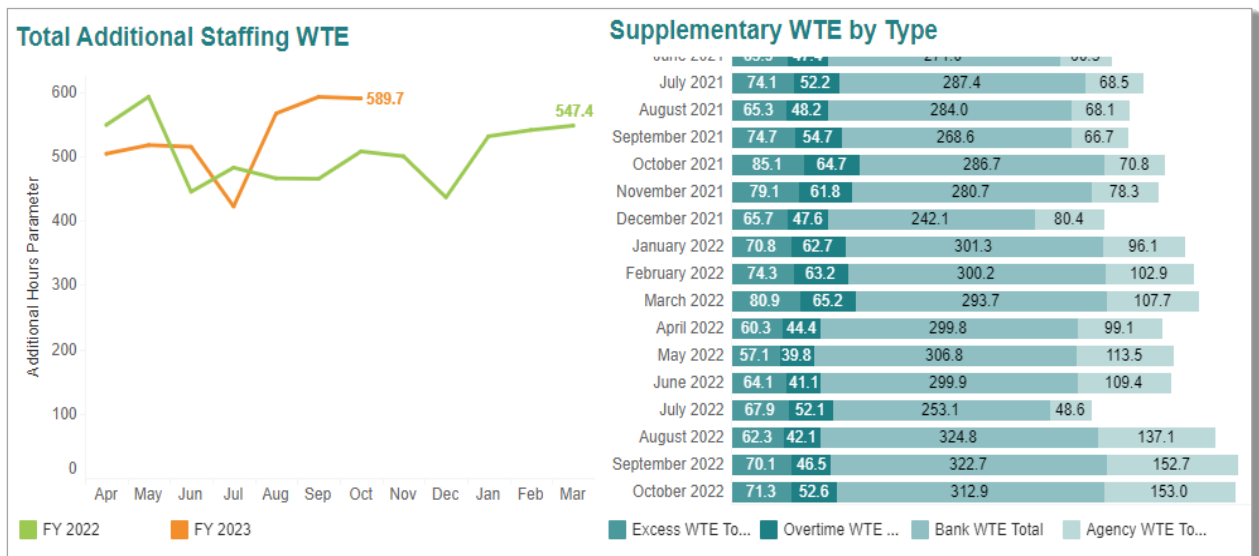
Source: Regional Workforce Dashboard

9. Staff Availability

Monthly sickness absence levels during 2022/2023 are tracking at a rate higher than in 2021/2022. Those engaged within Nursing & Midwifery, (Agenda for Change Bands 1 to 4), plus the Support Services Job Families had the highest average absence levels in 2022/2023 to date. There also appears to be a continued correlation between Sickness Absence Rate and Age, with the average sickness absence rate increasing with each age category. Closer analysis of this highlights that whilst those staff aged 55 and over have, on average, some of the lowest levels of short term absence, they have, on average, the highest levels of long term absence.

Sickness Absence Rate

October 2022: 6.63%

Show trend by
- ⦿ Month
- ◯ Quarter

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2021/22	5.07	5.31	6.17	6.03	5.95	6.42	6.34	6.79	6.98	5.93	5.63	5.59
2022/23	5.14	5.63	6.25	5.88	6.50	7.07	6.63					

Source: Regional Workforce Dashboard

Absence Rates and Hours Lost by Job Family and Month

Job Family	Absence Rate %	Hours Lost
ADMINISTRATIVE SERVICES	4.42%	69,697
ALLIED HEALTH PROFESSION	3.35%	26,034
DENTAL SUPPORT	2.62%	1,882
HEALTHCARE SCIENCES	5.82%	11,630
MEDICAL AND DENTAL	2.08%	7,330
MEDICAL SUPPORT	4.65%	2,122
NURSING/MIDWIFERY 1-4	9.37%	128,954
NURSING/MIDWIFERY 5+	6.82%	211,656
OTHER THERAPEUTIC	2.86%	12,855
PERSONAL AND SOCIAL CARE	7.00%	6,229
SENIOR MANAGERS	3.53%	473
SUPPORT SERVICES	8.04%	71,703

Meeting target
Not meeting target

Overall Absence Rate and Hours Lost by Age Group
This chart will hide age groups with a headcount of 5 or less

Age Group	Absence Rate %
16-19	9.9
20-24	5.0
25-29	5.6
30-34	5.3
35-39	6.5
40-44	5.7
45-49	7.2
50-54	5.8
55-59	7.7
60-64	9.7
65+	12.2

Not Meeting Target

Source: Regional Workforce Dashboard

10. International Recruitment

As the Committee is aware, NHS Fife commenced a programme of International Recruitment in November 2021, which will mean recruitment of an initial pilot of 40 Nurses and 3 Radiographers. To date NHS Fife has recruited 31 Staff Nurses and 2 Radiographers, as detailed in the graph below. A further 8 Staff Nurses and 2 Radiographers are due to commence during February to June 2023.

International Recruitment
Nurses and Radiographers Commenced /
Predicted to Commence
February 2022 to June 2023

Legend: Total Nurses Recruited (Target 40), Total Radiogrphers Recruited (Target 3)
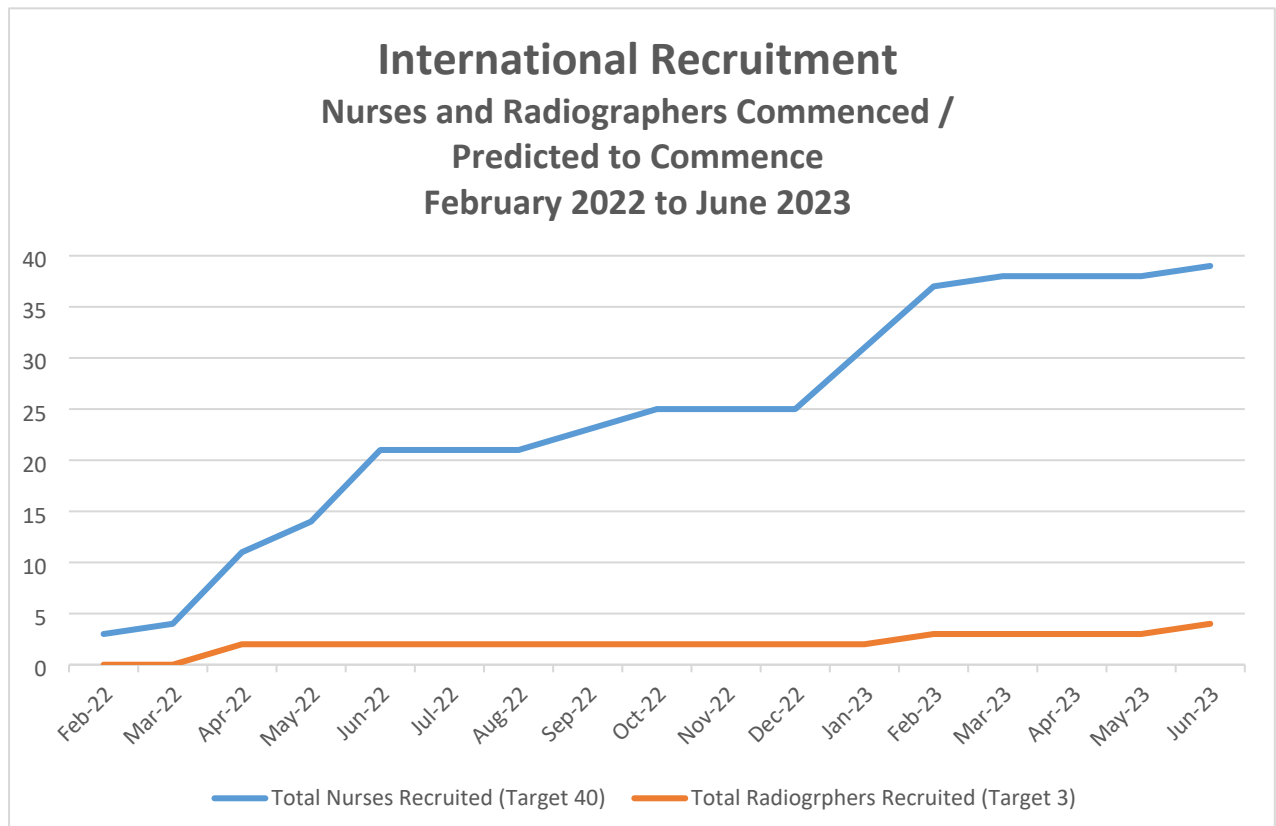
This has been a positive experience for both NHS Fife and the candidates and it is hoped that international recruitment will increase and expand to other professions over 2022/2023. The first 40 Nurses will be recruited to posts within the Acute Services Division. Unfortunately it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with Nursing and Midwifery Council requirements for training, for around another 6 months.

11. Employee Relations

Employee Relations cases have reduced slightly during the most recent reporting period, although this activity has reduced, case numbers remain high. There were two Whistleblowing cases that resulted in several formal cases, which remain on-going. There has been a reduction of 6 Conduct cases, a reduction of 2 Bullying and Harassment cases and an increase of 1 Grievance case. There are 29 active Employee Relations cases in both the Health and Social Care Partnership and the Acute Services Division and there are 15 active cases within the Corporate Services Directorates. For the cases of 12 months duration, the reasons for the timeframe are as follows: link to a criminal case / court proceeding not concluded; maternity leave and one where the employee did not wish to participate in the process until they returned, long term sickness absence and a complex grievance, which has partially concluded.

An overview of current ER activity is included in the tables below:

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Employee Conduct	8	7	1	2	18
Fife H&SC Partnership (Div)	Employee Conduct	6	10	10	1	27
Corporate Services Division (Div)	Employee Conduct	6	3	2		11
Total		**20**	**20**	**13**	**3**	**56**

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Bullying & Harassment	1	3	2		6
Fife H&SC Partnership (Div)	Bullying & Harassment					0
Corporate Services Division (Div)	Bullying & Harassment			2		2
Total		**1**	**3**	**4**	**0**	**8**

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Employee Grievance	4			1	5
Fife H&SC Partnership (Div)	Employee Grievance	1	1			2
Corporate Services Division (Div)	Employee Grievance		2			2
Total		**5**	**3**	**0**	**1**	**9**

12. Workforce Development & Appraisal

With support from Digital & Information colleagues, externally generated TURAS reports have been linked to local information within the MicroStrategy visualisation tool to provide an overview of current Agenda for Change staff who have had an appraisal within the previous 12 months.

The monthly trend line for the percentage of employees who have had an appraisal within the previous year, along with the number of appraisals undertaken each month, is shown below:
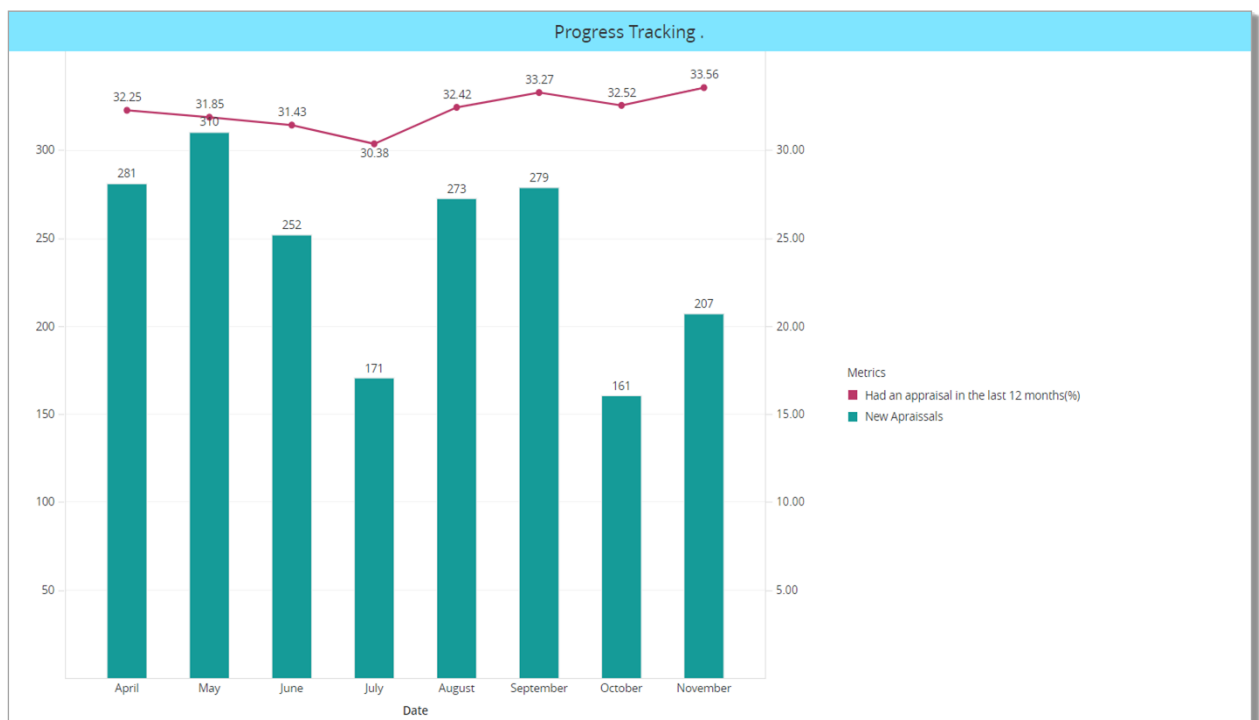
Source: Bespoke MicroStrategy Dashboard

