Staff Governance Committee

Thu 11 May 2023, 10:00 - 12:00

Via MS Teams

Agenda

10:00 - 10:01
1 min

1. Apologies for Absence - Mansoor Mahmood / Sandra Raynor

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 9 March 2023

Enclosed   *Sinead Braiden*

📄 Item 03 Staff Governance Committee Minutes (unconfirmed) 9.3.23.pdf (10 pages)

10:07 - 10:10
3 min

4. Matters Arising / Action List

Enclosed   *Sinead Braiden*

📄 Item 04 Table of Actions 11.5.23.pdf (1 pages)

10:10 - 10:55
45 min

5. GOVERNANCE MATTERS

5.1. Staff Governance Committee Annual Statement of Assurance 2022/2023

Enclosed   *Gillian MacIntosh*

📄 item 5.1 SGC Annual Assurance Statement SBAR 11.5.23.pdf (3 pages)
📄 Item 5.1 Staff Gov Annual Statement of Assurance 2022-2023 Appendix 1.pdf (24 pages)

5.2. Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Bank & Agency Work

Enclosed   *David Miller*

📄 Item 5.2 Corporate Risks Aligned to SGC inc Deep Dive 11.5.23.pdf (6 pages)
📄 Item 5.2 Corporate Risks Aligned to SGC as at 25.4.23 Appendix 1.pdf (2 pages)
📄 Item 5.2 Corporate Risks Deep Dive Review - Bank and Agency Programme Appendix 2.pdf (1 pages)
📄 Item 5.2 Corporate Risks Assurance Principles Appendix 3.pdf (1 pages)

5.3. Whistleblowing Quarter 4 Report 2022/2023

Enclosed   *Kevin Reith*

📄 Item 5.3 Whistleblowing Quarter 4 Report 2022-2023 - 11.5.23.pdf (9 pages)

5.4. Staff Governance Standard: Improved and Safe Working Environment

Enclosed   *Neil McCormick / Rhona Waugh*

📄 Item 5.4 Staff Governance Standards Improved and Safe Working Environment - 11.5.23.pdf (4 pages)
📄 Item 5.4 Appendix 1- Talking Toolkit NHS Scotland v2.pdf (24 pages)
📄 Item 5.4 Appendix 2 HSE Stress Toolkit Pilot - LD Service Summary 28.4.23.pdf (8 pages)
📄 Item 5.4 Appendix 3 CLDNT Action Plan.pdf (8 pages)

5.5. Delivery of Annual Workplan 2023/2024

Enclosed   *David Miller*

📄 Item 5.5 Delivery of Annual Workplan 2022-2023 Report - 11.5.23.pdf (8 pages)

10:55 - 11:05
10 min

6. STRATEGY / PLANNING

6.1. Corporate Objectives 2023/2024

Enclosed   *Carol Potter / Margo McGurk*

📄 Item 6.1 Proposal on Corporate Objectives - 115.23.pdf (4 pages)

11:05 - 11:30
25 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed   *David Miller*

📄 Item 7.1 IPQR Covering SBAR 11.5.23.pdf (3 pages)
📄 Item 7.1 IPQR April 2023.pdf (8 pages)

7.2. Workforce Information Overview

Presentation   *Brian McKenna*

7.3. Attendance Management Update

Verbal   *David Miller*

11:30 - 11:40
10 min

8. ANNUAL REPORTS / OTHER REPORTS

8.1. Equal Pay Audit 2023

Enclosed   *David Miller*

📄 Item 8.1 Equal Pay Audit 2023 - 11.5.23.pdf (4 pages)
📄 Item 8.1 Equal Pay Audit Appendix 1 2023 Equal Pay Gap Analysis.pdf (10 pages)
📄 Item 8.1 Equal Pay Audit Appendix 2 Equal Pay Statement.pdf (2 pages)

11:40 - 11:45
5 min

9. LINKED COMMITTEE MINUTES

9.1. Area Partnership Forum held on 22 March 2023 (unconfirmed)

Enclosed

📄 Item 9.1 APF Minutes 22.3.23 Cover Sheet.pdf (1 pages)
📄 Item 9.1 APF Minutes (Unconfirmed) 22.3.23.pdf (8 pages)

9.2. Health & Social Care Partnership Local Partnership Forum held on 24 January 2023 (confirmed)

Enclosed

📄 Item 9.2 H&SCP LPF Linked Minute Cover Sheet 24.1.23.pdf (1 pages)
📄 Item 9.2 H&SCP LPF Minutes 24.1.23 (Confirmed).pdf (7 pages)

9.3. Health and Safety Sub Committee held on 10 March 2023 (unconfirmed)

Enclosed

📄 Item 9.3 H&S Sub Committee Linked Cover Sheet.pdf (2 pages)
📄 Item 9.3 H&S Sub-Committee Minutes (Unconfirmed) 20.3.23.pdf (4 pages)

11:45 - 11:55
10 min

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1. To the Board in the IPQR Summary

Verbal   Sinead Braiden

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

Verbal   Sinead Braiden

11:55 - 12:00
5 min

11. Any Other Business

12:00 - 12:00
0 min

12. Date of Next Meeting - Thursday 13 July 2023 at 10.00 am via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 9 MARCH 2023 AT 10AM VIA MS TEAMS

Present:
Alistair Morris, Non-Executive Member (Acting Chair)
Colin Grieve, Non-Executive Member
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Carol Potter, Chief Executive

In attendance:
Nicky Connor, Director of Health & Social Care
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance *(item 6.1 only)*
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Sally McCormack, Associate Medical Director for Emergency Care and Planned Care (observing)
Margo McGurk, Director of Finance & Strategy
David Miller, Director of Workforce
Kevin Reith, Deputy Director of Workforce
Nicola Robertson, Associate Director of Nursing (*for the Director of Nursing*)
Joy Tomlinson, Director of Public Health *(item 7.4 only)*
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 welcome was extended to Dr Sally McCormack, Associate Medical Director for Emergency Care and Planned Care, who is participating in the Developing Senior Systems Leadership course, and joined the meeting as an observer.

In addition, the Chair acknowledged the on-going significant 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.

The Chair advised that the meeting is being recorded for the purpose of the Minutes.

1. **Apologies for Absence**

   Apologies for absence were received from Sinead Braiden (Committee Chair and Non-Executive Member), members Wilma Brown (Employee Director), Kirstie MacDonald (Whistleblowing Champion and Non-Executive Member), Janette Keenan (Director of Nursing), Andrew Verrecchia (Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum) and attendee Sandra Raynor (Head of Workforce Resourcing & Relations).

2. **Declaration of Members' Interests**

   There were no declarations of interest made by members.

3. **Minutes of the last Meeting held on Thursday 12 January 2023**

   The minutes of the meeting of Thursday 12 January 2023 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 MATTERS**

5.1 **Committee Self-Assessment Report 2022/2023**

   The Board Secretary spoke to the report, advising that the Committee self-assessment is carried out on an annual basis. An overview on the themes of the self-assessment was provided, and it was noted that there were some common themes identified across all the Board's Standing Governance Committees self-assessment outcomes. Work in the next year will attempt to address members' comments as part of a continuous improvement exercise.

   It was advised that a Committee Induction Handbook will shortly be produced for each of the Board's Standing Governance Committees, to help enhance new members' training around individual Committee's areas of remit, and this was warmly welcomed by the Chair.

   Discussion took place on the actions members would wish to see implemented to address those areas identified for improvement. S Fevre, Co-Chair, Health & Social Care LPF, highlighted that some papers on the same subject matter are presented to more than one Committee, and he requested adapting elements of the covering SBARs to have more of a focus for each of the Committee that they are being presented to. For instance, papers coming to Staff Governance should clearly indicate the related staff implications of the respective proposal etc. The Chief Executive agreed to take this forward through the Executive Directors' Group and their review of draft committee papers. S Fevre also highlighted that some papers can provide too much operational detail. C Grieve, Non-Executive Member, noted that, in some instances, a certain level of operational detail is required at committees in order for members to be able to take assurance. The Chair agreed, particularly referencing the Integrated Performance & Quality Report, to ensure NHS Fife can deliver its priorities. The Chair also highlighted the

importance of having detailed and challenging discussions. He noted that the length of papers can be too long, and that this can have an effect on the length of time needed for discussion.

The Director of Workforce advised that careful consideration will be given to prioritising items on future agendas to provide more focus and discussion on specific areas. The Head of Workforce Planning & Staff Wellbeing added that due to time constraints on the agenda, future Development Sessions can be used for more debate on particular topics and she welcomed suggestions from members for future subjects for those meetings.

The Chief Executive highlighted that the quality of the self-assessment reports and the feedback received has improved over that provided in previous years, and the Board Secretary was commended and thanked for all the hard work carried out in producing the Committee Self-Assessment Reports.

The Committee took **assurance** from the report and noted the feedback to be taken forward in the year ahead.

5.2 Annual Review Committee's Terms of Reference

The Board Secretary advised that the Terms of Reference reflects a change to the risk management processes in relation to the replacement of the Board Assurance Framework with the Corporate Risk Register, and to the terminology for the annual operational plan/delivery plan.

S Fevre, Co-Chair, Health & Social Care LPF, queried if section 3.1 is a repeat of section 2.2. The Board Secretary agreed to discuss further outwith the meeting and re-word those sections, prior to circulating a final version to members.

Action: Board Secretary

Subject to a potential change to section 3.1, the Committee **approved** a final version for further consideration by the Board.

5.3 Corporate Risks Aligned to Staff Governance Committee, incorporating Deep Dive: Personal Development Planning and Performance Review

The Director of Workforce provided an overview on the corporate risks aligned to the Staff Governance Committee and the work that is being undertaken to address those. It was reported that work on the establishment gap and vacancies are a priority and that this work is being linked into the bank and agency programme board work.

The Deputy Director of Workforce gave a presentation on the deep dive item: Personal Development Planning (PDP) and Performance Review. The Director of Workforce advised that this forms part of the wider work that is being carried out and is an area that is a requirement for all staff.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted time constraints and the barriers for staff making time for learning due to ongoing system pressures. He noted that reiterating support for staff needs to be constant, and he also suggested re-marketing PDPs, noting that PDPs link into development

opportunities. S Fevre also suggested linking PDPs into the work around staff health & wellbeing.

C Grieve, Non-Executive Member, noted that the presentation provided assurance on the context of the paper. He highlighted a positive change in culture, in terms of the directional change of the organisation in moving forward. He also queried how activity that is not captured can be recorded.

The Chair highlighted time management for staff and suggested adding timescales for completion of PDPs, ensuring there is a balance of timescales and quality.

S Fevre, Co-Chair, Health & Social Care LPF, queried where the operational aspects will sit. The Director of Workforce advised that some of the ownership will sit within the Area Partnership Forum (APF) and the Local Partnership Forum (LPF). He also advised that there is a commitment to take work forward in relation to compliance reporting for training, and it was highlighted that more work is required around educational governance.

The Director of Health & Social Care reported that conversations and development discussions are taking place between managers and staff, however there is a difficulty in monitoring and recording this into the system. The Director of Acute Services highlighted the present system pressures and advised that services would need to work collectively to ensure staff have the time and space for completing PDPs. She also highlighted that this is critical for retaining staff. The Director of Health & Social Care agreed to provide a further update to the LPF, and to ensure it remains a regular item on the agenda.

Action: The Director of Health & Social Care

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

5.4   Whistleblowing Quarter 3 Report 2022/2023

The Deputy Director of Workforce advised that the paper provides an update on the Quarter 3 position. A correction to the paper was outlined in terms of a Quarter 3 whistleblowing complaint that was not captured on Datix, and subsequently is not included in the report. Assurance was provided that the report will be updated with the correct data before it goes to the Board at their March 2023 meeting. Further detail on this complaint will be provided in the next iteration of the report to the Committee.

S Fevre, Co-Chair, Health & Social Care LPF, queried the position on zero returns and expressed his view that the reporting system may not be entirely efficient and effective, and he requested that the position on zero returns requires to be explored further. The Director of Workforce advised that work is scheduled to progress in this area, and an update will be brought back to the Committee.

Action: Director of Workforce

The Committee took **assurance** from the report, which confirms there were no whistleblowing concerns received during Quarter 3; no anonymous concerns received; and no whistleblowing articles were published in the local newspaper. Assurance of awareness and the whistleblowing training undertaken during Quarter 3 was also taken.

5.5 Staff Governance Standard: Improved and Safe Working Environment

The Head of Workforce Planning & Staff Wellbeing provided a verbal update on the stress management activity. It was reported that feedback from the community group was positive in terms of engagement with staff and empowering staff to act and feel valued. The results of the ward-based work is expected to be received at the next community group meeting. It is expected that an update will be brought back to the Committee at the next meeting, with suggestions for roll-out within NHS Fife, and a detailed overview of the work undertaken, to date.