13. Summary of Staff Health and Wellbeing Support Activities and Statistics: July to October 2022

OCCUPATIONAL HEALTH

Staff Counselling / Management / Self Referrals

	Staff Counselling Referrals	Management Referrals	Self Referrals (incl. Physio)
July 2022	23	125	40
August 2022	27	140	55
September 2022	23	145	50
October 2022	26	125	52

Management / Self Referrals Spit by Operational Unit

Management Referrals	July 2022	August 2022	September 2022	October 2022
Acute	65	73	60	49
Corporate	17	23	21	22
H&SCP	43	44	64	54
Self Referrals	**July 2022**	**August 2022**	**September 2022**	
Acute	8	6	4	10
Corporate	3	1	0	0
H&SCP	1	7	3	6

GOING BEYOND GOLD

Outdoor Wellbeing Sessions

Outdoor Wellbeing Sessions (half day) Face-to-Face	
25 August 2022	5 (8 cancelled)
28 August 2022	6 (6 cancelled)
1 September 2022	25
20 September 2022	10
11 October 2022	3 (8 cancelled)

Care Space Sessions

Care Space Sessions (30 minute sessions) Face-to-Face	
July 2022 Letham Ward, Cameron Hospital	5

Wellbeing Retreat Days

Managing Change and Transitions (Half Day Online Course)	
16 August 2022	11
1 September 2022	29
4 October 2022	8

Growing a Culture of Wellbeing Champions in NHS Fife

Growing a Culture of Wellbeing Champions in NHS Fife Full day retreat session followed by two online sessions	
July – August 2022 Online Sessions 1 & 2	30
13 September 2022 Course 7: Full Day for AU1 Staff	7
27 October 2022 Course 8: Full Day	11

Self Care for Living and Working Sessions

Self-Care for Living and Working (Full day followed by 5 online sessions)	
August to October 2022	47

Managing Change and Transitions

Managing Change and Transitions (Half day online course)	
23 August 2022	10
18 October 2022 – Theatre Staff	13

NHS FIFE DEPARTMENT OF SPIRITUAL CARE

Spiritual Care Service Activity

Significant Staff Contacts	July 2022	August 2022	September 2022	October 2022
Formal 1:1, Informal Support, Team Support and Staff Listening Service	124	115	112	126
Average Number of Contacts per week	31	29	28	32

Staff Support	July 2022	August 2022	September 2022	October 2022
One-to-One Formal Support	22	20	15	32
One-to-One Informal Support	83	78	71	78
Team Formal Support	1	1	8	6
Team Informal Support	18	16	18	10

Values Based Reflective Practice Sessions

	July 2022	August 2022	September 2022	October 2022
Values Based Reflective Practice Sessions	7	3	6	7

Pastoral Supervision

	July 2022	August 2022	September 2022	October 2022
Pastoral Supervision	15	7	7	7

NHS FIFE PSYCHOLOGY STAFF SUPPORT SERVICE

Psychology Staff Support Service Referrals

	July 2022	August 2022	September 2022	October 2022
Psychology Staff Support Service Referrals	3	4	14	15

Managers Information Sessions

	July 2022	August 2022	September 2022	October 2022
Managers Information Session	23	23	10	5

Compassionate Connected Teams Workshops

	July 2022	August 2022	September 2022	October 2022
Compassionate Connected Teams Workshop	4	13	0	23

NHS FIFE PEER SUPPORT: MEDICAL, CRITICAL CARE AND STAFF PEER SUPPORT

	July 2022	August 2022	September 2022	October 2022
Peer Support Activity	12	4	4	0

There is significant informal activity in addition to the formal cases

NHS FIFE LEARNING AND DEVELOPMENT TEAM

TURAS eLearning Modules

Health and Wellbeing Courses Engagement Figures

eLearning Course	Go Live Date	Course Completions July 2022	Course Completions August 2022	Course Completions September 2022	Course Completions October 2022
Compassionate Leadership	15/10/2021	22	28	29	21
Resilience	15/10/2021	24	20	18	26
Self-Care	15/10/2021	30	27	25	21

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 12 January 2023**
Title:	**Delivery of Annual Workplan 2022 / 2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Rhona Waugh, Head of Workforce Planning and Staff Wellbeing**

1. Purpose

This is presented to Staff Governance Committee Members for:
- Assurance

This report relates to a:
- Local Policy

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

This report aligns to the following Staff Governance Standard(s):
- Well Informed
- Appropriately Trained and Developed
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect in an environment where diversity is valued
- Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community

2. Report Summary

2.1 Situation

The Staff Governance Committee approved the Annual Workplan for 2022 / 2023 at the meeting on 3 March 2022. For assurance, the updated Annual Workplan is attached at **Appendix 1**, which highlights the amendments in yellow, to enable the Committee to clearly monitor items that have been presented, carried forward to a future meeting or removed.

2.2 Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within the Internal Audit Report B06/22, whilst ensuring due diligence in respect of the range of workforce matters to be considered by the Committee.

2.3 Assessment

The updated Workplan attached at **Appendix 1** sets out the key plans, reports, business cases and proposals which the Committee will receive and be asked to consider, endorse or take assurance from during 2022 / 2023.

The Annual Workplan report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard, with the planned business items and reports planned within the Workplan contributing to various strands of the Standard.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Workforce considerations will be included as appropriate in proposals considered by the Committee.

The content, update and review of the Annual Workplan contributes to all strands of the NHS Scotland Staff Governance Standard. The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage of respective elements of the Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution Ambitions

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 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2022 / 2023 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 3 March, 12 May, 14 July, 1 September and 10 November 2022 and those planned for the meeting on 12 January 2023.

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and confirms:

- the updates made to the Staff Governance Workplan for 2022 / 2023 since it was presented to committee members on 10 November 2022.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Updated Staff Governance Committee Annual Workplan 2022 / 2023

Report Contact:

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

STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2022 / 2023

Governance – General							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Minutes of Previous Meeting	**Chair**	✔	✔	✔	✔	✔	✔
Action List	**Chair**	✔	✔	✔	✔	✔	✔
Minutes of Other Committees & Groups	**Chair**	✔	✔	✔	✔	✔	✔
Escalation of Issues to Fife NHS Board	**Chair**	✔	✔	✔	✔	✔	✔
Governance Matters							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Corporate Calendar – Proposed Staff Governance Committee Dates 2023 / 2024	**Director of Workforce**			✔			
Annual Staff Governance Committee Workplan: Review of 2022 / 2023	**Director of Workforce**	✔	✔	✔	✔	✔	✔
Annual Staff Governance Committee Workplan: Proposed 2023 / 2024	**Director of Workforce**					✔ **Draft**	✔ **Final**
Annual Review of Staff Governance Committee Terms of Reference	**Board Secretary**						✔
Corporate Risks Aligned to Staff Governance Committee (replacing the Board Assurance Framework)	**Director of Workforce**	✔	✔	✔ **Risk ID 1420: Loss of Consultants within the Rheumatology Service**	✔ **Replaced by Corporate Risks**	✔ **Replaced by Corporate Risks** **Risk ID 2214: N&M Staffing Levels**	✔ **Replaced by Corporate Risks** **Risk ID 90: National Shortage of Radiologists**

Staff Governance Annual Workplan 2022 / 2023
5 January 2023
Page 1 of 5
Version 11
Originator: Workforce Directorate
Review at each SGC Meeting 2022/2023
*Items on the agenda and their timing continue to be reviewed and may be subject to change

4/10
113/165

Governance Matters (Continued)							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Staff Governance Committee Annual Statement of Assurance 2021 / 2022	**Board Secretary**	✔ (Draft)	Not required following SGC meeting on 12/5/22				
Staff Governance Committee Self Assessment Report 2022 / 2023	**Board Secretary**						✔
Update on Equality, Diversity and Human Rights, including BAME	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**	✔ (Presentation)					
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	**Director of Workforce**			✔			
Whistleblowing – Quarterly Report	**Head of Workforce Resourcing & Relations**	✔ Quarter 3 Report	✔ Quarter 4 Report	✔ Quarter 1 Report	✔ Quarter 2 Report		✔ Quarter 3 Report
Strategy / Planning							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Corporate Objectives 2022 / 2023	**Director of Finance & Strategy**	✔					
NHS Fife Three Year Workforce Plan for 2022 to 2025	**Head of Workforce Planning & Staff Wellbeing**	✔ (Draft)	✔		✔		
H&SCP Three Year Workforce Plan for 2022 to 2025	**Director of Health and Social Care Partnership**	Rescheduled to 14/7/22	✔		✔		
Workforce Strategy 2022 to 2025	**Deputy Director of Workforce**						✔
Annual Workforce Projections for 2023 / 2024 – TBC	**Head of Workforce Planning & Staff Wellbeing**						

Staff Governance Annual Workplan 2022 / 2023
5 January 2023

Page 2 of 5
Version 11

Originator: Workforce Directorate
Review at each SGC Meeting 2022/2023

*Items on the agenda and their timing continue to be reviewed and may be subject to change

114/165

Strategy / Planning (Continued)							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Annual Delivery Plan 2022/2023	**Director of Finance & Strategy**		✓ Private Session	✓ Private Session	✓ Progress and Winter Actions		
NHS Fife Operational Delivery Plan 2022 / 2023, including Winter Plan	**Director of Finance & Strategy**	✓ (2021/2022 Update)	**Annual Delivery Plan 2022 / 2023 has replaced this item**				
NHS Fife Projects / Programmes							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Workforce Implications of Memorandum of Understanding (MOU2) Implementation	**Director of Health & Social Care Partnership**		✓		Rescheduled to 12/1/23	✓	✓
Quality / Performance							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Integrated Performance & Quality Report	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Staff Governance & Staff Governance Standards							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Staff Governance Standards Overview	**Contributors TBC**			Now being considered for a future development session on 24/10/22			Now being considered for a future development session
• Appropriately Trained - Medical Appraisal & Revalidation Annual Report 2021 / 2022	**Medical Director**				✓		

Staff Governance Annual Workplan 2022 / 2023   Page 3 of 5   Originator: Workforce Directorate
5 January 2023   Version 11   Review at each SGC Meeting 2022/2023
*Items on the agenda and their timing continue to be reviewed and may be subject to change

115/165

Staff Governance & Staff Governance Standards (Continued)

	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Report 2021 / 2022	**Director of Nursing**				✓		
- Training Compliance Report 2021 / 2022	**Head of Workforce Development & Engagement**				Rescheduled to 12/1/23	✓	
• Improved and Safe Working Environment	**Director of Property & Asset Management**		Rescheduled to 1/9/22	✓	Deferred to 12/1/23 pending SLWG	✓	✓
• Well Informed – Communication & Feedback	**TBC**						
• Treated Fairly and Consistently							
- Workforce Policies Update	**Head of Workforce Resourcing & Relations**				✓		
• Involved in Decisions	**TBC**						
iMatter Report	**Head of Workforce Development & Engagement**					✓	

Annual Reports / Other Reports

	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Internal Audit Annual Report 2021 / 2022	**Director of Finance & Strategy**		✓				
Staff Governance Annual Monitoring Return 2021 / 2022	**Head of Workforce Resourcing & Relations**	Rescheduled to 14/7/22	Rescheduled to 1/9/22	✓ (Including 2020 / 2021 Feedback)	✓		

Staff Governance Annual Workplan 2022 / 2023
5 January 2023

Page 4 of 5
Version 11

Originator: Workforce Directorate
Review at each SGC Meeting 2022/2023

*Items on the agenda and their timing continue to be reviewed and may be subject to change

7/10

116/165

Annual Reports / Other Reports (Continued)

	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021 / 2022	**Co-Chairs of LPF**			Deferred to 10/11/22	✓		
Health and Social Care Partnership Local Partnership Forum Annual Report 2021 / 2022	**Co-Chairs of LPF**			✓			
Whistleblowing Annual Report 2021 / 2022	**Head of Workforce Resourcing and Relations**			✓			
Volunteering Annual Report 2021 / 2022	**Director of Nursing**				✓		
Occupational Health and Wellbeing Service Annual Report 2021 / 2022	**Head of Workforce Planning & Staff Wellbeing**			✓	Presented on 1/9/22		
Workforce Information Overview	**Deputy Director of Workforce**	✓	✓	✓ Q1 (to reflect data availability)		✓ Q2 (to reflect data availability)	✓ Q3 (to reflect data availability)

Staff Governance Annual Workplan 2022 / 2023
5 January 2023

Page 5 of 5
Version 11

Originator: Workforce Directorate
Review at each SGC Meeting 2022/2023

*Items on the agenda and their timing continue to be reviewed and may be subject to change

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	**12/5/22**	**14/7/22**	**1/9/22**	**10/11/22**	**12/1/23**	**9/3/23**
Risk Management Improvement Programme Progress Update	**Director of Finance and Strategy**	✔		✔			
Integrated Performance and Quality Report Review Progress Report	**Director of Finance and Strategy**		✔				
Promoting Attendance Update	**Head of Workforce Resourcing and Relations**			✔			
Development of Assistant Practitioner Role	**Director of Nursing**			✔			
NHS Fife Draft Staff Health & Wellbeing Framework	**Head of Workforce Resourcing and Relations**				✔		
Strategic Planning and Resource Allocation 2023/2024	**Director of Finance and Strategy**				✔		✔
Population Health and Wellbeing Strategy	**Director of Finance and Strategy**					✔	
Mental Health Estates Initial Agreement	**Medical Director**						✔
2c Practice Tendering Update	**Director of Health & Social Care Partnership**						✔
Regional Health Protection	**Director of Public Health**						✔ TBC

Staff Governance Annual Workplan 2022 / 2023
5 January 2023

Page 6 of 5
Version 11

Originator: Workforce Directorate
Review at each SGC Meeting 2022/2023

*Items on the agenda and their timing continue to be reviewed and may be subject to change

9/10

118/165

Briefing Sessions	
Session 1: Monday 24 October 2022 at 11.00 am via MS Teams	**Lead(s)**
• Staff Governance Standard	Employee Director, LPF Chairs and Co-Chairs and Workforce Senior Leadership Team.
Session 2: Thursday 16 February 2023 at 2.00 pm	**Lead(s)**
• Health and wellbeing approaches – various to select from to complement the staff story below.	Head of Workforce Planning & Staff Wellbeing, plus Health Psychologist, Going Beyond Leaf for Mindfulness.
• An employee story – Speech & Language Therapy employee with complex management of attendance / return to work plan.	Head of Service to present and employee has agreed to their case being covered.

Staff Governance Annual Workplan 2022 / 2023   Page 7 of 5   Originator: Workforce Directorate
5 January 2023   Version 11   Review at each SGC Meeting 2022/2023
*Items on the agenda and their timing continue to be reviewed and may be subject to change

119/165

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 12 January 2023**
Title:	**Proposed Annual Workplan 2023 / 2024**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Rhona Waugh, Head of Workforce Planning and Staff Wellbeing**

1.   Purpose

This is presented to Staff Governance Committee Members for:
- Assurance

This report relates to a:
- Local Policy

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

This report aligns to the following Staff Governance Standard(s):
- Well Informed
- Appropriately Trained and Developed
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect in an environment where diversity is valued
- Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community

2.   Report Summary

2.1   Situation

The Staff Governance Committee is required to agree an Annual Workplan to effectively manage the work of the Committee throughout the year. The draft Annual Workplan for 2023 / 2024 is provided at **Appendix 1**, setting out the priorities for the forthcoming year and anticipating the reporting arrangements for the Committee for the year ahead.

2.2   Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within the Internal Audit Report B08/23, whilst ensuring due

diligence in respect of the range of workforce matters to be considered by the Committee and the commitment to the NHS Scotland Scottish Government Standard.

2.3 Assessment

The Annual Workplan report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard, with the planned business items and reports planned within the Workplan contributing to various strands of the Standard.

The draft Annual Workplan for 2023 / 2024 is attached at **Appendix 1** for consideration and discussion and reinforces the work of the Committee post pandemic.

Commitment / evidence to support the requirements of the Staff Governance Standards are provided by the Local Partnership Forum Annual Reports, the Staff Governance Annual Monitoring Return and monitoring of activity presented to the Committee via the workplan.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage elements of the Staff Governance Standard. This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities and Anchor Institution Ambitions

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 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The proposed Staff Governance Committee Annual Workplan 2023/2024 has been considered by the Committee Chair, Interim Director of Workforce and Board Secretary and takes account of any initial comments received.

2.4 Recommendation

This paper is presented to the Staff Governance Committee members for **Assurance** and members are asked to:

- **Consider** and **endorse** the content of the proposed Staff Governance Committee Annual Workplan for 2023 / 2024.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Proposed Staff Governance Committee Annual Workplan 2023 / 2024

Report Contact:

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

STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2023 / 2024

Governance – General							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Minutes of Previous Meeting	**Chair**	✓	✓	✓	✓	✓	✓
Action List	**Chair**	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	**Chair**	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	**Chair**	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Corporate Calendar – Proposed Staff Governance Committee Dates 2024 / 2025	**Director of Workforce**			✓			
Annual Staff Governance Committee Workplan: Review of 2023 / 2024	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Annual Staff Governance Committee Workplan: Proposed 2024 / 2025	**Director of Workforce**					✓ Draft	✓ Final
Annual Review of Staff Governance Committee Terms of Reference	**Board Secretary**						✓
Corporate Risks Aligned to Staff Governance Committee	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Staff Governance Committee Annual Statement of Assurance 2023 / 2024	**Board Secretary**	✓					
Staff Governance Committee Self Assessment Report 2023 / 2024	**Board Secretary**						✓

Staff Governance Annual Workplan 2023 / 2024   Page 1 of 5   Originator: Workforce Directorate
22 November 2022   Version 1   Proposed SGC Annual Workplan 2023/2024
*Items on the agenda and their timing continue to be reviewed and may be subject to change

4/8   123/165

Governance Matters (Continued)							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Update on Equality, Diversity and Human Rights, including BAME	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**	✓					
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	**Director of Workforce**			✓			
Whistleblowing – Quarterly Report	**Head of Workforce Resourcing & Relations**	✓ **Quarter 4 Report**		✓ **Quarter 1 Report**	✓ **Quarter 2 Report**		✓ **Quarter 3 Report**
Strategy / Planning							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Corporate Objectives 2023 / 2024	**Director of Finance & Strategy**	✓					
Annual Delivery Plan 2023 / 2024	**Director of Finance & Strategy**		✓	✓	✓		
Strategic Planning and Resource Allocation 2023 / 2024 – TBC	**Director of Finance and Strategy**	✓		✓	✓		✓
Quality / Performance							
	Lead	**11/5/23**	**11/7/23**	**14/9/23**	**9/11/23**	**11/1/24**	**6/3/24**
Integrated Performance & Quality Report	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Workforce Information Overview	**Deputy Director of Workforce**	✓ **Q4** **(to reflect data availability)**	**Progressing to on-line reporting**				

Staff Governance Annual Workplan 2023 / 2024   Page 2 of 5   Originator: Workforce Directorate
22 November 2022   Version 1   Proposed SGC Annual Workplan 2023/2024
*Items on the agenda and their timing continue to be reviewed and may be subject to change

5/8   124/165

Staff Governance & Staff Governance Standards

	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Standards Overview	**Contributors TBC**			✓			✓
• Appropriately Trained							
- Medical Appraisal & Revalidation Annual Report 2022 / 2023	**Medical Director**				✓		
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2022 / 2023	**Director of Nursing**				✓		
- Training Compliance Report 2022 / 2023	**Head of Workforce Development & Engagement**				✓		
• Improved and Safe Working Environment	**Director of Property & Asset Management**		✓		✓		✓
• Well Informed – Communication & Feedback	**TBC**						
• Treated Fairly and Consistently							
- Workforce Policies Update	**Head of Workforce Resourcing & Relations**				✓		
• Involved in Decisions	**TBC**						
iMatter Report	**Head of Workforce Development & Engagement**					✓	

Staff Governance Annual Workplan 2023 / 2024
22 November 2022

Page 3 of 5
Version 1

Originator: Workforce Directorate
Proposed SGC Annual Workplan 2023/2024

*Items on the agenda and their timing continue to be reviewed and may be subject to change

Annual Reports / Other Reports

	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Internal Audit Annual Report 2022 / 2023	**Director of Finance & Strategy**		✔				
Staff Governance Annual Monitoring Return 2022 / 2023 – TBC	**Head of Workforce Resourcing & Relations**						
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2022 / 2023	**Co-Chairs of LPF**			✔			
Health and Social Care Partnership Local Partnership Forum Annual Report 2022 / 2023	**Co-Chairs of LPF**			✔			
Whistleblowing Annual Report 2022 / 2023	**Head of Workforce Resourcing and Relations**			TBC			
Volunteering Annual Report 2022 / 2023	**Director of Nursing**				✔		
Occupational Health and Wellbeing Service Annual Report 2022 / 2023	**Head of Workforce Planning & Staff Wellbeing**			✔			

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)

	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24

Staff Governance Annual Workplan 2023 / 2024
22 November 2022

Page 4 of 5
Version 1

Originator: Workforce Directorate
Proposed SGC Annual Workplan 2023/2024

*Items on the agenda and their timing continue to be reviewed and may be subject to change

Briefing Sessions	
Session 1: Date / Topics to be confirmed	**Lead(s)**
Session 2: Date / Topics to be confirmed	**Lead(s)**

Staff Governance Annual Workplan 2023 / 2024   Page 5 of 5   Originator: Workforce Directorate
22 November 2022   Version 1   Proposed SGC Annual Workplan 2023/2024
*Items on the agenda and their timing continue to be reviewed and may be subject to change

8/8   127/165

STAFF GOVERNANCE COMMITTEE

(Meeting on Thursday 12th January 2023)

The main focus of the Area Partnership Forum meeting held on Wednesday 23rd November 2022 was on the ongoing workforce and financial challenges, and staff health and wellbeing. There was also a Strategy Engagement session, an update on possible Industrial Action, a presentation on Health & Safety arrangements, an evaluation of the Kickstart programme and a report on the Kingdom Staff Lottery Fund.

No issues were raised for escalation to the Staff Governance Committee.

<u>UNCONFIRMED</u> MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 23RD NOVEMBER 2022 AT 13:30 HRS IN TRAINING ROOM 1, VICTORIA HOSPITAL

Chair: Wilma Brown, Employee Director

Present:

Kirsty Berchtenbreiter, Head of Workforce Development & Engagement
Nicky Connor, Director of Health & Social Care
Linda Douglas, Director of Workforce
Neil Groat, Society of Radiographers
Ben Hannan, Director of Pharmacy & Medicines
Joy Johnstone, Federation of Clinical Scientists
Kirsty MacGregor, Associate Director of Communications
Janette Keenan, Director of Nursing
Neil McCormick, Director of Asset Management
Margo McGurk, Director of Finance & Strategy

Chris McKenna, Medical Director
Belinda Morgan, General Manager, Emergency Care Directorate (ECD) (for Claire Dobson)
Louise Noble, UNISON
Lynne Parsons, College of Podiatrists
Carol Potter, Chief Executive
Sandra Raynor, Head of Workforce Resourcing & Relations
Andrew Verrecchia, UNISON
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Mary Whyte, Royal College of Nursing

In Attendance:

Susan Fraser, Associate Director of Planning & performance – Strategy Engagement Session
Donna Galloway, General Manager, ECD (for Claire Dobson – Strategy Engagement Session
Janet Melville, Personal Assistant (Minutes)

Actions

STRATEGY ENGAGEMENT LUNCHTIME SESSION

M McGurk guided Forum members through her 'Living Well, Working Well & Flourishing in Fife' presentation, which details NHS Fife's ambitions and commitment to staff and the population we serve. M McGurk was disappointed to hear that APF colleagues don't feel engaged with the strategy development so far but hoped they would support, guide and influence our national and local priorities going forward. The Strategic Framework has a focus on improvement and sustainability of services and improving the health and wellbeing of those living and working in Fife. It links to NHS Fife's strategic priorities and incorporates our corporate objectives and values. M McGurk indicated that responses to the survey had yielded useful and interesting information, despite the impact of COVID-19. It was noted that more research into understanding the needs and expectations of our multigenerational workforce would be beneficial to attract, support and retain staff. It was envisaged that once the eRostering system is fully operational this would negate the need to contact staff individually/ inappropriately to fill rotas. M McGurk explained that the second stage of engagement would include Group Discussion to gather more in depth data. The questions on the last slide were then discussed during which it was agreed that the strategy is a 'live' high level document and will require ongoing development to ensure actions are meaningful and deliverable in the short, medium and long term; the role of the APF and Local Partnership Forums in taking forward the actions e.g. supporting redesign of services; that there is ongoing staff health and wellbeing support; staff are appropriately

trained for their role and supported to be at work. Key points from the Group Discussions will be brought to the next APF.   **M McG**

01. WELCOME AND APOLOGIES

W Brown welcomed colleagues to the meeting and apologies were noted from F Alexander, I Banerjee, C Dobson (B Morgan attending) K Egan, S Fevre, M-A Gillan, L Hood, A Kopyto, C Lim, W McConville, K Reith, S Robertson and C Somerville.