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

6. STRATEGY / PLANNING

6.1 Draft Population Health and Wellbeing Strategy

The Director of Finance & Strategy reported that the draft strategy was discussed in detail at the Board Development Session held on 28 February 2023. The Director of Finance & Strategy fed back to the Committee on the key points raised at the Board Development Session, which were: reviewing the wording to be more explicit on the unique contribution from NHS Fife to population health and wellbeing; increasing the dominance and importance of the Integration Joint Board Strategic Plan; and building in an annual or bi-annual review of the strategy to ensure it is kept current and responsive. It was also advised that further work is being carried out around strengthening the health & inequalities content.

S Fevre, Co-Chair, Health & Social Care LPF, sought clarity in relation to the commitments detailed in the strategy in relation to staff health & wellbeing. The Director of Finance & Strategy advised that the ambitions are described at the highest level within the strategy, and work is being carried out to re-order and enhance that section. It was also advised that the detail will be provided within the supporting Workforce Strategy.

S Fevre Co-Chair, Health & Social Care LPF, requested an update on the recent engagement sessions, including attendance levels. The Associate Director of Planning & Performance advised that the engagement sessions had commenced that week and were held through a combination of online meetings and in person. It was reported that the online engagement has been positive, however there was extremely low attendance on site, and that this is being explored in terms of where to position the pop-up sessions. It was noted that further online sessions will be carried out.

Assurance was provided that the front page and photographs within the strategy are being reviewed and that the other comments raised by Board members will be reflected in the revised version that will go to the Board for final approval at their meeting on 28 March 2023.

The Committee:

- Took **assurance** from the process undertaken to develop the NHS Fife Population Health and Wellbeing Strategy and the ongoing engagement work, particularly with staff; and

- **Endorsed** this strategy for discussion and final approval at the March NHS Fife Board Meeting

6.2 Strategic Planning & Resource Allocation 2023/2024 – Corporate Objectives 2023/2024 Initial Proposal

The Director of Finance & Strategy reported that the corporate objectives for 2023/24 initial proposal is presented to the Committee to provide assurance that the process is underway. A final proposition will be presented to the Board and Committees in the next meeting cycle.

It was advised that work is ongoing in relation to the corporate objectives for 2023/24, which will shape the Annual Delivery Plan, and will link into our strategic ambitions and the Scottish Government's directions. An updated version of the corporate objectives will be presented to the Committee at the next meeting.

It was reported that there are corporate objectives that have been carried forward from the current financial year, which is not unexpected due to them being medium term in nature. It was noted that redefining the focus of these objectives will be carried out. It was also noted that there are a few new objectives.

The Chair raised concern on the focus of progress of objectives, due a number being carried forward. S Fevre, Co-Chair, Health & Social Care LPF, commented that a 'no change' on progress can be perceived as no work having been carried out.

S Fevre, Co-Chair, Health & Social Care LPF, requested that papers going to Committee are clearer on the levels of assurance being provided. The Board Secretary advised that an Audit & Risk Committee Development Session took place in February 2023, attended by Committee Chairs, and discussion took place on embedding committee assurance principles, which included members reflecting on levels of assurance they receive. It was advised that there is scope to add levels of assurance to the SBAR template, which is being discussed as a possible adaptation to our process in the near future.

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

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce reported on sickness absence, noting that the current position is still high. Improvement plans for addressing sickness absence will go through the Executive Directors' Group, before being brought back to the Committee. It was advised that this will also be linked to the bank and agency portfolio and other Staff Governance Workstreams.

It was reported that investment will be made in training and development so staff feel valued.

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

7.2 Training Compliance Improvement Update

The Deputy Director of Workforce reported that the training compliance rate has reduced. It was explained that the reduction is partly due to data definition. Assurance was provided there is confidence that compliance rates will improve going forward due to a range of measures that are in place, including actions being taken, communication plans and work that will be carried out with senior stakeholders around training provision. An overview on the priorities and timelines was provided, as described in the paper.

S Fevre, Co-Chair, Health & Social Care LPF, highlighted that it is a positive message for staff that the Executive Directors' Group are leading by example and have carried out fire safety training.

S Fevre, Co-Chair, Health & Social Care LPF, questioned how the action plans are implemented within the Health & Social Care Partnership, Acute Services and Corporate Services. The Deputy Director of Workforce advised that connections are being made across all services, and an operational discussion will take place at the Area Partnership Forum (APF) and Local Partnership Forum (LPF).

The Associate Director of Nursing highlighted the importance of comms and messaging to ensure staff are aware of the support available. She also noted that learnings from the resuscitation training can be shared, to support improving compliance rates.

C Grieve, Non-Executive Member, thanked the authors and welcomed the paper, noting it provides relevant assurance that plans are in place to improve compliance performance.

The Committee took **assurance** from the report and **noted** the actions being taken to increase compliance.

7.3 Tender Process for Board Managed 2C General Practices

The Director of Health & Social Care advised that the paper provides an update on the tender process for Board Managed 2C General Practices, and the timelines for this.

Following questions from the Chair, the Director of Health & Social Care explained considered collaborative list management' (CCLM), noting that it is in relation to spreading patients across other practices through agreement. The Director of Health & Social Care confirmed Linburn Road is a stable practice. Finally, the number of practices being forced to closed early was reported as on a case-by-case basis, and that there is a mitigating risk is in place to ensure this does not become more frequent.

The Committee **acknowledged** the content within this paper including the risks articulated and the significant work being undertaken within Fife Health & Social Care Partnership to plan and deliver services across 2c General Practices to mitigate risk, ensure safe service delivery, sustainability and support for the workforce.

The Committee were **assured** of plans being implemented for the tender of services to be provided at Kinghorn Practice, Links Practice, Burntisland and Valleyfield Practice via Procurement Process for GP services and that there is staff engagement throughout this process.

7.4   East Regional Health Protection

The Director of Public Health provide background detail and highlighted the project milestones and regional model. It was noted partnership involvement has been carried out during the project through the Oversight Board, and engagement is now being carried out with individual staff groupings to collate feedback. It was advised that positive feedback has been received to date on the benefits of the single service, and the model is currently being defined to build in staff feedback. It was noted that the process of education development and support for staff has been well received.

The Committee commended the work of all involved in the project.

The Committee took **assurance** on progress towards implementation of the East Region Health protection service on 3 April 2023.

7.5   Acute Services Division: Reflections and Actions in Relation to Healthcare Improvement Scotland (HIS) Letter of 11 November 2022

The Director of Acute Services reported that this item was also discussed at the Clinical Governance Committee at their meeting on 3 March 2023.

The key points from the paper were outlined. The Director of Acute Services provided an overview on the actions that are in place in relation to staff side, including site huddles held virtually during the day to ensure the site position is monitored very closely. It was advised that the pressures at the front door are continually monitored, with actions being implemented daily.

It was advised that supplementary staffing has been significant in AU1 due to staffing level challenges.

The Director of Acute Services explained the number of ways in which the Senior Leadership Team are visible and engaging with staff. It was reported that actions that are put in place are through discussions with staff and that we have an improvement & capacity flow plan that is ongoing.

It was reported that the staff wellbeing hub and energy pods have each been positively received. The Head of Workforce Planning & Staff Wellbeing agreed to provide information separately on the energy pods that were received from the Scottish Government.

The Director of Acute Services noted that a proposal is ongoing around creating an outdoor space at the front door for areas that are highly pressured for staff, to support their health & wellbeing. S Fevre, Co-Chair, Health & Social Care LPF, noted that he was supportive of this proposal.

The Committee took **assurance** from the report and noted the Acute Services Division's reflections in response to the HIS letter as well as the actions underway to support patient care and staff wellbeing within the Acute Services Division.

8. ANNUAL REPORTS

8.1 NHS Fife Workforce Information Overview

The Deputy Director of Workforce advised that work is ongoing in terms of vacancies and developing a staff establishment gap report.

The Chair highlighted the increase in turnover of leavers and questioned if the causes are known. The Deputy Director of Workforce agreed to bring that level of detail back to the Committee, and noted that it will include retirements, temporary contracts, and bank and agency staff moving to other internal posts. The Chief Executive highlighted a variable in terms of contact tracing and vaccination staff over the last few years, which will have had a significant impact on the number of leavers.

Action: Deputy Director of Workforce

C Grieve, Non-Executive Member, agreed to liaise directly with Head of Workforce Planning & Staff Wellbeing around the correlation of data and some operational aspects of the data.

S Fevre, Co-Chair, Health & Social Care LPF, recognised the improvements to the Workforce Information Overview Report and thanked officers for those changes.

The Committee took **assurance** from the report which provides an:

- Overview of the NHS Fife workforce information at 31 December 2022
- Summary of the Staff Health and Wellbeing Support activities and statistics for November 2022 to January 2023.

9. FOR ASSURANCE

9.1 Annual Workplan 2022/2023

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

9.2 Proposed Annual Workplan 2023/2024

The Committee **considered** and **approved** the proposed workplan for 2023/2024.

10. LINKED COMMITTEE MINUTES

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

10.1   Area Partnership Forum held on 25 January 2023 (unconfirmed)
10.2   Acute Services Division & Corporate Directorates Local Partnership Forum held on 22 December 2022 (unconfirmed)

10.3   Health and Social Care Partnership Local Partnership Forum held on 16 November 2022 (confirmed)

10.4   Health and Safety Sub Committee held on 20 January 2023 (unconfirmed)

10.5   Equality and Human Rights Strategy Group held on 3 February 2023 (unconfirmed)

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

There were no matters to escalate to NHS Fife Board.

12.   ANY OTHER BUSINESS

There was no other business.

13.   DATE OF NEXT MEETING

Thursday 11 May 2023 at 10am via MS Teams.

KEY:

| Deadline passed / urgent |
| In progress / on hold |
| Closed |

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 11 May 2023

NHS Fife

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	09/03/23	**Annual Review Committee's Terms of Reference**	To discuss re-wording section 2.2 and 3.1 with SF, prior to circulating a final version of the ToR to members.	**GM**	March 2023	ToR amended and final version circulated to members.	
2.	09/03/23	**NHS Fife Workforce Information Overview**	To provide additional information to the Committee on the reasons for / destination of staff leaving NHS Fife.	**KR**	May 2023	Update will be provided under item 7.2	
3.	09/03/23	**Whistleblowing Quarter 3 Report 2022 / 2023**	To bring an update back to the next meeting on the reporting position.	**DM**	May 2023	The case lodged in Quarter 3 was reported to Board on 28 March 2023 and will be covered in the Quarter 4 report to SGC in May 2023.	

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 11 May 2022**
Title:	**Draft Staff Governance Committee Annual Statement of Assurance 2022-2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Gillian MacIntosh, Board Secretary**

1. Purpose

This is presented to the Committee for:
- Assurance

This report relates to a:
- Legal requirement
- Local policy

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

This report aligns to the Staff Governance Standard requirement that staff are:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- 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

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

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. The current draft takes

account of initial comments received from the Committee Chair and members of the Workforce Senior Leadership Team.

2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2022-23, including linkage to the Staff Governance Standard, with a view to improving the level of assurance given to the NHS Board.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

The Staff Governance Committee Annual Statement of Assurance ensures the organisation gives appropriate consideration to all strands of the Staff Governance Standard, which aims to provide a system of corporate accountability for the fair and effective management of all staff.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Details on the Committee's discussions on risks aligned to its remit is detailed within the report.

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. Details on the Committee's review of business concerning health inequalities and Anchor Institution related work is captured within the report.

2.3.6 Climate Emergency & Sustainability Impact

Minor mentions within the assurance report, as per the Committee's reflections on related business during the year covered.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and members of the Workforce Senior Leadership Team. The Committee is the first group to formally consider the report's content.

2.4   Recommendation

This paper is provided to Staff Governance members for:

- **Approval** – subject to members' comments regarding any amendments necessary, for final sign-off by the Chair and submission to the Audit & Risk Committee.

3.   List of Appendices

Appendix 1 – Annual Statement of Assurance for NHS Fife Staff Governance Committee for 2022/2023

Report Contact:

Dr Gillian MacIntosh
Head of Corporate Governance & Board Secretary
gillian.macintosh@nhs.scot

**ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2022/2023**

1. Purpose

1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, is built upon partnership and collaboration, and within the direction provided by the NHS Scotland Staff Governance Standard.

1.2 To assure the NHS Fife Board that the Staff Governance arrangements in the Integration Joint Board are working effectively.

1.3 To escalate any issues to the Board if serious concerns are identified regarding staff governance issues within all services, including those devolved to the Integration Joint Board.