W Brown acknowledged the efforts of all staff during this difficult time, notwithstanding winter pressures to come.

C Potter took the opportunity to acknowledge the valuable contribution of L Douglas and K Berchtenbreiter to NHS Fife and the APF, and to confirm they are both leaving NHS Fife, to retire and to join NHS Greater Glasgow and Clyde, respectively. C Potter and W Brown wished them well in their new ventures.

02. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 21st September 2022 were accepted as a true and accurate record.

A Verrecchia reported that he and K Booth, Head of Financial Services and Procurement had met with a Stagecoach representative with the aim of securing a more generous discount travel scheme for NHS Fife staff than the national 10% reduction for NHS Scotland employees e.g. on a limited number of designated routes only. Alternatively, A Verrecchia enquired whether monies are available whereby NHS Fife could subsidise the cost of bus tickets. M McGurk advised that there are no funds to supplement staff travel costs and it would be a 'benefit in kind' and have tax implications, not least set a national precedent. Other options suggested included promoting car sharing and exploring travel entitlement for younger staff members. An update to be brought to the next APF.   **AV**

The Action List was reviewed, and its format discussed. It was suggested that the status of each action is determined at the following APF meeting.

03. MATTERS ARISING

There were no matters arising.

04. INDUSTRIAL ACTION UPDATE

W Brown confirmed that given the ongoing pay dispute, Industrial Action is planned across Scotland. In Fife, the Royal College of Nursing and the Royal College of Midwives have mandated action, with dates to be advised.

W Brown informed members that the national Guidance and Frequently Asked Questions (FAQs) were not agreed in partnership at STAC (Scottish Terms and Conditions Committee). Local guidance prepared is being reviewed and simplified: it was acknowledged most managers and union colleagues will not have experienced industrial action and therefore clear guidance is essential. W Brown suggested incorporating links to ACAS (Advisory, Conciliation and Arbitration Service) advice. K MacGregor advised that a Hub has been created on StaffLink with links to each union and information for managers. L Parsons indicated that conversations have been held on practical issues, impact on staff

/ service and the approach to industrial action with K Reith and S Raynor as part of the review of the local guidance.

With regard to the Scottish Ambulance Service industrial action is planned for 25 and 28 November 2022, C Potter advised that all NHS Chief Executives are being kept informed in relation to the impact on Boards.

05. APPROPRIATELY TRAINED

05.1 Training Compliance Report 2021/2022

K Berchtenbreiter spoke to the report which gives an overview of core training compliance between October 2021–September 2022. There is a slight decrease from the previous reporting period which is not unexpected given the impact of COVID-19. It is important to note that although not necessarily in the right direction, improved reporting is being implemented where compliance is falling short. K Berchtenbreiter reminded members that we have transitioned from LearnPro to the Turas Learn platform – the first phase of a larger project to support compliance reporting and learning. Phase two will allow self-booking capability. It is anticipated this will facilitate more robust reporting. Pilot testing is underway with H&SC regarding role specific compliance.

In the discussion that followed, concerns were acknowledged in particular with Basic Life Support, Hospital Associated Infection and Manual Handling training and refresh training compliance and the potential impact on patient care. It was noted that during the pandemic, it was challenging to enable staff to attend or to deliver in person training. Proposals to address the fall in training compliance included reviewing performance targets/ refresh periods, offering a variety of training methods/ models/ delivery, ensuring staff are released to attend training/ allocated 'protected time', ensuring an adequate number of internal trainers, and to reduce the numbers of DNAs.

It was agreed a shared improvement plan would support leadership to these issues across the organisation.

EDG/SLT

K Berchtenbreiter highlighted the challenges of accurate reporting as the data is collected from several incompatible electronic systems and manually calculated. L Douglas suggested an interim report is brought to the January APF, noting the challenges involved in collating this data so the timing may need to be adjusted.

KR

APF **noted** the update.

05.2 Youth Employment and Employability – Kickstart Programme Evaluation

K Berchtenbreiter reported that 'Kickstart' had been a positive programme within NHS Fife, and we continue to support participants into employment or on to positive destinations such as further education.

In response to L Noble's query relating to Pharmacy, B Hannan was able to provide more clarity about the individual concerned. W Brown queried staff on bank contracts rather than permanent positions, particularly within Estates & Facilities. N McCormick agreed to speak with W Brown out with the APF to review this.

L Douglas responded to N Groat's question by advising that Kickstart is one of several pipelines to positions that are already there, rather than creating new posts; it's about improving placement experience and providing opportunities to gain employment. K Berchtenbreiter explained that participants on the

programme are individuals who face significant barriers to entering the workplace and Kickstart supports them on their journey to securing a job or into further education.

A discussion followed, during which it was suggested that as an Anchor Institution, NHS Fife is committed to being an exemplar employer and providing employment opportunities for the local community. There are currently a high level of vacancies across all job families and a large spend on Bank and Agency staff: it was suggested that if NHS Fife targets e.g. schools and supports appropriate programmes and initiatives, with mentors/ supervisors to develop and nurture our future workforce, this would give a greater return on investment.

C McKenna queried why only 12 out of 20 individuals completed the Kickstart programme. K Berchtenbreiter explained that Kickstart was not a good fit for all applicants, some had already secured other jobs/ training courses, the timescale was limited to find appropriate areas for placement. Kickstart has now closed, although engaging with Fife Council to explore different funding streams to give 'emerging adults' the chance to get a foot in the door to begin their career.

A business case is being prepared and will be submitted to the Financial Improvement & Sustainability Programme Board in January 2023.

APF **noted** the update.

06. INVOLVED IN DECISIONS

06.1 Acute Services Division & Corporate Directorates Local Partnership Forum Update

A Verrecchia indicated that a meeting has been arranged for next week to discuss the reinstating of the Health & Safety Group within Acute Services. The Victoria Hospital Staff Health & Wellbeing Hub is opening in early December 2022, where previously the WRVS was located. Industrial Action has been discussed. A Priority Actions Workshop was held a couple of weeks ago to explore the challenges of winter and underlying pressures and how to support and ensure continued capacity and flow, patient safety and appropriate care is provided.

B Morgan advised that these three priority actions are interlinked to achieve our aims. Within Women, Children and Clinical Services, there has been increased demand for services, particularly within the Paediatric specialty. Winter planning is underway, liaising with GP practices and Out of Hours services to ensure sufficient capacity. In relation to discharge planning, myth busting and support sessions have been held. Clearer patient notes are encouraged for all teams, to ensure a joined-up approach to support decision making. Planned Care – Trauma Beds have been introduced to speed up flow through the Emergency Department, improving pathways and preventing long waits. Emergency Care has relaunched an Optimise Discharge Lounge for a more effective use of space. Health and wellbeing – supporting patients from ward to home environment and improved the Rapid Triage Unit to speed up flow and navigation - huddles with staff have been held to ensure they feel comfortable working in the separate modular build.

APF **noted** the update.

06.2 Health & Social Care Local Partnership Forum Update

N Connor reported that the H&SC LPF had met on 16 November 2022 and discussions had included core topics: attendance, staff health and wellbeing and a financial update. Other items considered were the H&SC Strategic Plan; Immunisation – N Connor made a plea to encourage all staff to have a flu and COVID vaccination this winter, uptake so far has been poor; the workforce elements of the Winter Plan; the National Whistleblowing Standards and the role of the IJB; the H&SCP Workforce Strategy and Action Plan; and an update on recent HAI inspections.

APF **noted** the update.

07.   TREATED FAIRLY AND CONSISTENTLY

07.1   Band 2 to 3 Healthcare Support Worker's Review Update

S Raynor reported that a mix of in person and online Engagement Sessions have been held at Queen Margaret, Victoria, Stratheden and Cameron Hospitals. Individual meetings commenced 7 November 2022, and there will be a review in early December with completion anticipated by end December 2022. 'Completion' is defined as all Band 2 staff having had an individual meeting and a decision made on which job description they work to.

CTAC Service were early implementers: 39 post holders were assessed of which 37 classed as Band 3, and 2 were Band 2. The first group has been processed; currently appraising implications for Payroll given larger numbers are expected going forward. A Verrecchia recognised that payroll colleagues would prioritise any pay uplift to re-banding changes. An update will be brought to the January APF.   **SR/AV**

APF **noted** the update.

07.2   Whistleblowing Report 2022/23 Quarter Two

S Raynor spoke to the paper, drawing attention to Appendix 1 which details feedback on concerns received during Quarter Two (July – September 2022). During Speak Up Week, 3-7 October 2022, K MacDonald, Whistleblowing Champion had promoted her 'Whistleblowing' role on StaffLink, L Parsons had prepared an article on highlighting the Confidential Contacts role, while C Potter, W Brown and L Douglas championed the benefits of 'speaking up'.

S Raynor responded to W Brown's query, explaining that two formal concerns were now concluded and action plans in place for both. It was agreed that lessons learned would feature in future reporting.

APF **noted** the update and associated appendices.

08.   PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

08.1   Presentation: Overview of Health & Safety Arrangements

N McCormick talked to the presentation, highlighting that vacancies within the Health & Safety team have now been recruited to and a new Violence and Aggression Assistant post created; current issues being addressed include workplace stress, skin surveillance recording and manual handling training backlog. Following a review, it has come to light that not all of the NHS Fife Health & Safety Subgroups have been meeting for some time (pre-COVID-19 pandemic) and that staff don't have an appropriate means of raising health and safety concerns. N McCormick, C Dobson and A Verrecchia are meeting out

with APF to reassess reporting structures, roles and responsibilities and to reinstate meetings. The intention is for Acute Services and Health & Social Care staff to work collaboratively on health and safety issues to enhance professional links, create more resilience and avoid duplication of effort.

APF **noted** the presentation.

09. WELL INFORMED

09.1 Workforce Information Overview

R Waugh talked to the abbreviated report (due to the availability of statistics from NES being out of sync with our reporting cycle); content includes information on Sickness Absence, Employee Relations, Staff Health & Wellbeing and International Recruitment.

R Waugh confirmed that Establishment Gap information has been gathered and the data will be circulated with the minutes and this will be built into regular **RW** reports going forward, with the caveat of Bank and Agency. It doesn't show a large gap as using other means are used to fill establishment, year to date and current year equivalent.

Staff Health & Wellbeing - R Waugh explained that the Scottish Government has offered NHS Fife the opportunity to trial 'Energy Pods' (open to all staff for a nap e.g. if too tired to drive home immediately after their shift). It is planned to locate them at Victoria and Queen Margaret Hospitals; anticipated delivery in December 2022.

R Waugh informed colleagues that a Staff Weight Management Programme app, Second Nature, has been developed by dieticians, nutritionists and psychologists and piloted in NHS Lothian. Through appropriate and ongoing support individuals have not only lost weight but successfully maintained the weight loss. Given the impressive results in NHS Lothian, hoping to get the go ahead to offer the programme to staff within NHS Fife.

W Brown raised a concern in terms of the costs involved with International Recruitment for a small number of staff; and what will happen once funding ends. L Douglas advised that International Recruitment would continue even if in a different form. Other suggestions to improve our return on investment are to explore skill mix, continue to create new roles, attract younger individuals through employability and apprenticeship schemes, be more creative with promoting and attracting individuals to work in Fife, make the recruitment process slicker, enable easier access to the Bank, promote our terms and conditions, including beneficial retire and return options.

W Brown requested that the report contains information on staff attendance by **RW** Directorate and additional detail on health and wellbeing support numbers.

APF **noted** the update.

09.2 NHS Fife Workforce Plan 2022-25 Feedback

R Waugh advised that the feedback from the Scottish Government had been received later than expected; however, it had been incorporated into the Plan prior to publication on 22 November 2022. R Waugh thanked Comms colleagues for their assistance with producing the final document.

APF **noted** the update.

09.3 Finance Update

M McGurk advised that the circulated report gives the position as at September

2022. The end of year target is £10.4m overspend with the forecast currently £21m overspend, although there are mitigating actions in place.

M McGurk suggested she bring a fuller mid-year report to the next APF. **MMcG**

APF **noted** the update.

09.4 Communications Update

K MacGregor advised that the StaffLink User Group continues to meet and is moving to quarterly frequency.