2. Membership

2.1 During the financial year to 31 March 2023, membership of the Staff Governance Committee comprised: -

Sinead Braiden	Chair / Non-Executive Member
Wilma Brown	Employee Director
Simon Fevre	Co-Chair, Health & Social Care Partnership Local Partnership Forum
Colin Grieve	Non-Executive Member (from November 2022)
Kirstie Macdonald	Non-Executive Member Whistleblowing Champion
Mansoor Mahmood	Non-Executive Member (to November 2022)
Alistair Morris	Non-Executive Member
Janette Keenan	Director of Nursing
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

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

3. Meetings

3.1 The Committee met on eight occasions during the financial year to 31 March 2023, on the undernoted dates:

- 12 May 2022
- 14 July 2022
- 1 September 2022
- 24 October 2022 (Development Session)
- 10 November 2022

- 12 January 2023
- 16 February 2023 (Development Session)
- 9 March 2023

3.2   The attendance schedule is attached at Appendix 1.

4.   Business

4.1   The Staff Governance Committee's first meeting of the 2022-23 reporting year took place in May 2022. Substantive agenda items included a presentation on Equality, Diversity and Human Rights related activities, to address the relevant strand of the Staff Governance Standard (namely 'Employees should be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued'). The composition of the NHS Fife workforce and the percentage of those with protected characteristics was highlighted. Discussion took place on the requirement to reinvigorate the Black, Asian & minority ethnic (BAME) network group as their meetings began once again post-Covid, to progress a number of actions that staff-side colleagues have highlighted as being critical. The Committee took assurance from the recent appointment of a new Equality & Diversity Lead Officer, to help support this work, in addition to the roll-out of a new communications plan and mentoring scheme.

4.2   At its May 2022 meeting, members reviewed the initial draft of NHS Fife's Three-Year Workforce Plan 2022-25 submission to the Scottish Government, utilising the national template and six-step workforce planning methodology. The Plan took due cognisance of the recent publication of the National Workforce Strategy for Health & Social Care, detailed in a Director's Letter (DL 2022(09)) issued in April 2022. Issues discussed by members included the potential for work to be undertaken with university partners to address particular clinical speciality gaps; progress with international nurse recruitment; and evidencing the Fair Work agenda. At its July 2022 meeting, members reviewed an updated draft of the NHS Fife Plan, alongside the complementary plan for the Health & Social Care Partnership. Both documents have been written with due acknowledgement of the current service-pressure backdrop and legacy challenges of the pandemic. The content covers the main professional groups and details the demands and challenges these areas are respectively facing over the period of the plan. The Fife Health & Social Care Workforce Plan 2022-25 encompasses the broad range of services delivered by the Partnership, and is fully aligned to the NHS Fife plan. Members welcomed the synergies between both strategies and the ambitions detailed within, endorsing the content for onward submission to Scottish Government.

Feedback from Scottish Government on the NHS Fife plan (which will influence the next three-year iteration and any annual updates required) was considered by members at the Committee's November 2022 meeting. Comments related to strengthening financial planning linkages to workforce planning, to better understand the extent to which affordability factors are being considered as part of the overall workforce planning process; workforce projections over the period of the plan; and how the workforce and services to be provided over the plan's lifecycle will be affected by the changing population dynamics and composition of our staff. Assurance was provided that the annual Strategic Planning & Resource Allocation (SPRA) process was aiding enhancement of the integration of financial and workforce planning, and that the production of a workforce plan as part of an enabling strand of the Board's new Population Health & Wellbeing Strategy would explicitly address this feedback. A specific update on this year's SPRA process was given to members in November 2022, with the Committee being assured that the process has been considerably more embedded this year and with real ambition to integrate organisational workforce and financial plans going forward.

4.3   Ongoing reports have been provided to the Committee on the organisational strategy development work, including details on the staff and public engagement approach and the results of the Population Health Needs Assessment, which is the underpinning baseline of the strategy document text. Development of the individual workstreams is being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams will be linked to the five national care programmes that have been initiated by the Scottish Government. Members' feedback on the means of further engaging with staff and service users on the content of the new strategy has been welcomed, particularly for the stages with more focused participation. The Public Health & Wellbeing Committee is the lead Committee for the development of the new Strategy, though the Staff Governance Committee has had regular input over the course of the reporting year.

4.4   Following detailed discussion at a number of full Board Development Sessions over 2022/23, in March 2023 the Committee considered the most recent update to the Population Health & Wellbeing Strategy document, before a final version was tabled for Board approval at its meeting on 28 March 2023. Strengthening the commitments around addressing health inequalities, in addition to improving the linkages to the Fife Integration Joint Board's strategic priorities for 2023-26, were some of the issues supported by members as the strategy moved towards its final stage of drafting. Following formal Board approval of the new Population Health & Wellbeing Strategy, the Committee expects to have a significant role in the year ahead in helping shape the delivery actions, including the enabling workforce strategy, and gaining assurance on progress with the various implementation actions detailed within.

4.5   The Committee reflected on Winter 2021/22 performance and discussed planning for the 2022/23 Winter Period (as part of the Board's Annual Delivery Plan return) via reports considered by members at the Committee's May and November 2022 meetings. Members noted that the Winter period had been especially challenging for staff, with many employees reassigned from their core role to support services under pressure. It was recognised that, particularly with Covid activity ongoing, planning for pressures and surges was, in essence, a year-round activity, which goes beyond the actual Winter season. Services remain in recovery mode, and close working relationships (particularly with colleagues in the Health & Social Care Partnership) have been critical to managing delay and flow, with varying results across the year. It has been important for the Board to continuously review proposals to mitigate capacity issues, to ensure that pressures 365 days per year are accounted for in overall planning. Activity levels have at some periods been unrelenting, and the Committee were fully apprised of the impact this had on staff wellbeing and the variability of performance overall, particularly around key targets such as A&E attendances and sickness absence. Clinical prioritisation, however, ensures that the most urgent cases continue to receive timely treatment. The introduction of a new Operational Pressures Escalation Levels (OPEL) process, which became fully embedded over the reporting year, is helping manage day-to-day pressures and identify areas where staff shortages are impacting, with clear triggers for action and escalation.

4.6   A comprehensive Framework created to detail the Board's ambitions to support staff health and wellbeing activities, including work around promoting attendance, was reviewed by members in November 2022. Detail was given within on the services available to help support staff during this time of increased activity on all services (including Mindfulness training, peer support and reflective practice to help support returning staff and their managers), outlining also the permanent staff hubs opened across NHS Fife sites following support from Fife Health Charity. The Committee received assurance that the current commitment to staff health and wellbeing activities, including investment in additional occupational health and psychology support services staff, is sustainable and in place for the longer term, particularly as the legacy effects of Covid become clearer. Members also welcomed the information given on the various offers of support available to staff and the

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positive impact this can have on overall staff absence figures, noting its relevance to the risk profile regularly scrutinised by the Committee.

4.7   In March 2023, in reference to the issue of staff wellbeing, members considered the issues raised by a letter to all NHSScotland Boards from Healthcare Improvement Scotland's Director of Quality Assurance, highlighting general concerns raised via a number of recent Safe Delivery of Care Inspections of acute hospitals across Scotland. The issues cited within reflected the exceptional winter pressures experienced by Scottish hospitals, including potential overcrowding in emergency departments and admission units, heavy use of supplementary staffing, pressures on staff health and wellbeing, the criticality of appropriate medicines governance, and the need for visible and active leadership on-site in clinical areas. Although focused on the results of acute inspections, members recognised that addressing all the action points required nothing less than a whole-system approach, to be achieved through close working with Fife Health & Social Care Partnership colleagues. An action plan has been developed to address the issues raised by HIS, to be supported by a series of 'mock inspections', to provide assurance that lessons learned from the HIS inspections would be carefully reviewed against practice within the Victoria Hospital. Further detail was also given on the measures put in place for staff to find time and space to take appropriate breaks away from work, including facilities such as the permanent staff wellbeing hubs and new energy pods. The creation of suitable breakout space in outdoor areas will be developed as part of the Greenspace Strategy work underway.

4.8   An update on the implementation of safe staffing legislation, The Health and Care (Staffing) (Scotland) Act 2019, was considered by members at the Committee's September 2022 meeting, detailing the timetable in place to support the sequence of actions required for full implementation of the legislation. The Strategic Workforce Planning Group has been providing oversight at an operational level. The Committee recognised that meeting the staffing levels given in the legislation will be challenging, given that services have operated below these at times of high activity, with potential implications for patient safety. New service models require development and an increased number of registrants need to be recruited before the legislation comes into operation. The Committee took assurance from the work being undertaken to prepare for the Act's implementation, recognising the challenges to be addressed as the Board fully details its related risk management mitigations and escalation routes.

4.9   The Board has implemented the National Whistleblowing Standards, launched in April 2021 and the Board's Whistleblowing Champion, Kirstie Macdonald, is an *ex officio* member of the Committee. Since their introduction, the Committee has since received regular reports on the embedding of the new Standards and, as part of performance reporting, quarterly data on cases within the Board that fall within the scope of the Standards. It is recognised that the implementation of the National Standards by Boards across Scotland varies to take account of the individual context of each organisation, but that the Whistleblowing Champion provides a dedicated means of ensuring best practice is shared and that there is a consistency of approach across Boards.

4.10   Further work is underway on the format of quarterly Whistleblowing reports, in particular to improve the timeliness of data reporting and to evidence an open and learning culture. Capturing staff feedback on the Whistleblowing process, substantiating learning being extracted from each case, and providing assurance of the organisation's culture and values overall remains a work-in-progress within the formal reporting mechanism. Additional data on staff take-up of Whistleblowing training (which had been designated as 'core' training for all staff and managers), to gain assurance of widespread understanding and visibility of the practical process, has been strengthened in ongoing reporting to the Staff Governance Committee and the Board. A third online training module for managers responsible for recording and reporting Whistleblowing concerns has been introduced this year, details on the uptake of which are contained in the reports to the Committee. It has been agreed to capture the number of 'anonymous' concerns raised within the Board, though these do not

strictly fall within the definition of Whistleblowing under the Standards. Additionally, acknowledgement of instances where staff concerns have been raised externally (for instance, anonymously with the local media) have also been included, to improve the overall picture of staff concerns. Consideration has additionally been given to including staff stories in future reporting, to provide a more nuanced reflection of the awareness of the Standards across the organisation. An annual performance-focused report on Whistleblowing was considered by the Committee at its September 2022 meeting, which included an assurance statement from the Whistleblowing Champion. Two Whistleblowing concerns were raised during 2021-22, with two anonymous concerns (recorded for management purposes) submitted also during the year. The Committee were assured that NHS Fife has introduced the Standards and continues to improve and embed its internal processes around reporting and recording of cases, work which will continue into this financial year.

4.11   The Board held a dedicated discussion at its April 2022 Development Session on developing an open and transparent culture (this has recently been followed up by a second Board Development Session on behaviours and values in April 2023), which has helped set the scene for this year's initiatives. It is recognised that the formal Whistleblowing reporting process sits alongside a number of established ways for staff to raise concerns, such as the reporting of Datix incidents and Adverse Events, employment-related routes of raising issues and direct contact with staff-side colleagues, who are often a route of escalation to senior management and the Board. The Committee welcomed the recent nationally led 'Speak Up' week for staff, including the widespread promotion of the 'Know Who To Talk To' campaign, noting this reflects an organisation that is open, wants to learn from concerns or issues and, importantly, values the opportunity to address them.

4.12   The draft Corporate Objectives 2022/23 were presented to the Committee in May 2022. The report described what NHS Fife aims to achieve in-year, in tandem with a looking-back review of Directors' Objectives for 2021/22. For the Staff Governance Standard, relevant individual objectives were linked to broader workstreams such as: implementation of high quality systems to improve staff health and wellbeing; delivery of workforce plans that attract, recruit and retain a high-quality workforce; and improving leadership capacity and embedding the framework for talent management. Each objective has been carefully refined, with details on what Directors are leading on or supporting more generally. Assurance was provided that there was appropriate linkage to the Health & Social Care Partnership's strategic priorities and that those objectives for Acute will require strong collaborative working to be achievable. The objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the ongoing strategy development work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objectives from their own specific perspective and, for the Staff Governance Committee, linkage between these and the broader workforce planning process is explicit. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval. In March 2023, as part of the update on the Strategic Planning & Resource Allocation process for the year ahead, an initial proposal for a suite of Corporate Objectives for 2023/24 were discussed at the Committee, with members' feedback helping shape these further prior to further consideration at the May 2023 meeting and formal approval by the Board later in spring 2023.

4.13   Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered the results of the most recent iMatter staff survey in the reporting year, with a report delivered to members in January 2023 detailing its findings. The Committee recognised that the NHS Fife response rate (of 60%) continues to be higher than NHSScotland averages, though 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. Further

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improvement actions are need in the transfer of team results into meaningful action plans, which will be a focus in the next assessment exercise. Members agreed that NHS Fife's response rate offers robust data to inform future actions and welcomed further information on how staff feedback will influence staff-related initiatives being presented in future.

4.14   In July 2022, a detailed report on the workforce implications of the General Practice Memorandum of Understanding 2 (MoU2) was discussed, noting the requirement of an enhanced multi-disciplinary, multi-professional team built around GP practices, which will be primarily composed from the nursing, Allied Health Professionals and Pharmacy workforce. The risks of this, in light of the existing pressures on Nursing and Advanced Health Care Practitioners numbers, are well recognised, and are being monitored on an ongoing basis via the Committee's usual risk reporting. Members were advised that utilisation of a Scottish Government underspend from the pandemic period, amounting to funding of £6.5m on a non-recurring basis, has allowed further progression of MoU2 implementation across all three key workstreams, including recruitment to fixed-term posts and other practical support for GP Practices. Two thirds of the Community Treatment and Care (CTAC) workforce are in place and the requirement to transfer the Vaccination Transformation Programme has been achieved by the April 2022 deadline. The Committee took assurance from the report that there has been progression in the recruitment of the workforce and noted the ongoing progress of all priority areas and the mitigating actions being taken in relation to the risks identified. A further update was given to the Committee in January 2023, focused on the specific areas of risk (the overall financial gap and recruitment in the Band 5 Community Treatment & Care Service and pharmacotherapy workforce) and how these were being addressed in the production of a new Primary Care Strategy. In relation to the general issue of Primary Care sustainability, in March 2023, an update report on the ongoing tender process for three 2C Board-managed GP practices in Fife was considered by members. An external procurement process has recently concluded, with notes of interest currently being assessed before the formal decision-making process is undertaken in May 2023.

4.15   Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, including a dedicated HR Policy Update at the Committee's November 2022 meeting. Progress with the Supporting Work / Life Balance suite of policies was outlined and NHS Fife's input into the national consultation exercise was discussed. Meantime, the local HR Policy Group continues to meet to update the remaining local documents, with Area Partnership Forum input prior to their endorsement.

4.16   At each meeting of the Committee, members routinely scrutinise performance in relation to workforce metrics. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. The Committee continued to be provided with information relating to sickness absence levels compared to the anticipated trajectory (this remaining above the national 4% target throughout the year, at around 6.5%), and a number of stand-alone agenda reports focusing on sickness absence have also been scrutinised. Performance has fluctuated over the course of the year, with long term sickness absence, particularly in the 'Anxiety / Stress / Depression / Other Psychiatric illnesses' category, continuing to challenge a sustainable positive improvement for this measure. Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage. In September 2022, the Committee discussed a Promoting Attendance Update, outlining the various activities underway to help support staff stay healthy. The work of an Attendance Management Taskforce has since been incorporated in the Executive Directors' Group, to allow for regularity of reporting.

4.17   As part of a proposal to assign to the Committee additional performance metrics, members considered a report on the outcome of the recent IPQR review process at its July 2022 meeting. Noting that not all workforce metrics lend themselves to routine performance

reporting, it has nevertheless been agreed that three additional measures will be included in future reporting. These are Personal Development planning & Performance Review (PDPR), core training compliance and data on the Establishment Gap. Further performance-related measures will continue to be reported separately to the Committee as the data becomes available, for instance iMatter results and some operational statistics currently captured in the Committee's quarterly Workforce Information report.

4.18   In relation to PDPR performance and mandatory training uptake, the Committee has reviewed the current level of performance in both areas and inputted into proposals for improvement in the levels of staff engaged in both processes. Reduced levels of current performance reflect the high levels of day-to-day pressure on staff, resulting in employees having inadequate time in their working day to participate in relevant development activities, such as ongoing training and appraisal. In January and March 2023, detailed updates on training compliance for the period 2021/22 were reviewed by members, indicating that a decline in overall training compliance and a need to prioritise immediate work around this, particularly in areas where patient safety or quality of care might be compromised by a lack of compliance. Discussion on improving performance has been taken forward by the Executive Directors' Group and the full Board, and the Committee will be keeping these performance metrics and defined targets under review in the current year, to gain assurance of progress in this area. PDPR performance was the subject of a deep-dive presentation to the Committee at its March 2023 meeting, as part of the Corporate Risk Register review. Details on some of the operational actions being led by the Area and Local Partnership Forums were given, in addition to the cross-service work across departments that is underway to help secure time for staff learning and development, whilst system pressures continue.

4.19   The Committee has considered during the year a regular Workforce Information Overview report tabled on a quarterly basis, containing enhanced data, which is intended to provide added context to the Committee in support of their role. Utilising the Tableau visualisation tool, this seeks to link data from a range of workforce and financial systems to broader workforce issues. There is also opportunity to add narrative and trend-related analysis to reports. In May 2022, it was reported that work to identify the Establishment Gap was ongoing with colleagues at regional and national level, as this continues to be an area of challenge across all Health Boards, though remains key to understanding the quantum of the workforce challenge. Specific updates have also been given at meetings on areas such as staff wellbeing activity and occupational health referrals, number of employee relations cases, and spiritual care services activity. In January 2023, the Committee discussed the reliance on bank and agency staff, and associated costs, noting that the need to reduce this reliance was being taken forward as a separate workstream, aligned to national work in this area. Members welcomed the ongoing development of this report, which will enhance the Committee's scrutiny of key issues and improve assurance reporting going forward.

4.20   Members considered the annual Staff Governance Monitoring Return draft submission for 2021/22 at the Committee's meeting in September 2022, the national template for which is constructed around the five Staff Governance strands and seeks to gather information on staff experience and culture. Members were assured that close engagement would be undertaken with a variety of stakeholder groups and staff-side to help gather the information and data used to populate the return, prior to its formal submission to Scottish Government in November 2022. The feedback from Scottish Government from the previous year's exercise was also considered, which identified particular areas of focus for subsequent plans. Delegated authority for formal approval of the final return was given to the Committee Chair and Employee Director, in order to meet the Scottish Government's deadline of 18 November 2022.

4.21   As part of its work in addressing across its agenda items the Staff Governance Standard, the Committee has received a number of presentations and papers on the strand 'Provided an improved and safe working environment', promoting the health and wellbeing of staff,

patients and the wider community, facilitated by the attendance of the Director of Property & Asset Management's attendance for these items. The updates detailed the work being undertaken by the Estates & Facilities, Health & Safety, Property and Capital Development teams within the wider directorate to provide a continuously improving working environment for staff. The Health & Safety Sub-Committee, which reports formally into the Clinical Governance Committee, is the standing governance committee leading on this work. A range of risk-specific groups (such as the Water Safety Group, Decontamination Group, etc.) provide specialist oversight, with close working with a number of Fife-wide services such as Infection Prevention & Control.

A further update was given in January 2023, focussed on the forming of a new multidisciplinary Steering Group on preventing workplace-related stress, utilising a 'Talking Toolkit' provided by the Health & Safety Executive. Staff from the Property & Asset Management team have piloted the training directly and the plan is that this approach will be rolled out across priority areas, as detailed at the March 2023 meeting. Further reflection on the implementation of this initiative will feature in this year's Committee agendas.

4.22   The Committee has held a series of dedicated Development Sessions, allowing members to gain a greater understanding and to receive detailed briefings on a number of topics. In October 2022, the Committee had a detailed briefing on the Staff Governance Standard, including information on how coverage of this is part of the Committee's annual cycle of business and also further detail on the way in which partnership working is embedded across NHS Fife and Fife H&SCP. In February 2023, members were pleased to welcome colleagues to speak on the topic of Values Based Reflective Practice, being led by staff from the Spiritual Care service. At the same session, an employee story detailing the return to work plan of a Speech & Language Therapy staff member with complex management of attendance was discussed by the Committee.

4.23   Members have considered annual reports on the subjects of: (i) the Occupational Health & Wellbeing Service (detailing its activities in support of the pandemic and its business-as-usual support); (ii) Volunteering; (iii) Medical Appraisal & Revalidation; (iv) Nursing, Midwifery and Allied Health Professionals; and annual reports from the Local Partnership Forums of both the Acute Services Division & Corporate Directorates and Health & Social Care Partnership, detailing the activities covered during 2021/22 and the priority actions underway by both staff-side groups.

4.24   The Committee considers internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In July 2022, the Committee received the Annual Internal Audit report for 2021/22, with members discussing the comments from the auditors on the areas of workforce succession planning and adequate coverage of the Staff Governance Standard throughout the Committee's yearly workplan. In relation to the latter, in the reporting year improvements have been made to the categorisation of papers to make explicit which Staff Governance Standard each is addressing, as reflected also in the Committee's annual workplan. This signposting will give members improved assurance that the Committee's coverage of agenda items throughout the year delivers on the Standard's categories. Over the course of the year, the Committee has received individual papers to demonstrate that staff are well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff. The explicit linkages of papers to these distinct areas gives assurance that the Committee's agendas are delivering on all aspects of its remit. Additionally, the regular review of delivery of business against the Committee's workplan ensures that agenda items are promptly rescheduled should any slippage arise. The introduction of Committee Development Sessions is a further way to capture members' input into the business covered across the year, with topics scheduled to address any member requests for greater understanding or training in a particular topic.

4.25   Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives a verbal update at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates.

5.   Best Value

5.1   Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2022/23.

6.   Risk Management

6.1   In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Workforce Sustainability section of the Board Assurance Framework (BAF) and, within the reporting year, the areas of the new Corporate Risk Register aligned to it for regular monitoring. Progress and appropriate actions were duly noted.

6.2   During the course of the year, whilst there has been no change to 'High' rating of the workforce sustainability risks reported to the Committee within the BAF, amendments were made to the linked operational risks. These relate to the risks incurred by a national shortage of radiologists, the loss of a number of consultants in the rheumatology service (a specific paper on this issue was also tabled to the Committee at its September 2022 meeting) and a risk related to nurse and midwifery recruitment. A presentation on nursing and midwifery staffing levels was delivered to the Committee in March 2022, with members scrutinising vacancy levels, the potential for upskilling the existing workforce, possible pension changes influencing uptake of early retirement, and options to reduce reliance on supplementary bank and agency nursing staff. This has been supported in-year with the development of a Band 4 Assistant Practitioner role, as detailed further in a briefing paper considered at the Committee in September 2022 and progressed by the Board over the autumn period. The Committee took assurance that this risk is being actively managed, though noting the national pressures overall on the nursing and midwifery workforce.

6.3   At its meeting in May 2022, the Committee received a progress update report on the risk management improvement programme being undertaken during the reporting year. As part of the process of developing a new Corporate Risk Register to replace the BAF, supporting work has also been undertaken to review the escalation process within the Board structure and to create a risk dashboard for regular reporting through the IPQR. The work has also provided an opportunity to undertake a meaningful assessment of strategic-level risks and to strengthen these, particularly in the areas linked to the delivery of the new organisational strategy, lack of resources (both workforce and capital) to deliver on its ambitions, equality and diversity-related measures, and to explicitly reference sustainability and climate change workstreams. Linkages to the Board's overall risk appetite have been discussed with members, noting that for those individual metrics currently facing a risk profile in excess of the Board's agreed appetite, a degree of tolerance has been agreed, given the scale of external challenges at this time.

6.4   The replacement of the BAF by the Corporate Risk Register has allowed for revision of the key strategic risks reported to the Board, along with presentation improvements to aid clarity of members' understanding. The Committee considered the full set of draft Corporate

Strategic Risks at its meeting in September 2022, noting the proposed 18 risks, their mapping against the Board's strategic priorities, and the proposed visual presentation of these in report form. It is noted that refinement of these will continue over the coming year, as the new risk presentation beds in. The risks aligned specifically to the Staff Governance Committee cover the areas of workforce planning and delivery, and staff health and wellbeing. In addition to the summary presentation of the aligned risks at all meetings since January 2023, members have received deep-dive information on workforce planning for nursing and midwifery staffing levels, and personal development and performance review in March 2023, with in-depth review of bank and agency spend and utilisation scheduled for May 2023. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. This aspect of the new risk management approach is expected to mature in the year ahead, to provide members with the necessary levels of assurance on the effectiveness of mitigating actions.

6.5 The risk level for the metrics aligned to the Staff Governance Committee have remained high throughout the year, reflecting the intense levels of activity in health and social care and the pressures put upon staff thereupon. The Committee has reviewed through a series of agenda items possible mitigating actions, including recruitment initiatives (such as the Band 4 Assistant Practitioner roles and support for local employment programmes, as part of the Board's Anchor Institution ambitions) and detail on the raft of staff health and wellbeing activities put in place to help support staff. Nevertheless, both the sickness absence and vacancy level measures give an indication of the challenges facing the Board, with a continuing risk that safe staffing, particularly in nursing and midwifery, cannot be achieved, which is a position similar to many other territorial boards across Scotland. The deep-dive exercise undertaken by the Committee in January 2023 is an attempt to consider issues such as these in more detail, with members' scrutiny and debate of possible mitigating actions and reflection on the effectiveness of those already in place. This approach is expected to mature in the year ahead.