In September 2022 there were over 100,000 hits on the StaffLink platform looking at over 5800 items. The most accessed areas are: Staff Room, Business Systems Quicklink, Vacancies, Acute and FROG and the most viewed newsfeed posts are News, Training & Development and Health & Wellbeing.

Developments include ongoing work on the Hubs, reviewing and refining service content; a new Comments section will soon be available to support managing and responding to comments and for staff to review the response to their comments; Know Who To Talk To, a section devoted to raising concerns, whistleblowing and confidential contacts; Health and Wellbeing – new dedicated content and area on the Hub to support finance and money advice, including a review of staff discounts; expansion of health and wellbeing content including dedicated areas for Menopause Information and Staff Wellbeing Hubs.

As alluded to at the last APF, an Induction Hub is being created, including "How to" videos along with a range of existing guides, in collaboration with Workforce colleagues on other induction materials to be included or developed.

Functionality enhancements include: Custom Navigation - will enable a customizable menu, reminders for content relevant to user; new Survey tools are being introduced, currently at testing stages; Search Update - has just gone live – Search function also now searches for content within documents not just file/folder names.

K MacGregor requested her slide presentation be circulated with the minutes. **KMacG**

APF **noted** the update.

09.5 Kingdom Staff Lottery Fund

W Brown explained that she is Chair of the Kingdom Staff Lottery Fund and Jim Rotheram, Head of Facilities is Secretary. It has been a good year with a lot of work done and money well spent. It is planned to run the 'Advent Calendar' initiative again this December where lottery members can win prizes each day. Several new members were recruited at the Annual General Meeting; W Brown advised that individuals who participate in the Staff Lottery are eligible to join the committee. Appendix 1 of the report is the Treasurer's Summary and Appendix 2 is the Committee Workplan. W Brown highlighted the convenient online booking system for Corporate Tickets.

C Potter commended the work of the committee, and in particular W Brown, J Rotheram and R Lambie, Finance Business Partner for their perseverance in getting the Fund to where it is today.

APF **noted** the report.

10. ITEMS FOR NOTING

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

10.1 H&SCP LPF – Minutes of 20th July 2022

10.2 NHS Fife Staff Health & Wellbeing Group – Confirmed Minutes of 06th September 2022

10.3 Staff Governance Monitoring Return

10.4 DL(2022)35 – NHS Scotland Interim National Arrangements for Adverse Weather 10-11-2022

10.5 PCS(AFC)2022/2 – Christmas and New Year at Weekend – 2022-23

11. AOB

11.1 Chief Nursing Officer and Chief Medical Officer Letters

The letters from the Chief Nursing Officer and Chief Medical Officer were noted; the letters to be circulated with the minutes.   **SR**

11.2 NHS Credit Union

W Brown explained that at a recent Employee Directors meeting, the NHS Credit Union had given a brief presentation. Given the current cost of living crisis and as it has been some time since they last promoted their services to NHS Fife, W Brown suggested a Credit Union representative is invited to present at a future APF/ the Board/ LPFs as appropriate, perhaps the lunch time session pre the APF.   **SR**

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 25th January 2023 at 13:30 hrs.

**ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM**

(Thursday 27 October 2022)

No issues were raised for escalation to the Staff Governance Committee.

NHS Fife

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 27 OCTOBER 2022 AT 2.00 PM VIA MS TEAMS

Present:
Claire Dobson (CD), Director of Acute Services (**Chair)**
Andrew Verrecchia (AV), Unison
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
Sally Tyson (ST), Head of Pharmacy – Development & Innovation
William Nixon (WN), Health & Safety Manager
Susan Young (SY), HR Team Leader
Louise Noble (LN), Unison
Dr Sue Blair (SB), BMA
Mary Ann Gillan (MG), Royal College of Midwifery
Donna Galloway (DG), General Manager – Women, Children & Clinical Services

In Attendance:
Gillian McKinnon (GMcK), PA to Director of Acute Services (**Minutes**)

		Action
1	**WELCOME & APOLOGIES**	
	CD opened the meeting and welcomed everyone.	
	Apologies were received from Neil McCormick, Murray Cross, Neil Groat, Joy Johnstone, Andrew Mackay, Caroline Somerville and Conn Gillespie.	
2	**MINUTE OF PREVIOUS MEETING – 18 AUGUST 2022**	
	The Minutes of the Meeting held on 18 August 2022 were accepted as an accurate record.	
3	**ACTION LIST & MATTERS ARISING**	
	3.1 Health & Safety Update Report	
	• AV/CD still to discuss the shortage of representatives for the Sharps Strategy Group.	**CD/AV**
	• Carry forward to next meeting.	**GMcK**
	3.2 Annual Report	

• Annual Report to be discussed under Item 9.1 • Close action.		**GMcK**

3.3 <u>iMatter</u>

• SY advised she had highlighted the number of email reminders to complete action plans to Kirsty Berchtenbreiter. • SY advised Kirsty Berchtenbreiter thought there was a glitch with the system and will raise this at the National iMatter Leads Group today. • Close action.		**GMcK**

3.4 <u>Current/Future Change Programmes/Remobilisation</u>

• CD advised Fiona Cameron was due to attend today to give an update on FEOC but unfortunately Fiona has another commitment and unable to join us. We will try and reschedule this for our December meeting. • Close action.		**GMcK**

3.5 <u>Acute & Corporate Adverse Events Report</u>

• LC advised as a consequence of the Corporate Services aspect being brought into this report, all of the vehicle incidents sit under Corporate Services. • LC advised this had not been seen before as the report had previously only been focussed on Acute only but is more prevalent in the Corporate Services report. • Close action.		**GMcK**

3.6 <u>Issues for Next Meeting</u>

• Associate Practitioners and Nurse Staffing items have been added to October Agenda. • Close action.		**GMcK**

3.7 <u>Issues for Escalation to APF</u>

• Associate Practitioners, Nurse Staffing and Test different ways of Working were escalated to APF on 21.09.22. • Close action.		**GMcK**

4   MATTERS ARISING:

4.1 <u>Associate Practitioners</u>

• LC advised we had a good interview process and have recruited to the posts in AU1 which is one of the priority areas for the Division as they have some significant staffing challenges.

- LC advised there are discussions ongoing regarding the next tranche of adverts.
- MW advised following a meeting held yesterday we have agreed 12-15 posts that we can fund for the trainee posts. We have identified the 4 wards within ECD which we will start with as the lead and then will roll-out to Medicine of the Elderly.
- MW advised there will be 3 practitioners per ward and the wards prioritised are aware that there will be a trainee and supervision factor built into those posts. We should be going out to advert for those separately.
- Close action.

GMcK

4.2 <u>Nurse Staffing</u>

- LC advised staffing challenges remains high within our OPEL score.
- LC advised we have had more challenges with Band 2 and Healthcare Support Workers in the last week.
- LC advised bank shifts are often being picked up more in the evening and at the weekend, but can mean we have issues on weekdays during the day.
- LC advised this is an ongoing challenge and work is ongoing with international recruitment.
- LC advised our commitment is to try and avoid staff moves however this does need to happen on occasion due to staffing challenges.
- SY advised we have secured a further two international recruits. We now have 27 in NHS Fife. We have not had the pipeline we anticipated with Yeovil and following a conversation a number of CVs have come through and is looking more promising for the start of the year.
- Close action.

GMcK

5 HEALTH & SAFETY:
5.1 <u>Health & Safety Update Report (including RIDDOR Update)</u>

- The Health & Safety Update Report was distributed and noted, for information.
- WN advised the V&A Advisor job closed and we have 9 candidates that have shown interest.
- WN advised the Manual Handling Trainer post has gone through the redeployment route. We think we have identified one candidate, but we still require to proceed to an external process for the other candidate.
- WN advised a recent manual handling induction had to be cancelled at short notice due to trainer sickness.
- WN advised following a recent Infection Control Audit it was highlighted the sharps bins were not being assembled correctly

or the label completed as expected. There is also a shortage of correctly coloured waste bins.

- WN asked if the list of locations within the report was correct or whether any other areas require to be included. LC/CD advised it would be helpful to have a discussion offline to look at it in more detail to avoid any overlap with the Adverse Events Report later on the agenda.

- WN advised there have been 4 manual handling incidents - 3 load handling and 1 patient handling. There were 3 minor outcomes in terms or harm and 1 no outcome in terms of harm.

- WN advised there have been 28 V&A incidents during August and September 2022. There were 6 incidents within Ward 41 but all with minor outcomes of harm. There was 1 incident in A&E which was recorded as moderate outcome of harm, but injury noted.

- WN advised a graph has been included in the report showing the number of V&A incidents for the previous 12 months, which outlines an obvious spike in incidents in May 2022.

- WN advised there has been 19 sharps injuries incidents reported in DATIX. We have noticed that some of the DATIX incidents do not have SBARs completed. There has been 1 RIDDOR reportable incident recorded on DATIX. 1 allergic reaction to agent and 8 incidents classed as not known yet, 4 have been finally approved and 4 are awaiting review/final approval.

- WN advised a list of the manual handling training stats are available and we are progressing the manual handling posts.

- AV advised about a month ago himself and some Unison colleagues had met with Carol Potter and Executives and there was a discussion around a Health & Safety Committee that used to sit within the Acute Division and wondered if there was a need to revisit this. CD advised she was not in attendance at this meeting with Unison colleagues and Executives however following an initial discussion there is a will to have an Acute Services Division Health & Safety Committee. CD/AV would meet to discuss and work up the detail. This group would feed into the NHS Fife Health & Safety Committee and have a direct link to this meeting.

6   **STAFF GOVERNANCE 2019/20**

A   <u>**Well Informed**</u>

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

- BM advised we are having a review of AU1 and how we assess and triage patients to make better use of our ambulatory pathways and help flow within AU1 and front door areas. We are putting in place a rapid triage unit from 14 November 2022. Staff engagement sessions are being put in place.

The right column contains: **LC/CD**

- BM advised the Scottish Government has given us a target to improve our 4-hour access target. Our target is to have 76% by the end of October. We are improving but are currently at 61%. We have put several improvement measures in place.
- MW advised the focus on back door areas is looking at the delays we have and how we can maximise discharges as the numbers will increase significantly as we head into winter. This month there will be a focus on the discharge lounge and supporting early movements and a focus on our long length of stay. There is a lot of work being undertaken on the number of patients who are boarding into planned care areas which has an impact on the surgical teams. Daily board rounds continue so we have sight and continuity to reduce those numbers and reduce from planned care.
- CD advised AM, MC and DG are currently attending a meeting with Scottish Government colleagues around planned care. We have not received the allocation that we anticipated we would around our planned care programme, and this will significantly impact on our waiting lists and long waits for our patents. We are in the final stages of a paper going to SLT which AV will be part of discussions. We will need to start making significant changes across our system as we will not be able to deliver everything we have in the past and already Scottish Government are indicating next year our allocations for planned care will be even less.
- CD highlighted some changes within the senior leadership team. At the beginning of October, Iain MacLeod joined us as Deputy Medical Director. Dr Morwenna Wood has ended her secondment into the Associate Director post.
- CD advised Sally McCormack has been appointed as the Associate Medical Director for PCD and ECD and John Morrice has been appointed as Associate Medical Director for WCCS.
- CD advised posts will go out for a further Clinical Director within PCD and WCCS and Caroline Bates joins Iain Fairbairn as Clinical Director within ECD.
- CD advised a message will go out this afternoon to advise Andy Mackay is leaving the team. Andy has been appointed Site Director of St John's Hospital and will leave us from the beginning of December 2022. Huge thanks to Andy to his contribution to our team.
- CD advised LC will be retiring from the post of Associate Director of Nursing.
- CD advised Shirley-Anne Savage will be taking on the role of Associate Director of Quality and Clinical Governance covering for the period of Gemma Couser's maternity leave.
- AV wanted the minutes to reflect our thanks to Andy Mackay for his contribution over what has been the most turbulent time in NHS Fife and goes will our best wishes.

6.2 Attendance Management Update

- The Attendance Management Report was distributed and noted for information.

NHS Fife

- SY advised the overall sickness absence figure for NHS Fife was 6.50% in August 2022 and 7.07% in September 2022.
- SY advised the COVID related absence equated to an additional 0.98% in August 2022 and 0.45% in September 2022.
- SY advised the reclassification of COVID absence changed from 1 September 2022 and could further impact figures going forward.

Acute

- SY advised within Acute the sickness absence rate was 7.17% in August 2022 and 7.60% in September 2022.
- SY advised the COVID related absence in Acute was similar to the NHS Fife figures.
- SY advised the first chart in the report highlights 5 months over 7% within the past 12 months.
- SY advised we have 9.24% sickness absence within ECD; 6.35% within PCD and 7.46% within WCCS.
- SY advised anxiety/stress/depression has the highest number of hours absence lost.
- SY advised gastro has the highest number of episodes followed closely by anxiety/stress/depression and cough, cold and flu is 3rd in terms of episodes.
- SY advised nursing and midwifery job families (both trained and untrained) have the highest number of absence.
- SY advised while the short-term absence has increased, the long-term absence has slightly reduced.
- SY advised there are 24 areas above 10% within Acute.