7. Self Assessment

7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2022/23 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2023 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

8. Conclusion

8.1 As Chair of the Staff Governance Committee during financial year 2022/23, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has also taken assurance that, through the full delivery of its annual workplan, there is evidence of the Committee addressing full coverage of the strands of the Staff Governance Standard. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.

8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee, staff-side colleagues and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee.

8.3 In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, as demand and services continue to see the legacy effects of the Coronavirus pandemic and a general backlog of treatment. All Committee members and I

continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff, at what continues to be a difficult period of exceptional demand on our Acute and H&SCP services. We all remain in their debt.

Signed: Date: ** May 2023

Sinead Braiden, Chair
On behalf of the Staff Governance Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2021 – 31 MARCH 2023

Present	12.05.22	14.07.22	01.09.22	10.11.22	12.01.23	09.03.23
S Braiden, Non-Executive Member **(Chair)**	✓	✓	✓	✓	✓	x
W Brown, Employee Director	✓	✓	✓	x	✓	x
S Fevre, Co-Chair, H&SCP Local Partnership Forum	✓	✓	✓	✓	✓	✓
C Grieve, Non-Executive Member				✓	✓	✓
K Macdonald, Non-Executive Member	X	✓	x	✓	✓	x
M Mahmood, Non-Executive Member	✓	x	✓			
A Morris, Non-Executive Member	✓	x	✓	✓	✓	✓
J Kennan, Director of Nursing	✓	✓	✓	✓	✓	x
C Potter, Chief Executive	✓	✓	✓	✓	✓	✓
A Verrecchia, Co-Chair, Acute Services Division Local Partnership Forum	✓	x	✓	✓	x	x
In attendance						
K Berchtenbreiter, Head of Workforce Development	X	✓	✓	✓		
H Bett, Interim Senior Manager, HSCP			✓			
N Connor, Director of Health & Social Care	✓	✓	x	✓	✓	✓
P Cumming, Risk Manager	✓ Item 5.3			✓		
C Dobson, Director of Acute Services	✓	✓	✓	✓	✓	✓
L Douglas, Director of Workforce **(Exec Lead)**	✓	✓	✓	✓		
S Fraser, Associate Director of Planning & Performance	✓ Item 7.3	✓ Item 7.1 & 7.2		✓	✓	✓
R Lawrence, Workforce & OD Lead for the HSCP		✓ Item 6.2				
N McCormick, Director of Property & Asset Management			✓		✓	
M McGurk, Director of Finance & Strategy and Deputy Chief Executive	✓	✓	✓	✓	✓	✓
G MacIntosh, Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
S McCormack, Associate Medical Director for Emergency Care and Planned Care						✓
D Miller, Director of Workforce					✓	✓
S Raynor, Head of Workforce Resourcing and Relations	✓	✓	✓	✓	✓	x

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K Reith, Deputy Director of Workforce	✓	✓	✓	✓	✓	✓
N Robertson, Associate Director of Nursing						✓
J Tomlinson, Director of Public Health						✓ Item 7.4
R Waugh, Head of Workforce Planning and Staff Wellbeing	✓	✓	✓	✓	✓	✓

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Best Value Framework

Vision and Leadership

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

REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife acts in accordance with its values, positively promotes and measures a culture of ethical behaviours and encourages staff to report breaches of its values.	Whistleblowing Policy Code of Corporate Governance	**BOARD** **STAFF GOVERNANCE COMMITTEE**	Annual	Whistleblowing Champion appointed as a Board member and a member of this Committee Regular quarterly reporting on Whistleblowing activity and discussion on how this reporting can be enhanced and expanded Model Code of Conduct included in annually reviewed Code of Corporate Governance

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

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GOVERNANCE AND ACCOUNTABILITY

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

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

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

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REQUIREMENT	MEASURE / EXPECTED OUTCOME	RESPONSIBILITY	TIMESCALE	OUTCOME / EVIDENCE
NHS Fife can demonstrate that it has clear mechanisms for receiving feedback from staff and responds positively to issues raised.	Annual feedback Individual feedback	**CLINICAL GOVERNANCE COMMITTEE**	Annual	Annual Review with Ministers
			Ongoing	Care Opinion
			Quarterly	Regular meetings with MPs/MSPs
		STAFF GOVERNANCE COMMITTEE	Bi-monthly	Integrated Performance & Quality Report
			Annual	iMatter survey (local and national) Reports
			Ongoing	Adverse Event reporting (Datix) and review.
			Quarterly and Annually	Whistleblowing Reporting
			Ongoing	Workforce Information Overview

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USE OF RESOURCES

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

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

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

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

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PERFORMANCE MANAGEMENT

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

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

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

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

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CROSS-CUTTING THEME – SUSTAINABILITY

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

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

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

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

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

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

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

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CROSS-CUTTING THEME – EQUALITY

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

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

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

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

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

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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 11 May 2023**
Title:	**Update on Corporate Risks Aligned to the Committee, incorporating Deep Dive: Bank and Agency Work**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Pauline Cumming, Risk Manager**

1.   Purpose

This report is presented for:
- Assurance

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 as part of the third cycle of reporting on the corporate risks to the governance committees. It provides an update on the current status of the risks aligned to this Committee since the last report on 9 March 2023.

2.2 Background

The Corporate Risk Register aligns to the 4 strategic priorities. The format is intended to prompt scrutiny and discussion around the level of assurance provided on the risks and their management, including the effectiveness of mitigations in terms of:

- relevance
- proportionality
- reliability
- sufficiency

2.3 Assessment

NHS Fife Strategic Risk Profile

As previously reported, the overall Strategic Risk Profile contains 18 risks:

- No risks have been closed.
- No new risks have been identified.
- Increased risk - 1 high level risk aligned to the Clinical Governance Committee: Access to outpatient, diagnostic & treatment services - increased rating. Likelihood (L) x Consequence (C) from 16 {likely (4) x major (4)} to 20 {almost certain (5) x major (4)}.
- 1 moderate level risk aligned to the Public Health & Wellbeing Committee has increased its risk target rating: Population Health & Wellbeing Strategy from Moderate 8 to Moderate 12.

The Committee is asked to note, that as previously reported, the majority of the risks remain outwith risk appetite; this reflects the current organisational context and the on-going challenges across all areas of service delivery.

The updated Strategic Risk Profile is provided at Table 1 below:

Table 1 Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◄►	**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	13	5	0	0	

Summary Statement on Risk Profile
The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite. Mitigations are in place to support management of risk over time with some risks requiring daily assessment. Assessment of corporate risk performance and improvement trajectory remains 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 2 below and at Appendix 1.

Table 2 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	Mitigations updated for Risks 11 and 12. Risk target scores and timescales revised and reset for 2025.

Key Updates

Risk Rating and Level

The current risk ratings and levels are unchanged from the last report on 9 March 2023.

Risk Target

The Committee is asked to note that the Risk Target component of the Register has been amended. Following a review by the Director of Finance and Strategy, the Associate Director of Digital and Information, and the Risk Manager, it was agreed that to be more meaningful, this should be modified to allow the target timescale to be set at the risk owner's discretion rather than fixed at year end.

Risk owners were asked to consider the current and target risk scores to ensure these realistically reflect the risks, and the extent to which these can be mitigated towards target in the current and foreseeable challenging climate.

The target rating and timescale for Risks 11 and 12 have been revised accordingly; details are reflected within Appendix 1.

Deep Dive Reviews

Deep Dives will continue to be commissioned for specific risks via the following routes:

- Governance Committees
- Executive Directors' Group (EDG)
- Risks & Opportunities Group (ROG) with recommendations into EDG

Risk Selected for "Deep Dive"

At the meeting of the Committee on 9 March 2023, members requested a Deep Dive review to be prepared on the risk associated with the use of Bank and Agency staff and the associated financial consequences; this is provided at Appendix 2. Further details will be provided via the presentation of this programme of work at the meeting.

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

Next Steps

Assurance

At the inception of reporting on the corporate risks to the governance committees, it was recognised that the Register and the associated 'assurance framework' would evolve and be subject to further refinement and development. It was agreed that it would be appropriate to take stock after three to four reporting cycles, allowing time for the new approach to gain traction, and to elicit and consider Committee feedback to inform further developments.

The feedback to date has been generally positive. There is consensus on the need to improve the mechanism for providing more specific information on which to base an assurance opinion i.e. supporting assurance evidence on the effectiveness of the controls and mitigating actions in place for risks.

As we enter the fourth cycle of reporting, the ROG has been asked to develop the assurance component around the corporate risks and to explore a model that allows provision of appropriate levels of assurance. The Group has also been asked to consider a mechanism for clearly defining specific levels of assurance, linked to the impact of risk mitigation, to be used in conjunction with the existing Assurance Principles (Appendix 3). This should enable an explicit conclusion to be reached on the overarching level of assurance provided by the risk owner and received by a committee.

Details of a proposed approach will be recommended to EDG in a Risks & Opportunities Group Progress Report on 4 May 2023.

The Corporate Risk Register will continue to be updated between each committee cycle, including through review at the ROG and recommendations to EDG. This process will take note of each Committee's feedback, and use this to enhance future reports.

Connecting to Key Strategic Workstreams

The ROG will continue to develop its role in considering emergent risks and opportunities arising in particular, from the Population Health and Wellbeing Strategy, the Strategic Planning and Resource Allocation process and the Annual Delivery Plan, in order to recommend changes or additions to the corporate risks.

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 with stakeholders, including the ROG on 4 April 2023.

2.3.8 Route to the Meeting

- David Miller, Director of Workforce on 26 April 2023
- Sandra Raynor, Head of Workforce Resourcing and Relations on 26 April 2023
- Kevin Reith, Deputy Director of Workforce on 26 April 2023
- Rhona Waugh, Head of Workforce Planning and Wellbeing on 26 April 2023

2.4   Recommendation

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

The Committee is invited to:

- Note the Corporate Risk detail set out within Appendix 1 as at 25 April 2023;
- Consider the Deep Dive Review set out within Appendix 2;
- Review all information provided against the Assurance Principles within Appendix 3;
- Consider and be assured of the mitigating actions to improve the risk levels;
- Conclude and comment on the assurance derived from the report; and
- Identify which risk(s) are requested for a deep dive at the next Staff Governance Committee meeting.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1 – Summary of Corporate Risks Aligned to the Staff Governance Committee as at 25 April 2023
- Appendix 2 – Deep Dive: Bank and Agency Programme
- Appendix 3 – Assurance Principles

Report Contact:

Pauline Cumming
Risk Manager, NHS Fife
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Summary of Corporate Risks Aligned to the Staff Governance Committee as at 25 April 2023

		To improve staff experience and wellbeing						
	Risk	**Mitigation**	**Risk Level**	**Target Risk Level by Mar 2023**	**Target Risk Level & Rating by dd/mm/yy**	**Risk Level Trend**	**Risk Owner**	**Primary Committee**
11	**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.	Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned service based workforce plans. Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health & Social Care Strategic Plan for 2019 to 2022 and the integration agenda. 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 12	Mod 8 by 31/03/25	◄►	Director of Workforce	Staff Governance

		Harvesting and analysis of SPRA data is underway, so that Directorate and Service based workforce plans can be completed by the end of Quarter 2 of 2023/2024. Allowing mapping of Corporate priorities to the Strategic Planning & Resource Allocation (SPRA) submissions, identifying impacts on the future shape of the staffing complement, and highlight any sustainability pressures.						
12	**Staff Health and Wellbeing** There is a risk that if due to a limited workforce supply and system pressure, 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, development and retention of staff. The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, was published in December 2022. Consideration of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, to develop Action Plan.	High 16	Mod 12	Mod 8 by 31/03/25	◄►	Director of Workforce	Staff Governance

Risk Movement Key

▲   Improved - Risk Decreased
◄► No Change
▼   Deteriorated - Risk Increased

Appendix 2 DEEP DIVE REVIEW for Staff Governance Committee on 11/05/2023

Corporate Risk Title	Bank & Agency Programme		
Strategic Priority	To improve the quality of health and care services To deliver value and sustainability		
Risk Appetite	**High**		
Risk Description	There is a risk that failure to address the current use and expenditure on bank and agency staffing will have an adverse impact on financial expenditure. There is also a potential impact on the quality of patient care and patient safety arising from an over reliance on bank and agency staff.		
Root Cause (s)	Increased use of and reliance on bank and agency staff driven by service pressures, system demands and absence / vacancy levels.		
Current Risk Rating ([LxC] & Level (e.g. High Moderate, Low)	Likelihood - 4	Consequence - 5	Level - 20
Target Risk Rating([LxC] & Level (e.g. High, Moderate, Low)	Likelihood - 3	Consequence – 4	Level - 12

Management Actions (current)	
Action	**Status**
Establishment of Bank & Agency Programme Board established with the aim of prioritising a robust, efficient and effective bank and agency management model.	**Completed**
Oversee review of Bank & Agency staffing arrangements.	**On Track**
Develop improved model of operation.	**On Track**
Establishment of work streams: Finance, Workforce and Communication & Engagement.	**On Track**
Implement SG Supplementary Staffing – Agency Controls from 1 June 2023.	**On Track**
Reduce Bank & Agency spend in 2023/2024.	**Significant Level of Delivery Challenge**

Management Actions (future)	
Action	**Status**
Regular workstream reporting to weekly Programme Board for assurance and approval, with agreed assistance directed to areas which most require support, from May 2023.	**On Track**
Compliance and sustainability of progress in all areas.	**Not Started**
Further reduction in Bank & Agency spend in 2024/2025.	**Not Started**

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

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

Diagram produced by NHS Lanarkshire based on principles compiled by the Assurance Mapping Group of members of Boards covered by the FTF Internal Audit Service, 2022 Page 1

1/1   48/163

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 11 May 2023**
Title:	**Whistleblowing Quarter 4 Report for 2022 / 2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Sandra Raynor, Head of Workforce Resourcing and Relations**

1. Purpose

This is presented to Staff Governance Committee for:
- Assurance

This report relates to a:
- Government policy / directive
- Legal requirement

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
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- 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

The National Whistleblowing Standards (the Standards) were introduced on 1 April 2021. The Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage record and report whistleblowing concerns.

2.2 Background

This report is to provide Executive Director Group members with an update on whistleblowing concerns, anonymous / unnamed concerns, local press articles related to whistleblowing, assurance on awareness raising of the standards and data on the training modules undertaken between 1 January 2023 to 31 March 2023 (Q4).

2.3 Assessment

NHS Fife received no whistleblowing concerns during the fourth quarter reporting period within NHS Fife, primary care providers and contracted services.

As verbally reported to the last Staff Governance Committee a Whistleblowing Concern lodged within Quarter 3 after the reporting cycle closed is now detailed within Appendix 1.

Under the terms of the Standards, for both stage 1 and stage 2 concerns, there is the ability, in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for stage 2 concerns an update on the progress must be provided every 20 days.

An extension had been approved for the whistleblowing concern received during Quarter 3 to allow time for an investigation to take place over the festive period, taking into account associated annual leave of key staff / witnesses involved.

The whistleblower had been advised of the need to extend the timescale and had been kept up-to-date with the progress of the investigation into their concerns throughout the process.

Anonymous / Unnamed Concerns Reporting

NHS Fife received two Anonymous Concerns and one Unnamed Concern during the fourth quarter reporting period.

Local Press Coverage

We are cognisant of what has been reported in local press coverage and how this informs our practice, therefore, we intend to report quarterly on any press coverage. There was one Whistleblowing article published in the local newspaper during the fourth quarter.

Awareness Raising and Training

NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. INWO updates continue to encourage the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access, which we continue to promote.

The Quarter 4 data report referred to above is attached at Appendix 1, for information.

2.3.1 Quality / Patient Care

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

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

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork. These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

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.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2022 / 2023 quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

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

2.4   Recommendation

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

- There were no whistleblowing concerns received in Q4, with a retrospective Q3 case being reported; two Anonymous Concerns and one Unnamed Concern received; one whistleblowing article was published in the local newspaper; assurance of awareness and the whistleblowing training undertaken during Quarter 4.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, assurance of awareness of standards and Whistleblowing Training undertaken during Quarter 4 (1 January 2023 to 31 March 2023), including a retrospective Q3 case

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
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Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Assurance of Awareness of Standards and Whistleblowing Training Undertaken During Quarter 4: 1 January 2023 to 31 March 2023, including a retrospective Q3 case

1.   Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report will demonstrate our performance in the national key indicators, as required by the INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes.

2.   Whistleblowing Concerns Received During Quarter 4

There were no Whistleblowing concerns received during Quarter 4, however a concern was received and recorded retrospectively in Q3:

Quarter 1 1 April 2022 to 30 June 2022	Theme	Division	Service
Nil			
Quarter 2 1 July 2022 to 30 September 2022	Theme	Division	Service
Nil			
Quarter 3 1 October 2022 to 31 December 2022	Theme	Division	Service
Concern 1	**Patient Information (Records/Documentation/Tests/Results)**	**Corporate Services**	**Pharmacy**
Quarter 4 1 January 2023 to 31 March 2023	Theme	Division	Service
Nil			

Overview / Additional Detail: Concern 1, Q3

Current Stage	Stage 1
First received	18/11/2022
Days at Stage One	49
Closed date	06/02/2023
Service Area (s)	Corporate Directorates

Does this whistleblowing concern relate to any issue of patient safety
Patient information (records/documentation/tests/results)
Has the person raising the concern experienced any detriment?
No
How was the whistleblowing concern received?
Received by e-mail
Was this escalated from Early Resolution (Stage 1)?

No	
Is this whistleblowing concern being raised on behalf of another person?	
No	
Date logged on Datix	
06/02/2023	
Date the event occurred? (if known)	
18/11/2022	
Date Closed	
06/02/2023	
Outcome - Early Resolution (Stage 1)	
Not upheld	
Outcome - Investigation (Stage 2)	
N/A	
What key themes and trends were identified in relation to this whistleblowing concern?	
Patient has not sufficient information to give informed consent to a procedure.	

3. Anonymous / Unnamed Concerns Received During Quarter 4

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous / unnamed concerns should be recorded for management information purposes. The definition of an anonymous concern is "a concern which has been shared with the organisation in such a way that nobody knows who provided the information". Alternatively, someone may raise a concern with the organisation, but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern' (someone is aware of their identity, so it is not completely anonymous).

There were two Anonymous Concerns and one Unnamed Concern received during Quarter 4:

Quarter 1 1 April 2022 to 30 June 2022	Theme	Division
Nil		
Quarter 2 1 July 2022 to 30 September 2022	Theme	Division
Nil		
Quarter 3 1 October 2022 to 31 December 2022	Theme	Division
Nil		
Quarter 4 1 January 2023 to 31 March 2023	Theme	Division
Anonymous Concern 1	Inappropriate Behaviours	Community Care Services
Anonymous Concern 2	Culture and Values	Corporate Services
Unnamed Concern 1	Confidentiality	Corporate Services

4. Local Press Coverage During Quarter 4

There was one Whistleblowing article published in the local newspaper during Quarter 4:

Theme	Quarter 1 1 April 2022 to 30 June 2022	Theme	Quarter 2 1 July 2022 to 30 September 2022
Staffing Pressures	One	Staffing Levels	One

Theme	Quarter 3 1 October 2022 to 31 December 2022	Theme	Quarter 4 1 January 2023 to 31 March 2023
	Nil	Workforce Pressures	One

In response, a spokesperson for NHS Fife provided the following:

"Healthcare services in Fife, and our Emergency Department in particular, remain under unprecedented pressure. There are clear national criteria which enables NHS Fife to declare a major incident should this be required. In addition, there is also a local escalation framework that staff and services feed into this on a daily basis. This enables us to rapidly evaluate pressures across our clinical services and provide all staff within the multidisciplinary team with instruction on how to manage bed availability, clinical, professional, and staffing concerns to ensure safe effective person-centred care is maintained at all times. We are currently working to alleviate the pressures across the healthcare system and ensure our clinicians can continue to deliver safe patient care. Any decisions made about whether or not to declare a major incident with be made in partnership with senior clinical staff."

5. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards, a questionnaire is being developed to gather this information voluntarily along with the offer to speak to the Whistleblowing Champion.

6. Whistleblowing Themes, Trends and Patterns

This section provides information on themes from whistleblowing concerns being raised and will aid identification of any shared root causes, and to progress learning and improvement in a targeted manner.

The themes and actions identified from the concern lodged in Q3 within Pharmacy are detailed below:-

Theme(s)		Progress / Outcome
1.	Patient information leaflets and process for patient consent.	Review of locally produced leaflets and consent process.
2.	Delay in managing Whistleblowing concern.	Review of process for managing complex Whistleblowing concerns.

7. Whistleblowing Actions Taken

This section provides summary information of the completed actions taken following receipt of the two Whistleblowing Concerns received in Quarter 4 2021/2022:

	Theme(s)	Action(s) Taken
1.	• Failure of Leadership • No evidence of delegation • Lack of development of the workforce • Poor communication structures • Culture of not seeing poor quality care • Incomplete documentation • Requirement for robust induction processes	• HR processes are now completed. • Action plans developed from the recommendations described including staff development, communication and identifying poor quality care. with . • On-going review, implementation and scrutiny of service with significant improvement noted across all identified themes for improvement.
2.	Improving the patient's day	• Use of Activity Co-ordinator has made a significant impact upon the activity level within the wards working with patients/families/carers to improve communications and support work including group and one to one activities arranged across the week. • Investment by the HSCP specifically for dementia friendly improvements. Activity devices along with sensory and activity products to provide meaningful activity within the ward and provide stimulation. • Volunteer support interacting with patients and assisting with activities.
	Creating a more therapeutic environment	• Ward refurbishment completed utilising dementia friendly colours and new dementia friendly flooring is installed and new furniture purchased with sky lights to be installed which will contribute to creating and maintaining a more therapeutic environment.
	Review of meal and menu provision	• Comprehensive review of meal provision for the ward completed. • Development of a menu planner for patients and family to go through on admission.
	Development and implementation of a staff competency framework to provide assurance that all staff are competent and have the required skills and knowledge to deliver care.	• This work is currently underway by the professional heads of nursing as part of the roadmap for all staff working in the service.
	Review of the induction process for new staff and students to ensure that all new persons to the ward are inducted safely and that there is a record of this.	• New appointments made in the ward at the end of 2022. • Staff and students induction which incorporates orientation to the ward and system and process with supervisor sign off. • Quality Improvement and ward staff have compiled a new ward information booklet for patients/relatives and a student handover sheet. • Updated Student and Bank/Agency induction checklists being tested • Newly Qualified Practitioners all have signed up to Flying Start and have had their corporate inductions carried out. • New medical staff checklist will be rolled out mid-April 2023.

8. Independent National Whistleblowing Officer Referrals and Investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there has been one referral to the INWO, as detailed below:

The concerns raised by the complainant was that NHS Fife decided that the concerns raised were not suitable for investigation at Stage 2 of the standards. The INWO concluded, given the context and taking into account the documentation provided by the complainant, that they believed NHS Fife's decision to decline to investigate at Stage 2 was reasonable.

It follows from this that the INWO does not expect NHS Fife to further investigate the concern raised and that the INWO will not be investigating this complaint at this time. This is because the issues raised by the complainant have not completed the whistleblowing procedure of an NHS body with responsibility for these matters, however, INWO do have a role to promote good practice in the handling of whistleblowing concerns by NHS organisations.

Therefore, based on the limited information available to the INWO, it appears there was a delay by NHS Fife in concluding the investigation and it would have been more beneficial if the complainant had been signposted more clearly to other organisations who may have had responsibilities for aspects of the complainant's concerns.

It was recommended that the Board should reflect on the handling of this concern and consider if any steps can be taken to achieve learning and improvement. Following discussions with the Whistleblowing Champion, to address this feedback, a review of the handling of this case and any learning outcomes is scheduled to take place with the key individuals involved.

9. Whistleblowing Training Data

The whistleblowing training data undertaken during 2022 / 2023 is summarised below, noting the training undertaken during Quarter 4 (1 January 2023 to 31 March 2023):

Whistleblowing Trainining Undertaken During 2022/2023

	eLearning - Whistleblowing : an Overview	eLearning - Whistleblowing for line managers/senior managers	Classroom-based Whistleblowing and Prevent Training - Hotel Services
■ Total Number of Completions During Quarter 1 (1/4/22 to 30/6/22)	764	92	0
■ Total Number of Completions During Quarter 2 (1/7/22 to 30/9/22)	363	50	0
■ Total Number of Completions During Quarter 3 (1/10/22 to 31/12/22)	280	40	0
■ Total Number of Completions During Quarter 4 (1/1/23 to 31/3/23)	424	90	0

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 11 May 2023**
Title:	**Staff Governance Standards: Provided with an Improved & Safe Working Environment, promoting the health and wellbeing of staff, patients and the wider community**
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 Staff Governance Standard requirement that staff are:
- 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 previous discussion at the Staff Governance Committee and to the paper presented to the Committee on 12 January 2023, the purpose of this paper is to provide an update on the local work which has been undertaken as a pilot within the Learning Disabilities Service, with a view to alleviating stress in the workplace.