Corporate Services

- SY advised the sickness absence rate within Corporate Services has increased to 6.04% in August 2022 and 6.48% in September 2022.
- SY advised within Corporate Services there has been an increase month on month and higher than the same month the previous year in August and September.
- SY advised the breakdown is 4.83% overall for Corporate Services, 5.11% for Estates and 9.27% for Facilities.
- SY advised anxiety/stress/depression has the highest number of hours absence lost, followed by gastro then other known

causes. There has been an increase in the number of unknown reasons and this has been picked up.

- SY advised senior managers, support services and nursing and midwifery is highest within those areas.
- SY advised the short-term and long-term absence have both increased within Corporate Services.
- SY advised there are 8 areas above 10% within Corporate Services.
- LN asked what the banding was for the senior managers within Corporate Services. SY advised the percentage is high within this category as it has a very small number of staff. SY to check with Douglas Kidd on what band this includes.

SY

General

- SY advised the Review & Improvement Panels continue in all areas which is an opportunity to talk through the top 10 long-terms and top 20 short-term cases.
- SY advised we have refreshed the Attendance Management Training to make it more interactive. We have built in one scenario around a mental health case and are also going to incorporate a second scenario around target setting triggers and patterns of absence.
- SY advised the Operational Attendance Group met this morning and there is a lot of discussion around things we can do around prevention, wellbeing and good conversation at early stages in attendance cases.

6.3 Feedback from NHS Fife Board & Executive Directors

- CD advised the SPRA process for their next year has commenced. The WCCS SPRA Workshop took place yesterday and we have subsequent workshops for ECD and PCD next week. The workshops involve an introduction to the process and will support the Directorate teams with the various returns that are required to inform what the Corporate objectives, strategic direction and the financial plan will look like for next year.
- PB advised the E&F SPRA Workshop took place on Tuesday.

6.4 Staff Governance Annual Monitoring Return 2021/2022

- SY advised the draft of the Staff Governance Annual Monitoring Return for 2021/2022 has been shared with LPF colleagues for any comments/adjustments and/or feedback to Catherine Penman by close of play on Friday 28 October 2022 before its submission to Scottish Government.

7   B   Appropriately Trained

7.1 Training Update

- LC advised we continue to prioritise clinical training but is difficult as we continue to experience staffing challenges.
- BM advised within AU1 training has been difficult for staff to access. We have put in place a temporary post of a Clinical Education Facilitator, and this is now a permanent post. This is working well in supporting the team and the wider learning. We may think about this in a wider context across ECD.

7.2 Turas Update

- SY advised the Turas platform is being tested to have centralised information in terms of reporting and holding all informally centrally for all NHS Fife training. It is anticipated to be rolled out early next year.
- SY advised employees will have access to their own learning history and managers will be able to monitor compliance rates in real time.

8   C   Involved in Decisions which Affect Them

8.1 Annual Report

- CD advised the ASD & CD LPF Annual Report was enclosed for consideration before it goes forward to the NHS Fife Staff Governance Committee.
- CD and AV thanked everyone for their contributions to the Annual Report.
- LPF colleagues confirmed they were happy with the format of the Annual Report.
- CD advised for next year's Annual Report if colleagues could take photographs throughout the year which captures workshops, walkabouts, events with staff which makes it a much richer report when we can reflect our workforce within it.
- CD/AV will forward to Annual Report to the NHS Fife Staff Governance Committee.

CD/AV

8.2 Staff Briefings & Internal Communications

- CD/AV continue with their visits to various areas.
- AV advised the last visit had taken place within Theatres and had been successful with good buy-in and discussion with staff members around changes in physical distancing in staff rest areas and other changes to our IPC restrictions.
- LPF colleagues to continue to identify any briefings/sessions that should be included within the programme.

8.3 iMatter

- SY advised the national report is anticipated to be published before the end of the year.
- SY advised the report will be shared as soon as it is available via the usual channels through this group and StaffLink.

9   D   Treated Fairly & Consistently

9.1   Current/Future Change Programmes/Remobilisation

- CD outlined her commitment around partnership working and confirmed AV continues to attend our weekly Acute Senior Leadership Team to hear about issues first hand.
- AV asked if there was any update around the National Treatment Centre (NTC). CD advised Fiona Cameron had been unable to attend today to provide LPF colleagues with a more fulsome update but advised there has been a slight delay of a month in terms of the handover of the NTC to NHS Fife which is due to delays with some of the theatre parts. We will not have the building handed over to us until the end of November 2022 and we are looking to go live and to use the building from the end of January 2023.
- CD hoped Fiona Cameron would be available to attend the next meeting and talk through more of the detail around workforce, model of care, allocations and how the centre will work.
- CD advised yesterday as an Acute Senior Leadership Team they had taken some protected time and thinking space as a team following the unrelenting pressures. The directorate teams got together to look at some priorities in terms of tangible actions. Each of the directorate teams have agreed 3 actions they will take over the next couple of weeks and a follow-up workshop to take place in 2-weeks' time. CD advised AV would be involved and invited to this workshop to hear about the ideas that have been generated.

10   E   Provided with an Improved & Safe Working Environment

10.1   Staff Health & Wellbeing Update & Peer Support Event Poster

- The Staff Health and Wellbeing Update report and Peer Support Event Poster was noted for information.
- SY confirmed a lot of the same activity is continuing.
- SY advised the menopause sessions start next week and an informal chat and coffee for anyone interested. The StaffLink Health and Wellbeing pages will be updated with a menopause section and there is some national research being communicated to help inform the national menopause and menstrual health policy that is coming.
- SY advised NHS Fife has E-bikes available for staff at QMH, VHK, Cameron, Glenrothes and St Andrews Hospital for some

wellbeing time at lunchtime. Keys are available from the porters of reception staff from each hospital site.

- SY advised MoneyHelper offers a range of free expert tools and guidance which is DWP endorsed and available at moneyhelper.org.uk/your-way-forward
- SY advised a Peer Support BMA organised event for healthcare professionals one-day conference is taking place on 17th November 2022 at the Royal Scot's Club, Edinburgh.

10.2 **Capital Projects Report**

- The September 2022 Capital Projects Report was noted for information.
- PB advised the report includes what the current capital budget is for 2022/23.
- PB advised we have received further funding from Scottish Government and this has been split between the 14 boards.
- PB advised a lot of work is being undertaken right across all of the different parts of the system, including work being taken forward as part of the Acute masterplan, work at Queen Margaret Hospital and work within the community.

10.3 **Acute & Corporate Adverse Events Report**

- The Acute & Corporate Adverse Events Report for the period October 2021 – September 2022 was noted, for information.
- LC advised there is a possibility of overlap with this report and the H&S Update Report. This report now includes both Acute and Corporate Services information.
- LC advised the report should be looked at over the period of the year as they do fluctuate month on month.
- LC advised within Acute the top 3 incidents remain the same. Of note we have a drop in September in the infrastructure, accommodation aspect. We are not sure whether this is related to the fact the newly qualified practitioners are coming into post, but it is important to note the OPEL score is still high.
- LC advised the top 3 areas within Corporate are slightly different in terms of personal accidents, unwanted behaviours and confidentiality.
- LC advised looking at the graphs you can see there is a bit of fluctuation over the years and is a monitoring process and nothing of note that stands out as an outlier.

11   ISSUES FROM STAFF-SIDE

11.1 **eRostering**

- AV asked if there was any feedback on the 2 pilot sites for eRostering.

- LC advised from the last Programme Board there is one clinical area online just now and the other one is due in November. There are other areas that are being put online at the moment.
- LC advised we still have some challenges in terms of digital interface and clear that nurses should not be double inputting. They are working very hard in aligning the various systems and practical aspects require to be sorted out.
- LC advised the SCN involved from the one clinical area that is currently online will be part of a small group and will be able to advise what will help and what is needed.
- LC advised eRostering will help us in the long run but noted that these teething problems need to be resolved.

11.2 **Stagecoach Discounted Tickets**

- AV advised himself and a couple of finance colleagues had met with a representative from Stagecoach to discuss the possibility of the re-enactment of a discount scheme.
- AV advised Stagecoach had indicated they would not be willing to get involved in a salary sacrifice scheme and indicated there is already a 10% NHS Scotland scheme which can be joined using the Stagecoach App.
- AV advised Stagecoach did however indicate their willingness to talk to NHS Fife about a bespoke NHS Fife scheme, and finance colleagues are looking into this further.
- CD advised this sounded like a really productive conversation and looked forward to seeing what this could mean in terms of supporting staff to get back and forward to their work.
- CD advised a good conversation had taken place at the APF around food waste and how we can support staff with community larders in various locations across our sites. A few colleagues were charged with looking at this on behalf of the APF in coming forward with an update. The cost-of-living crisis is significant, and we wait to hear what the UK Government has planned next in terms of budgetary proposals. Anything we can do to support our staff as an employer is crucial at this time.
- BM advised The Well is a service which is currently available in community venues which offers welfare, housing and income support. BM/PB are currently looking for an appropriate venue to test this within an acute setting for drop-in sessions for patients, carers, relatives and staff. AV advised he would be interesting in being involved in this.

12   MINUTES FOR NOTING:

12.1 **Capital Equipment Management Group**

- The Minutes of the Capital Equipment Management Group meeting held on 4 August 2022 were noted, for information.

13   HOW WAS TODAY'S MEETING?

13.1 **Issues for Next Meeting**

- Agreed to look to see if a venue could be booked for a face-to-face meeting for the December meeting.   **GMcK**
- CD/AV agreed to prepare a Festive Newsletter which could an opportunity to publicise The Wells, Stagecoach discounts, community larders etc.   **CD/AV**

13.2 **Issues for Escalation to Area Partnership Forum**

- There were no issues for escalation to the APF.

14   ANY OTHER COMPETENT BUSINESS

14.1 **Retire & Return Policy**

- SY advised we have a new interim Retire & Return Policy.
- SY advised the main change is staff can return on a permanent basis now.

14.2 **Adverse Weather Policy**

- SY advised there is a national interim arrangement for adverse weather which has been updated in time for winter and is anticipated will be shared in the coming weeks.

14.3 **New Once for Scotland Policies**

- SY advised there is a new Once for Scotland Policy replacing the Supporting Work Life Balance PIN policies.
- SY advised there are 10 policies within it and they are about to start the consultation process with them.
- SY advised this should run to the end of November and includes maternity, paternity and flexible working.
- SY advised this will sit alongside the flexible work location policy once that is finally approved.

14.4 **Gleneagles Hotel Vouchers**

- SY advised the Gleneagles Hotel has again given NHS Fife some overnight stay vouchers for our staff.
- SY will add this will be discussed by the next partnership group meeting and would perhaps do something similar to the 12 days of Christmas with winners being notified every day in the run up to Christmas.

15   DATE OF NEXT MEETING

Thursday 22 December 2022 at 2.00 pm via MS Teams.

LOCAL PARTNERSHIP FORUM
(Meeting on 21 September 2022)
No issues were raised for escalation to the Staff Governance Committee.

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
WEDNESDAY 21 SEPTEMBER 2022 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT:	Nicky Connor, Director of Health & Social Care (Chair)
	Simon Fevre, Staff Side Representative
	Angela Kopyto, Dental Officer, NHS Fife
	Audrey Valente, Chief Finance Officer, H&SC
	Chris Conroy, Clinical Services Manager (for Bryan Davies)
	Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
	Elizabeth Crighton, Project Manager – Wellbeing & Absence
	Hazel Williamson, Communications Officer, H&SC
	Jim Forrest, NHS Fife
	Karen Nolan, Clinical Services Manager (for Lisa Cooper)
	Kenny McCallum, UNISON
	Lee-Anne French, HR Lead Officer, Fife Council (for Elaine Jordan)
	Lynn Barker, Associate Director of Nursing
	Lynne Garvey, Head of Community Care Services
	Lynne Parsons, Society of Chiropodists and Podiatrists
	Mary Whyte, RCN
	Morag Stenhouse, H&S Adviser, Fife Council
	Roy Lawrence, Principal Lead Organisation Development and Culture
	Susan Young, HR Team Leader, NHS Fife
	Wendy McConville, UNISON Fife Health Branch
	Wilma Brown, Employee Director, NHS Fife
	Wendy Anderson, H&SC Co-ordinator (Minutes)
APOLOGIES:	Alison Nicoll, RCN
	Bryan Davies, Head of Primary & Preventative Care Services
	Debbie Thompson, Joint Trades Union Secretary
	Elaine Jordan, HR Business Partner, Fife Council
	Eleanor Haggett, Staff Side Representative
	Helen Hellewell, Associate Medical Director, H&SC
	Kenny Grieve, Health & Safety Adviser, Fife Council
	Rona Laskowski, Head of Complex & Critical Care Services

NO	HEADING	ACTION

1   APOLOGIES

As above.

2   PREVIOUS MINUTES

2.1   Minute from 20 July 2022

The Minute from the meeting held on 20 July 2022 was approved as an accurate record of the meeting.

2.2 Action Log from 20 July 2022

The Action Log from the meeting held on 20 July 2022 was updated slightly and then approved as accurate.

3 JOINT CHAIRS UPDATE

Nicky Connor advised that following a competitive interview process, Lisa Cooper has been appointed Head of Primary & Preventative Care Services to replace Bryan Davies who leaves the partnership on 7 October 2022. Recruitment is ongoing to replace Lisa in her current role.

4 IMATTER UPDATE

Roy Lawrence and Diane Roth covered the iMatter report, which showed a 2% increase in the response rate from 2021 (was 61% now 63%). Managers were asked to complete and upload their Action Plans by Monday of this week (19 September) and to date only 53% have completed this. Other Managers are in the process of completing and uploading their Action Plans and this is to be promoted by SLT and through the weekly Director's Brief.

SLT/HW

Work is ongoing to encourage iMatter to be considered throughout the year and not just when the survey is being undertaken.

Discussion took place around several areas where response rates where lower and how best to encourage employees to engage and also sharing of suggestions from different groups, to help conversations around Action Plans.

A further update will be brought to the LPF meeting on 16 November 2022.

5 HEALTH AND WELLBEING

Attendance Information

Susan Young advised that the overall average figure for NHS Fife was 5.88% in July 2022. Covid-19 related absence equated to an additional 2.21% for July 2022. This is a reduction and reflects both short and long term absences.

From 1 September 2022 COVID-19 related absences are no longer recorded separately under the special leave categories within SSTS with the exception of the infection control period following a positive test. This is anticipated to impact on future sickness absence percentages from September onwards.

Lee-Anne French updated that having stabilised in January and February 2022, absence rates fell in March and April, however May, June and July have seen an increase from 12.1% in April to 13.9% in July.

There is an ongoing focus on supporting managers with absence management which continues to be a priority and it is recognised that absence levels remain high, which continues to have a significant impact on service delivery.

Kenny McCallum asked about Social Work and Social Care absences, which are the only Council area showing an improvement in recent months. Managers have been provided with support including improvement panels and staff wellbeing support.

5   HEALTH AND WELLBEING (CONT)

Attendance Information (Cont)

The question of regular supervision for care staff was also raised and this will improve with the recruitment of more co-ordinator posts and the introduction of a professional assurance framework.

Staff Health & Wellbeing

NHS Fife has introduced a Menopause Hub in the Staff Club at Victoria Hospital, Kirkcaldy and there are plans to introduce another one in Queen Margaret Hospital, Dunfermline in the near future.

Susan Young offered to share leaflets with the LPF which have been produced by the NHS on financial health.   **SY**

The NHS are reformatting and relaunching their Stress Toolkit in the coming months.

Lee-Anne French gave an update on the Employee Wellbeing Roadshows running through September, predominantly for Fife Council staff but NHS employees would be welcome to join. These are mainly online and provide networking opportunities.

Elizabeth Crighton updated on the work being undertaken in conjunction with the University of Hull. 756 employees responded to their stress survey, responses are being analysed and will be discussed at a meeting next week. Further update on this to a future LPF meeting.

6   HEALTH AND SAFETY UPDATE (Inc FORUM)

Morag Stenhouse advised that since the last LPF meeting there has only been one RIDDOR reportable incident which was in Care at Home and corrective action has been agreed for the future.   Compliance checks on Staffed Group Homes and Care Homes will recommence shortly. DSE Assessments will be required from staff who have chosen to work to a blended model. Power BI reports are available to all who have requested them.

Billy Nixon has replaced Anne-Marie Marshall as the NHS Fife Health and Safety rep on the LPF. Written update to be requested and circulated.   **WA**

Discussion took place around the significant work which is ongoing with Mental Health and Learning and Development, eg ligature risk assessments. It was agreed that Rona Laskowski and Wendy McConville would provide a joint, written update to the November LPF meeting.   **RLas/WMc**

7   FINANCE UPDATE

Audrey Valente advised that, as at 31 July 2022, the combined Health & Social Care Partnership delegated and managed services are reporting a projected outturn underspend of £6.950m. Key areas of overspend are Hospital & Long-Term Care and Adult Placements. These overspends are offset by the underspends in Community Services, GP Prescribing, Children's Services, Older People Residential and Day Care, Homecare, Adults Fife-wide, Adults Supported Living and Social Care Fieldwork.

Unachieved savings proposals from prior years were brought forward to meet the budget gap and this was approved by the IJB as part of the budget set in March 2022. The total value of savings for the 2022-23 brought forward is £3.794m.

7   FINANCE UPDATE (Cont)

Appendix 2 provided an update on all savings and highlights that savings of £2.513m (66.2%) will be delivered against the target.

Current covid spend is £18.429m and there is a requirement to return any unspent Covid reserves to Scottish Government. At present this is approximately £17.5m, although work is ongoing to ensure that all covid spending is accounted for.

8   NATIONAL WHISTLEBLOWING STANDARDS – PART 8

Roy Lawrence advised that the report on this would go to SLT Business at the end of October 2022 and be brought to the LPF on 16 November 2022. Work is ongoing to ensure that the policies in NHS Fife and Fife Council support staff and ensure that the partnership can fulfill its requirements. A short life working group has been established to work on this.

Lynne Parsons reiterated that staff need to know how to raise concerns and that they will be dealt with appropriately.

Susan Young advised that 3-7 December is Speak Up Week, which will focus on Whistleblowing. Information on this will be included in Nicky's briefing.

9   SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19

Surge Capacity

Lynne Garvey advised that whilst covid cases are lower than previously there are still pressures associated with this. Care Home / Ward / Bay closures are also currently low.

Lynne also updated on the use of surge beds. Work is ongoing to see how best to deal with these and whether or not they will become permanent beds and how these could be staffed.

Workforce and Investment

Hotspots continue particularly in Care at Home at inpatient nursing. The recent STV recruitment campaign has resulted in 16 new staff joining the partnership so far. Work is ongoing to continue promotion / recruitment of staff.

Chris Conroy advised that there are still hotspots in Bryan Davies' area due to sickness absence and recruitment issues. Improvement panels are working well.

Nicky Connor advised there are ongoing challenges in Mental Health and Learning Development.

Discussion took place around recruitment, the use of Vacancy Management Forms and the length of time it can take for successful candidates to be in post. A working group has been looking at this since the move to the East Region Recruitment Service. Feedback will be provided to future meetings.

Update on Covid (including updated guidance and temporary policy)

Updated guidance had been circulated with the papers for the meeting.

9   **SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19 (CONT)**

Winter Readiness

Lynn Barker updated on the OPEL tool which is being adapted for use with in patient workforce.

Discussion took place around the wearing of face masks, as staff are being given different advice depending on their employer. Employees are urged to comply with national guidance and are encouraged to wear a face mask if they wish to do so.

Staff Immunisation

Karen Nolan advised that by the end of Tuesday 20 September over 5,600 staff had been vaccinated at drop in clinics (81% had covid jab, 78% flu). The Immunisation Team continue to promote the uptake of covid and flu jabs all staff, particularly those who work in Care Homes and the partnership. Mop up sessions are planned for November 2022.

10   **HSCP YEAR 1 WORKFORCE ACTION PLAN**

Roy Lawrence presented this report which covers the first year of the three year Workforce Strategy.   The report will be taken to the IJB meeting on 30 September 2022. It will be reviewed and Scottish Government updated annually.

To date no feedback has been received from Scottish Government, once received this will allow the plan to be adapted during October 2022.

Discussion took place around career pathways and how the partnership can best support Foundation Apprenticeships to ensure employees stay within the partnership once their apprenticeship finishes.

The LPF supported the Action Plan.

11   **2023 MEETING DATES**

Dates had been circulated with the papers for the meeting. These were agreed and will be added to diaries in the near future. Copy of final document to be circulated to LPF members.   **WA**

12   **ITEMS FOR BRIEFING STAFF**

- Promote completion and upload of iMatter Action Plans by Managers.
- Promote Health & Safety – how much LPF value this, encourage staff to raise concerns
- Celebration – Care at Home Events (work already underway)
- Encourage Staff Immunisation
- Promote individual health and wellbeing
- Promote financial wellbeing

13   **END OF YEAR-ROUND UP**

Face to face Development Session being arranged for May 2023.

14   AOCB

Angela Kopyto made the LPF aware of the current situation with Dentistry and the potential crisis it faces. Nicky Connor undertook to take action and follow this up with Bryan Davies and Lisa Cooper in the first instance.

15   DATE OF NEXT MEETING

Wednesday 16 November 2022 – 9.00 am – 11.00 am

STAFF GOVERNANCE COMMITTEE

(Meeting on Thursday 12ᵗʰ January 2023)

The main focus of the Strategic Workforce Planning Group meeting held on Tuesday 22ⁿᵈ November 2022 was on strategy development, exploring a range of options to address the continuing workforce challenges at national, regional and local levels, including a presentation on MAPs. Updates included progress on the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 and the eRostering System.

No issues were raised for escalation to the Staff Governance Committee.

UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE PLANNING GROUP MEETING HELD ON TUESDAY 22 NOVEMBER 2022 AT 14:00 HRS VIA MS TEAMS

Chairing this meeting: Kevin Reith, Deputy Director of Workforce

Present:
Jacqui Balkan, Regional Workforce Planning Manager
Lynn Barker, Associate Director of Nursing, Health & Social Care
Susan Fraser, Associate Director of Planning and Performance
Alistair Graham, Associate Director, Digital & Information
Dr Helen Hellewell, Associate Medical Director, (Primary Care)
Roy Lawrence, Principal Lead for Organisational Development & Culture, H&SC, Fife Council
Margo McGurk, Director of Finance & Strategy
Dafydd McIntosh, Workforce Development Lead Officer, Fife Council
Brian McKenna, HR Manager – Workforce Planning
Nicola Robertson, Associate Director of Nursing, Corporate Services
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Amanda Wong, Associate Director of Allied Health Professionals (AHPs)

In Attendance:
Guest: Mairi McKinley, Senior Practitioner (Practice & Professional Development): Advanced Practice (Presentation)
Janet Melville, Personal Assistant (Minutes)

Actions

Welcome and Apologies

K Reith welcomed everyone to the meeting and apologies were noted from W Brown, L Campbell, C Dobson, L Douglas and B Hannan.

01. Presentation: Medical Associate Professions (MAPs)

M McKinley gave a brief overview of the current position, her presentation explaining that the NHS Scotland Recovery Plan (2021) had identified that Medical Associate Professions (MAPs) could provide alternative workforce options, to build in flexibility and increase reliance to teams; the aim being to have the clinical capability and capacity to meet current and future demand. Following the recommendations of the NHS Scotland Recovery Plan, NES was commissioned by the Scottish Government (SG) to formally scope current and future demand as a priority in order to create a progressive workforce and to inform workforce planning. M McKinley described the main features of the MAPs groupings, comprising Anaesthesia Associates (AA), Physicians Associates (PA), and Surgical Care Practitioners (SCP); with the Advanced Critical Care Practitioner (ACCP) role having been removed from MAPs classification. There are two AAs, two PAs and one SCP currently working within NHS Fife; other Health Boards are currently utilising these roles more than we do in Fife. NES is preparing a report on the first phase of this work for the Scottish Government by early 2023.

Document Control:		
Document: SWPGmins221122	**Version**: 0.1draft	**Version Date:**
Author: JM	**Page:** 1 of 7	**Review Date:** N/A

1/7   159/165

K Reith thanked M McKinley for her informative presentation; it was agreed to share her presentation with Group members.

MMcK

N Robertson raised a concern that the MAPs roles would appeal to nursing staff and deplete an already scarce resource, given the challenges faced with recruiting to that job family; although it was recognised that at least 3 years clinical experience is essential.

R Waugh indicated that she has been championing the introduction of PAs within NHS Fife for a number of years, and advised that Chris Conroy, Programme Director, Primary & Preventative Care Services is chairing a group which is exploring the NHS Fife approach, with little success so far. R Waugh hoped the conversation today would give the impetus to drive forward this agenda. R Waugh explained that NHS Fife has previously sponsored individuals through East Region funding to undertake the course; but disappointingly, had not managed to attract them to work in Fife once qualified.