2.3   Assessment

As previously reported, 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), were 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. The 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 was set up to support the development of this initiative across the organisation, to learn from initial pilot areas, ensure a consistent approach and to build on learning across the organisation.

By way of a reminder, 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

Update on Progress:

- In January 2023, Wendy McConville, a Senior Charge Nurse within the Learning Disabilities Service, agreed to pilot the Talking Toolkit in two areas, including an inpatient ward area and a community team setting. The results of the pilot are provided in summary format at Appendix 2.
- The Steering Group met again in April 2023, to understand what the initial feedback has been in respect of the use of the tool in different settings. A comprehensive and detailed overview of the impact of the use of the tool was provided and it was clear from the feedback that this had been a very useful and valued exercise by the staff involved. As such, we have suggested that this is presented in more detail to a future Staff Governance Committee Development Session, so that the Committee can hear firsthand about the use of the Toolkit.
- In March and April 2023, risk assessments and action plans (See Appendix 3 for example) were prepared for both areas which will form the basis of a blueprint for other areas to be able to complete the same exercise.
- It is anticipated that the process will be rolled out to other areas from June 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. This approach is aligned to our Staff Health and Wellbeing Framework and to our staff support ambitions.

2.3.3 Financial

There are currently no immediate financial implications, however, the risk assessments may identify areas where there may be future pressures or environmental changes, which require funding.

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 at this time and has not been identified as being required.

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 Plan is in place to publicise the Staff Health & Wellbeing activities, including 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
- Area Partnership Forum: 25 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
- Appendix 2 – Summary of Learning Disability Team Pilot
- Appendix 3 – Example Action Plan

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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

SUMMARY OUTLINE OF HSE STRESS TOOLKIT PILOT

IN THE LEARNING DISABILITY SERVICE

COMMUNITY LEARNING DISABILITY NURSING TEAMS

There are 5 teams based across 3 offices in Fife. The Behaviour Support Team, Child and Young Peoples team are based in Lynebank, Adult West Team is based at Lynebank and Adult and Liaison services are based at Whyteman's Brae Hospital.

METHOD

Introduction of the Toolkit

Discussions took place mid January to introduce the Toolkit. This was ad hoc discussion with practitioners in each office, at community meetings and at the safety huddle. 'Well being' meetings where then arranged across the three offices and staff were able attended one of these to work through the HSE Stress Toolkit. Those on annual leave, or unable to attend were able to contribute via an online questionnaire (which was developed on MS forms, see attached document).

Six areas (Conversations) covered by the Toolkit include:

- Demands – this includes issues such as workload, work patterns and the work environment
- Control – how much say the person has in the way they do their work
- Support – this includes the encouragement, sponsorship and resources provided by the organisation, line management and colleagues
- Relationships – this includes promoting positive working to avoid conflict and dealing with unacceptable behaviour
- Role – whether people understand their role within the organisation and whether the organisation ensures that they do not have conflicting roles
- Change – how organisational change (large or small) is managed and communicated in the organisation

Number of Staff Involved

In total there are 24 staff across the 5 teams, 19 staff attended the 3 meetings which were 2 hours each in length *(6hrs in total),* facilitated by the 2 SCNs and held across all three offices. 5 questionnaires were completed and returned. Admin support from CLDN team was involved for collating flip chart data *(3hrs over both teams)*.

The 'well being' meetings were set up within the offices and facilitated by the 2 SCNs working across community teams, adult and child.

- The HSE Toolkit for NHS was printed off in A3 and facilitators explained the process and why the Toolkit was being used, the expectations on staff to identify areas of work that impacted on stress and support they feel they need. They were also asked to consider the actions they believe would help to alleviate stress in their work places.

- Facilitators worked through each of the 6 conversations within the Toolkit, encouraging and allowing participants to express their opinions, have open and honest dialogue and for them to feel listened to.
- Facilitators charted responses on a flip chart dividing these into 2 sections, what staff felt was going well and what areas required improvement- with suggested actions required to make improvements. At the end of each conversation, facilitators provided the 'HSE suggested areas' for staff to consider in relation to areas and actions to ensure all was covered.
- Following discussion after the first session, the facilitators felt a questionnaire would support those who maybe felt unable to express their views and those who were on leave or unable to attend this we were hoping to reach out and include everyone. It also gave a opportunity for all to contribute. We were very fortunate to have a member of staff with the skills and knowledge to do this for us. The questionnaire developed in Microsoft 365 forms (see attached copy) and this was circulated to all staff with a copy of the HSE Stress Toolkit and we had a return of 5 completed questionnaires.
- The staff also had the opportunity to discuss in supervision following the events.
- Admin typed up the flip charts and SCNs then developed the draft action plans *(2 hrs to draft and 1 hour to review and update*) from information collected at the face to face sessions and the questionnaires we had received. The draft action plan was circulated to all staff for comments and suggestions and for staff to commit to taking actions forward. Staff were given a 2 week return period to ensure everyone had the opportunity to contribute.
- The action plan was finalised and circulated to staff on 13th April 2023. We have set two new targets for meetings will be held at the end of May/beginning of June then at the end of August 2023 to review progress and celebrate success. The HSE Stress Toolkit action plan will be added to all team meetings to keep it 'live and fluid' and so staff can feel in control of it.

Output

What Staff Felt is Going Well

- Staff are aware for what causes stress and available supports, they have organised breaks , leave is organised and coordinated to ensure cover across teams . The Time for you (reflective proactive) is going well with support from the Chaplin
- Teams are using caseload management tools, RAG rating caseloads and managing these with appropriate skill mix.
- 'How's it going' meetings and safety huddles providing opportunity for team wide support and better risk management.
- Team Meetings and clinical supervision, with wellbeing on the agenda
- Teams felt they manage crisis well

Emerging Themes Staff Highlighted as Needing Some Improvement

- The office environments
- Staff wellbeing, more reflective practice with Chaplin, remove additional stress of continuing to support inpatient services
- Planning of work
- Protected Time for training and a training needs analysis
- Information/data collected
- Role &Job description review
- The lack of information about service wide improvements

- Improved MDT and multiagency working.

The process took approximately two months from inception to completion of the first version of the action plan that was completed on 13/4/2023.

Feedback From Co-Facilitator

'As someone who was involved supporting the facilitation of the group discussions I found it generated interesting and helpful topics within each of the teams. There were common themes throughout, but some variation as well that were team specific.

The fact it was also given to each member of staff individually after the group discussion was positive, in that it gave everyone an opportunity to be open and honest, without the pressure of speaking within a group setting.
I liked the topic headings and the wording of them as it provided transparency in addressing some potentially tricky subjects.

It will be interesting to see how the action plan develops. I have already had staff come to me with ideas, and asking to meet to discuss how we take these forward.

It has been an interesting pilot, and hope this exercise can be repeated as part of ongoing communication and collaboration across the teams. It was also helpful to identify what support is required from senior managers for some elements.

Feedback From Those Involved

West Team Feedback

Being part of the development and implementation of the stress kit highlighted and reinforced management commitment to supporting the staff in a positive manner. It offered the opportunity to be heard and feel as though you were part of the journey. It was encouraging to hear that problems were not your own and others could offer support in managing this. Problems became workable solutions.

There were also signs of cultural change following the meetings, including:

Clearer communication between managers and staff

- Greater ownership of change
- Increased recognition of the need to encourage peer support
- Improved communication within the organisation
- Improvements in constructive and positive feedback throughout the organisation

'I enjoyed the session looking at the Stress Toolkit. All views were respected and I felt listened too. Also very informative.

It was good to hear what others felt about stress as it gave me signs/ clues of what to look out for in my colleagues, enabling me to help/assist in lowering stress levels in the working environment.'
'I felt being part of the stress tool kit was beneficial and felt valued as part of the team and would find this very beneficial to be used during supervision.'

Children and Young Peoples Team Feedback

The Stress Toolkit sessions you delivered to staff across areas where really valuable. It allowed people the opportunity to openly discuss how they feel in relation to work place stressors and offer ideas on how to relieve stress.

I found it interesting from the perspective of supervising staff what the common themes of discussions are. It will help steer conversations during supervision to ensure staff's wellbeing needs are being met in a timely manner.

The questionnaire which was sent out afterwards was really important. Not all staff are comfortable sharing how they feel in a group setting. This gave that group of people a chance to have their say too.

We are in a privileged position in the community that we have a very supportive team and management.

East Team Process and Progress Feedback

The team felt informed about what the aim of Stress Toolkit was and felt involved throughout the process.

This was discussed initially within the team to look at the East environmental and caseload factors which we experience.

Opportunity was arranged to ensure that all staff were able to attend discussion sessions with the team SCN, to document what impacted on stress levels within the workplace and factors out with, which contributed to the development of the finalised Toolkit.

Staff fed back that they felt that they had been able to contribute openly and honestly and that that relevant factors were acknowledged.

The Toolkit highlights general and specific team factors that we can address and as a Band 6 allows us to continually monitor and review what strategies have been identified to support staff in general and with specific factors in promoting wellbeing approaches.

Initial actions taken from the development of the Toolkit are that we have added protected time to staff's diaries on an ongoing rota, which is currently looking at 4hours every 8 weeks to give the opportunity to keep training updated.

The daily morning HIG meetings have been beneficial in planning the day ahead in supporting each other within the team and promoting effective team working.

The Health and Wellbeing folders are now in place which gives staff easy access to relevant resources and links for networking.

There is forward planning to review admin processes and other relevant service development issues whilst at the same time being aware and mindful of how we progress with this and the impact on the workforce.

Implementation of Pilot in Learning Disability Inpatient – Tayview Ward

Tayview is a bespoke ward for two very different patients who each present with different challenges for the service.

Discussions took place at the end of February/beginning of March 2023 to introduce the Toolkit. This was discussion with the SCN initially and then was taken forward by the SCN and CN on the ward. Sessions where arranged across a two week period to try and reach out to and involve as many staff as possible. Staff who were unable attended a session or those on annual leave, were unable to do so via an online questionnaire (see attached document).

Number of Staff Involved

In total 11 of 16 staff attended the 4 meetings which were 1.5 to 2 hours each in length, facilitated by the 2 SCNs and held across all three offices. 6 questionnaires completed and returned (this included 2 bank staff) . Admin support from CLDN team was involved for collating flip chart data.

The 'well being' meetings were set up on the ward and facilitated by the 2 SCNs 1 from the area and 1 from the community.

The process was the same as Community and the action plan is due to be finalised 27/4/2023 and will be circulated to staff and for the SCN and C/N to take forward week commencing 1st May 2023. It took approximately 1.5hrs per session as there were less staff at each session *(total 6hrs)*

Output

What Staff Felt is Going Well

- Communication good across shifts and team is supportive, handovers
- Training is manageable
- Effective and supportive MDT Plan throughout working day
- Flexibility in work pattern
- HiG meetings good for knowing what's going on being included
- We receive great support from the CPI Trainer / V&A coordinator and undertake diffusions / debriefings
- Feel listened to and included in decisions making. Our opinions are valued
- Opportunity for Rotation- reduces stress of working in other areas (can be isolating in Tayview)
- Staff feel valued and included when working with AHPs
- SCN inclusive of reaching out to staff to explore ideas about taking patients forward to meeting their goals. Staff feel supported to make improvements to practice.

Emerging Themes Staff Highlighted as Needing Some Improvement

- Factor in Time for supervision, HIGs for staff (breaks etc, training, outings, reduces stress) and scheduled time for appraisal
- Organise Regular staff meetings (scheduled)
- More staff during the day 9-5 to facilitate patient community access Consistent (known to patient) staff & more Hig meetings
- Role and Job descriptions, Career progression- opportunity for band 4 and   support for development - use of skill

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- Task allocation review over 3 shifts Task allocation incorporates 'skills' so appropriate employee allocated as per skill HCSW could be doing more, be more involved, take initiative
- Consistency checking with behaviour support plans

The process took approximately two months from inception to completion of the first version of the action plan that was completed on 27/4/2023.

Feedback from Co-Facilitators

'I found the experience helpful, it was nice to see so many positive comments.

The tool fits in well with 'iMatters', what matters to you and the reflective practices we would already encourage.

The downside is the recurring themes with where further actions are require.'

Feedback From Those Involved

Tayview Team Feedback

'Our team felt that the meetings were beneficial and gave them a safe space to discuss what stressors they experience in the workplace and how and what we as a team can do to alleviate it. Being involved and able to contribute as an individual as well as part of the team, everyone getting a say and listened to.
HIG meetings continuing, staff were in agreement that this was something that supported them and helped deal with stressful situations.'

'Felt it went well we were able to say how we felt and we were listened too'

'A bit uncomfortable with own SCN however able to say what I couldn't say via the questionnaire if I wanted.'