J Balkan confirmed that this programme of work has recently been discussed at regional level, acknowledging that PAs are the solution particularly to areas with high vacancy rates and challenging to recruit to e.g. Haematology, General Practice. J Balkan drew attention to two PAs sponsored by Fife who have completed their university course and recommended recruiting them now before they undertake their national exam otherwise other Boards are likely to do so. J Balkan welcomed feedback on whether to drive this work forward regionally or would Boards prefer to progress individually, noting it is currently part of the East Region remit and colleagues would be happy to support NHS Fife to recruit PAs.

B McKenna confirmed that as part of the Workforce Plan, Services have been asked how they will sustain their own services for the next 3 years including commitments to new roles, such as MAPs. B McKenna advised this will continue to be discussed at the Operational Workforce Planning Group and feedback on numbers as the SPRA process develops and continues.

H Hellewell indicated that there had been an appetite to introduce the PA role to Fife just as the COVID-19 pandemic struck and suggested we could refocus to progress this staffing pipeline, being mindful of the challenges involved recruiting to Primary Care, given we don't directly employ staff in GP practices. J Balkan suggested mechanisms could be put in place for trainee PAs to offer appropriate support. R Waugh advised that a rotational programme had been considered to give peer group support; however, some colleagues remain sceptical of the value of PAs despite positive feedback and requires key individuals to champion.

K Reith proposed MAPs is an agenda item in a couple of meeting's time to discuss progress.

JM

02. Minutes and Matters Arising

The minutes of the previous meeting held on 23 August 2022 were accepted as a true and accurate record. The only matter arising not on the agenda was that further discussion is required on whether to increase membership of the NHS Fife Operational Workforce Planning Group or establish a separate Corporate Group.

KR/RW/AG

03. National Workforce Planning Forum Update

J Balkan confirmed there are no recent meeting papers; however, the papers of the next meeting will be circulated once available, members are welcome to

Document Control:		
Document: SWPGmins221122	**Version:** 0.1draft	**Version Date:**
Author: JM	**Page:** 2 of 7	**Review Date:** N/A

2/7

160/165

comment on anything to be taken to the Forum early next year.

J Balkan reported that the Forum was established this year following the publication of the H&SC Workforce Plan for Scotland, to address all the actions and commitments promised in the plan, around MAPs and workforce planning development; there are no key actions to date. The Workforce Planners Group has undertaken some scoping of courses, including, potentially a Post Graduate Certificate.

J Balkan explained that the old National Workforce Planning Group which has become the National Workforce Planning Advisory Group feeds into the National Workforce Forum will meet biannually, providing another forum to engage with SG colleagues.

In response to K Reith's query, J Balkan confirmed that the Workforce Projections exercise has been paused until 2023.

04. Regional Workforce Planning Group Update

J Balkan advised the November 2022 meeting of the Regional Workforce Planning Group had been stood down due to the impending industrial action, although now awaiting the outcome of further negotiations.

There is a Regional Planning event scheduled for 30 November 2022; J Balkan highlighted that with L Douglas retiring, she is looking for a deputy from Workforce to attend, and will pick up the regional agenda once the new Director is in post. Medical and Nursing Directorate representatives are also welcomed.

05. NHS Fife Strategic Planning

5.1 Winter Planning

S Fraser indicated that normally a Winter Plan is produced, but this year the winter planning actions are part of the Annual Delivery Plan (ADP) submitted to SG. Additional actions are being incorporated as they arise. Reporting to the Board on Winter Planning will comprise an extract from the update in the ADP. The Capacity & Flow Operational Group continues to meet on a weekly basis, reporting/ escalating issues to the Executive Capacity & Flow Group.

An SG Winter Checklist has been populated, most actions have been fully or partially completed; S Fraser offered to share with the Group. J Balkan suggested comments could be added to evidence actions.

SF

J Balkan drew attention to a Workforce Checklist that has been issued, asking for more specific workforce actions and that a meeting is likely for HR and Nursing Directors to explain/ justify decision making. J Balkan agreed to forward the Checklist to K Reith.

JB

5.2 Population Health & Wellbeing Strategy Update

S Fraser reported that engagement with the public has been undertaken by an external company in partnership with H&SCP through Focus Groups and 1:1 interviews over the last 2 or 3 months; it is hoped the final report provides as much rich information as the interim reports. Numbers attending have not been as high as envisaged, but there has still been good representation.

The draft strategy is currently being written: the aim is for the first draft to

go to the Portfolio Board on 08 December 2022. A staff engagement session on the strategy is being held at the Area Partnership Forum on 23 November 2022, which will inform how wider staff engagement can be achieved.

5.3   Annual Delivery Plan Feedback

S Fraser advised that NHS Fife had submitted a Q2 return (update on the delivery actions) at the end of September 2022. The current focus is on the SPRA process for 2023/24, the content of which will inform the ADP 2023/24; and monitoring delivery actions for this year until 31 March 2023. Actions are being added as required – it is a dynamic document – and monitoring actions on a monthly basis to assess whether on track/ complete/ risk of not being completed.

5.4   Workforce Planning for Strategic Planning & Resource Allocation (SPRA) 2023-24

R Waugh reported that she and B McKenna had been working with Planning & Performance and Finance colleagues to avoid duplication of questions/ efforts, participating in a series of joint workshops with Services, to explore the challenging financial position, performance requirements and workforce planning aspects for the SPRA. It is hoped the connected approach is beneficial; services have the spreadsheet templates to populate and return by mid-December 2022. From that, the aim is to inform workforce projections and key workforce issues that will aid the completion of service-based workforce plans, which had been discussed as part of the SPRA process and also to support the NHS Fife 3-year Workforce Plan.

06.   NHS Fife 3-Year Workforce Plan 2022-25 Feedback

R Waugh confirmed that the feedback received from SG had been enclosed with the meeting papers. It largely focussed on workforce projections, service planning, financial planning elements and links to the Population Health & Wellbeing Strategy. The Plan (incorporating the feedback) was submitted to Staff Governance Committee (SGC) on 10 November 2022 to seek approval for publication. The Communication Team are publishing the final version on the website and StaffLink this week. R Waugh was grateful to all contributors and in particular B McKenna for shaping the final document.

R Waugh informed colleagues that the next steps include a commitment to develop and deliver service and directorate workforce plans. NHS Fife is not preparing a 1-year action plan; we are using a different approach to H&SCP colleagues.

J Balkan indicated that regionally, lessons would be learned from the exercise, and feedback on the rather prescriptive template taken on board. Once all Boards Workforce Plans are published, the content will be used to inform the Regional Workforce Group Planning agenda for next year; but there are no overarching or common themes currently being taken forward by SG.

07.   Health and Care (Staffing) (Scotland) Act 2019

R Waugh reported that the first meeting of the NHS Fife Safe Staffing Implementation Reference Group was on 8 November 2022. It was agreed to

Document Control:		
Document: SWPGmins221122	**Version:** 0.1draft	**Version Date:**
Author: JM	**Page:** 4 of 7	**Review Date:** N/A

4/7

162/165

circulate Tracy Hunter's presentation to the Group, as it explains what the act is and what it might involve. A Terms of Reference has been drafted, and a further meeting scheduled for January 2023. Initial membership is being reviewed as it is perhaps light in terms of Nursing colleagues, from Audiology and similar specialities. We are drawing on T Hunter's expertise to take forward this agenda; she has been undertaking groundwork with services.

RW

T Hunter and R Waugh have been reviewing various chapters of the guidance which will be issued to Boards next year; there is the opportunity to shape and influence e.g., reporting appears very complicated and requires significant preparatory activity; currently awaiting feedback from HIS.

It is anticipated that once rosters are built within the eRostering system and we have access to the Safe Care module, this will help in relation to reporting. There is also concern in relation to our staffing position once the legislation is implemented.

K Reith advised we are awaiting confirmation in terms of Fife being an early adopter Board for testing the enactment of the act. A meeting with Scottish Government (SG) colleagues and key stakeholders has been arranged for 08 December 2022 to clarify actions; feedback will be brought back to this Group. K Reith highlighted that full implementation is not until 01 April 2024; however, there is a lot of work to be done before then.

08. Updates from Associated Groups

8.1 NHS Fife Operational Workforce Planning Group

B McKenna indicated that the recent meeting concentrated on the 3-Year Workforce Plan feedback from SG and links to the SPRA. Service-led workforce documents will be generated from the SPRA contributions to identify challenges/ solutions/ new roles. This appears to be a consistent approach within East Region.

Also discussed were MAPs and eRostering; an update on the work of the Mental Health & Learning Disabilities Taskforce; and National Treatment Centre staffing.

'Training' was highlighted: SG has promised for some time to roll out training for the workforce planning community – good representation from East Region and from NHS Fife.

8.2 Health & Social Care Partnership Workforce and Organisational Development Board

R Lawrence explained that the draft Workforce Plan, incorporating late SG feedback had been endorsed at recent Committees including the Integrated Joint Board and H&SC Local Partnership Forum. A one-year Action Plan has been prepared detailing delivery of short-term actions. SG feedback was positive, in particular around strategic and financial planning. The H&SC Strategy Group shaped the strategy and plan, and all are committed to ensuring it works. The document will be published on 30 November 2022. R Lawrence expressed his thanks to all involved, NHS Fife and H&SC colleagues for their input and support.

8.3 NHS Fife Nursing & Midwifery Workforce Planning Group

N Robertson spoke to her report, advising there are several workforce related sub-groups: Assistant Practitioner, International Recruitment,

Document Control:		
Document: SWPGmins221122	**Version:** 0.1draft	**Version Date:**
Author: JM	**Page:** 5 of 7	**Review Date:** N/A

5/7

163/165

Advanced Practice and Clinical Nurse Specialists to address challenges.

It is hoped to secure further funding to continue with the staff support (Values Based Reflective Practice) provided by Lynne Innes, once her secondment from NES ends.

Staff turnover is high; exploring how to improve wellbeing, progressing with R Waugh.

International Recruitment pipeline: currently looking at widening to other agencies and scoping of recruitment to include AHPs and Theatre Nurses staffing groups as SG funding is being withdrawn at the end of 2022.

Working with T Hunter on Safe Staffing legislation: a paper is being prepared indicating proposed dates for a run of workforce tools, together with reporting details. N Robertson offered to represent Nursing on the Group.

N Robertson looking to reinstate a more 'strategic' outlook for the Nursing & Midwifery meeting, rather than being a 'feedback' group.

8.4 Allied Health Professionals Group Feedback

A Wong was unable to attend the meeting, an update to be brought to the next meeting.

8.5 Corporate Division Updates

8.5.1 Pharmacy and Medicines Update

B Hannan was unable to attend the meeting: however, the update report was noted.

8.5.2 Digital & Information Update

A Graham drew attention to the challenges of implementing the eRostering system. Six of the seven early adopter areas have gone 'live' within the planned timescale. Reasonable progress is being made and lessons being learned. Future functionality would see eESS and Payroll systems interface with eRostering; March/ April 2023 is the current timescale for Payroll. Key challenges include determining ownership and establishment of a 'business as usual' team. There has been an indirect impact on the Nurse Bank; looking at correct utilisation. Currently at the end of Phase 2 'early adopters'; lessons learned will inform Phase 3, roll out to wider services, identifying the benefits they will get. K Reith agreed it is a challenge for all Boards short-term, but there will be substantial benefits in the long run.

In terms of the summary report, A Graham highlighted that a main challenge is Job Evaluation work; and in terms of achievements – apprenticeship schemes to take the pressure off recruitment.

R Waugh queried whether members had found completing the report template too onerous or could continue? It was agreed to use the 'flash' reports to assist workforce planning and to provide structure for the group; and it was recognised it is good to learn what is happening in other areas.

09. Workforce Risks / Risk Register

R Waugh indicated that we are currently at holding point as we transition from the Board Assurance Framework to the new version of the Workforce Risk Register. A review of workforce risks is being undertaken with a critical focus on

workforce sustainability. It was acknowledged there is an opportunity to manage and purpose risks appropriately to afford a sufficient level of assurance to Staff Governance Committee and to the process of escalating emerging risks.

10. AOB

A Graham raised a concern regarding (the threat of) industrial action due to unresolved pay negotiations and what it means from a strategic workforce planning point of view. K Reith advised we are awaiting the outcome of current SG level talks. Industrial action would involve a more formal phase and business continuity planning with the re-establishment of Gold Command structure. Plans are in place to ensure essential services continue; however, it could impact on strategic workforce planning ambitions.

Date of Next Meeting: Tuesday 28 February 2023 at 14:00 hrs via MS Teams

Document Control:		
Document: SWPGmins221122	**Version:** 0.1draft	**Version Date:**
Author: JM	**Page:** 7 of 7	**Review Date:** N/A

165/165