Overall Reflections on the Pilot

What Went Well

- Setting the scene was important, explaining the Toolkit and how it empowers staff. The tool needs to be delivered in solution focused way.

- Staff appeared to be able to open up and speak honestly and openly about what they felt were stressing them and work and also from out with work.

- Meeting in small groups and with 2 facilitators helped to capture the stories and information but also to demonstrate to the staff seniors are open to listening and acting on any concern raised. Also that their stories are being heard and the difficulties acknowledged.

- The sessions also allowed staff to share in the successes and to celebrate what they are doing well.

- 1.5 to 2 hour sessions are long enough.

- The use of the forms helped to engage everyone and to capture those who could not come along to sessions.

- The 2 month period from beginning the process to implementing the agreed action plan is a good time frame. This allows for preparation, organisation and support for the process allowing staff to engage and consider solutions.

- Factoring in reviews is important for keeping the momentum going and keeping staff engaged.

- It took approximately **14hrs total facilitation and admin for each team** to produce the action plans. Time in between sessions is required for staff to read, reflect and engage with taking the information forward.

- Senior staff facilitating the sessions were able to listen to the staff, reflect on areas which may have ordinarily been difficult to hear and also work with the staff to generate solutions on the ideas they presented.

What Could Be Better

- The questions are quite repetitive and we need to be mindful when action planning that actions can be met across all six conversation areas. The action plan template could possibly be linked where actions overlap.

- Admin support is required to support the timely progression of the data and action planning. Having this identified and readily available helps speed up the process,

- Evening sessions could have captured the night shift workers better in inpatient.

- This was a nursing exercise and opening it up to MDTs for each area may be beneficial for both staff and patient outcomes.

HSE Talking toolkit action plan for reducing / eliminating stress work related stressors in NHS Fife Community Learning Disability Nursing 2023

What are the hazards	Who might be harmed and how	What are we already doing	What further action is necessary	Action by who	Action by when?	Completion date
Demands	CLDN Students All staff dealing with complex cases Patients • Risk of mismanagement of cases and nursing interventions • Patients not receiving the appropriate care and treatment within timescale • Staff absence increased, staff under undue stress at work which impacts in mental and physical health • Trauma experienced by staff & by patients in distress who	Understanding work related stress and what can cause it. Staff are aware of supports available SCNs door always open Making sure staff have: • Appropriate caseload as per skill mix- Using caseload management tools, PDPs and RAG rating scales. • Community Safety Huddle • Escalation process and use of SBAR for highlighting complex cases and support required. • Morning How's it going meetings • Regular managerial supervision • Clinical supervision • Regular team meeting with well being on the agenda • Community meetings with well being on the agenda	1. Improved planning of work to manage demands, access for all to time management & incorporate into induction course 2. Review & redefine need for support inpatient in inpatient 3. Review and scope admin support and requirements across all teams; Submit SBAR for appropriate number of hours of admin support across all nursing teams 4. Continue with move to MORSE & ensure appropriate support within teams. 5. Continue raise awareness of stress and available support via the staff wellbeing support group. 6. Improvements to two office environments	**Cindy Wilkinson** **Lesley Ferguson** **Claire McCulloch & band 6 staff** **Louise Howie Yvonne Collins** Darren Mackie **Joanne Wood &**	**31/8/2023** **31/8/2023** **31/5/2023** **Review monthly 31/8/2023** Monthly review **31/8/2023**	

HSE Talking toolkit action plan for reducing / eliminating stress work related stressors in NHS Fife Community Learning Disability Nursing 2023

What are the hazards	Who might be harmed and how	What are we already doing	What further action is necessary	Action by who	Action by when?	Completion date
	have poor quality care	- Senior nursing meeting with Staff Well being on the agenda. - Monitoring of absence, return to works and individual supportive plans if required. - Managing Crisis well. - Weekly community multidisciplinary meetings- all services - System for allocating students across the teams	& identification of space for meetings. 7. Improved communication with Social Work Colleagues & others in MDT 8. Consider protected ½ day per month for learning.	**Dougie McHale** **Darren Mackie** **Implemented in east team & Liaison Fridays** **West team Tuesdays** **BST & others** **Child still to arrange**	**31/8/2023** **14/4/2023** **17/4/2023** **24/4/2023** ?	
			9. Re introduction of data collection on team performance and presentation at band 6 meetings. Inclusive of stress indicator measurement	Dougie McHale, Liam Christie, Ann Marie Carrigan & Cindy Wilkinson	Review at monthly band 6 meeting	
Control	CLDN Students All staff dealing with complex cases Patients	- Annual Team development day in Child services - Organisation of workload is self	1. Raise awareness of LD service developments by sharing Minutes of service wide	Alison McPherson + LDMT minutes	Ongoing	

HSE Talking toolkit action plan for reducing / eliminating stress work related stressors in NHS Fife Community Learning Disability Nursing 2023

What are the hazards	Who might be harmed and how	What are we already doing	What further action is necessary	Action by who	Action by when?	Completion date
	Staff feeling de motivated and unwell due to physical and mental impact of pressures leading to high absence, poor quality care and high staff turnover	determined, staff manage their own diaries and appointments. • Staff are consulted with changes in the community nursing teams. • Organised break times • Annual leave organised and flexible to ensure cover across cases during periods of absence.	meetings (service developments) to be available to staff. 2. All offices to adopt a trial of the morning 'how's it going meetings' 3. Develop Improved links with social work Meeting 4. Reduce additional pressure from supporting inpatient services. 5. Senior management to join team meetings to gain an understanding of the changing roles and work being undertaken 6. Revisit the role of the learning disability nursing in community- adult and child. 7. Improved admin support to release time to case.	**Darren Mackie Liam Christie** **Lesley Ferguson** **FR Joined band 6 meeting** **Lesley F & Dougie Mc** **Claire McCulloch & D McHale** **All staff- meetings to be face to**	**Complete** **Ongoing Review 31/8/2023** **31 August 2023** **Review 31 August 2023** **30th July 2023** **31st May 2023** **Review 31st May 2023**	**31/3/2023**

HSE Talking toolkit action plan for reducing / eliminating stress work related stressors in NHS Fife Community Learning Disability Nursing 2023

What are the hazards	Who might be harmed and how	What are we already doing	What further action is necessary	Action by who	Action by when?	Completion date
			Streamline team admin processes. 8. Promote Increased face to face meetings and reduce the use of technology.	face where possible		
Support	CLDN Students All staff dealing with complex cases Patients As previous	• Clinical and managerial supervision • Time for you group, 6 people accessing (chaplain), Plan for a second group • Staff feel they have opportunities to discuss concerns within the team and at meetings • Morning How's it going meetings • Positive culture fostered within the teams Team working, flexibility and support from Colleagues • Staff are supported at local level	1. Developing a culture of support 2. Arrange second cohort for time for you group 3. Training for supervisors to recognise the signs of stress and initiate supportive intervention. 4. Staff well being group to take forward staff packs in each area providing information on stress and where to access support 5. Incorporate lone working, escalation processes & stress	Wellbeing group & community strategy 2 groups now running, complete TBC, well being group to source Janice McFalane Louise Howie Lesley Smith Ann Marie Carrigan & Cindy Wilkinson CmC & WMcC	31st May 2023-04-13 ongoing Complete Review 31/5/2023 Monthly review 31/5/2023 31/5/2023 Ongoing	31/3/2023

HSE Talking toolkit action plan for reducing / eliminating stress work related stressors in NHS Fife Community Learning Disability Nursing 2023

What are the hazards	Who might be harmed and how	What are we already doing	What further action is necessary	Action by who	Action by when?	Completion date
			management into inductions. 6. Senior staff to follow up with individuals when concerns raised 7. Build in stress indicator into supervision	Darren Mackie & CMc	31/5/2023	
Relationships	CLDN Students All staff dealing with complex cases Patients	• Honest and open culture within the community team • Confidence that if issues occur staff know where to go and how to deal with this. • As above re support	1. Ensure all band 6 staff have undertaken turas sessions on once for Scotland policies & consistency in implementing these fairly 2. Ensure staff who raise concerns are given a clear explanation of the process and outcomes 3. Ensure once for Scotland policies and local procedures are incorporated into induction of all staff.	Dougie McHale/ Yvonne Collins- at band 6 meeting All band 6 & 7staff Cindy & Ann Marie	31/5/2023 Ongoing 31/5/2023	

HSE Talking toolkit action plan for reducing / eliminating stress work related stressors in NHS Fife Community Learning Disability Nursing 2023

What are the hazards	Who might be harmed and how	What are we already doing	What further action is necessary	Action by who	Action by when?	Completion date
Role	CLDN Students All staff dealing with complex cases Patients Without clearly define roles and pathways staff are at risk of practicing out with their scope of practice leading to patients receive poor quality or inappropriate care and treatment.	• Staff working in teams with defined areas of practice , behaviour support team, child team etc • Referral pathways available for all teams • Inductions in place for each grad of staff within the different teams	1. Review job descriptions to reflect the changes in roles and responsibilities 2. Review the current team literature and web pages 3. Share developments successes within the teams and across the MCN 4. Clearly define roles within the pathways between psychology and nursing focusing on clinical skill required rather than capacity 5. Review pathways 6. Review capacity and flow 7. Training needs analysis to be carried out and training plan to support	Lead nurse with range of staff McHale Tracey Gilhooley, Lisa Dickinson Lesley Smith Lisa D & Louise H Dougie Those involved with role review SLWG- band 6 Ann Marie Carrigan	31/8/2023 31/5/2023 Ongoing 31/5/2023 TBC TBC 31/5/2023	

HSE Talking toolkit action plan for reducing / eliminating stress work related stressors in NHS Fife Community Learning Disability Nursing 2023

What are the hazards	Who might be harmed and how	What are we already doing	What further action is necessary	Action by who	Action by when?	Completion date
			development implemented 8. Opportunity for networking with other areas to be scoped and promoted , attendance at conference and other learning events to ne supported to improve practice.	Dougie McHale Janice McFalane	31/5/2023	
Change	All staff working in LD community Nursing teams	Access to online updates for NHS Fife & H &SC partnership Monthly meetings with CSM for LD Service Bit size focus for MH service Involved in changes within teams and community team	1. Ensure changes happening in the wider organisation are communicated with the summary of potential impact on community LD nursing. 2. A staff chart for whos who in the LD service 3. Staff to be encouraged in LD service to use a profile picture on emails	Alison McPherson Requested from AMcP Band 6 through supervision Through nurse meeting	Ongoing Review 31/5/2023 Review 31/5/2023 Ongoing	

HSE Talking toolkit action plan for reducing / eliminating stress work related stressors in NHS Fife Community Learning Disability Nursing 2023

What are the hazards	Who might be harmed and how	What are we already doing	What further action is necessary	Action by who	Action by when?	Completion date
			4. Incorporate learning from previous change into any new change and developments. Ie MORSE	FR at Band 6 meeting	**Review 31/8/2023**	
			5. Improved communication about the direction of LD service and developments happening across it.	Ann Marie Carrigan & Lesley Ferguson	**Review 31/5/2023**	
			6. Further consultation with psychology re planning and implementing the training and delivery of psychological interventions such as 'beat it', decider skills etc A service wide strategy required.	Through band 6 meeting	**Ongoing to be added to agenda**	
			7. Evaluating process of any changes made and stress factors			

Autheors Wendy McConville SCN & Claire McCulloch SCN Version 1.0 created on 13th April 2023.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 11 May 2023**
Title:	**Delivery of 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 Staff Governance Standard requirement 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

The Staff Governance Committee approved the Annual Workplan for 2023 / 2024 at the meeting on 9 March 2023. For assurance, the version of 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 or take assurance from during 2023 / 2024.

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 strands 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 2023 / 2024 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 9 March 2023 and those planned for the meeting on 11 May 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 2023 / 2024 since it was presented to committee members on 9 March 2023.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Updated 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: Delivery of Annual Workplan 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**	✓ Deep Dive: Bank & Agency Work	✓	✓	✓	✓	✓
Staff Governance Committee Annual Statement of Assurance 2022 / 2023	**Board Secretary**	✓					

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

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Governance Matters (Continued)

	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Committee Self Assessment Report 2023 / 2024	**Board Secretary**						✓
Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**	Deferred to 11/7/23	✓				
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	**Chief Executive / Director of Finance & Strategy**	✓					
Annual Delivery Plan 2023 / 2024	**Director of Finance & Strategy**		✓	✓	✓		
Strategic Planning and Resource Allocation 2023 / 2024	**Director of Finance and Strategy**	No longer forms part of agenda		✓	✓		✓
Mental Health Estates Initial Agreement	**Medical Director**	Deferred to 11/7/23	✓				

NHS Fife Projects / Programmes

	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Workforce Implications of Memorandum of Understanding (MOU2) Implementation	**Director of Health & Social Care Partnership**	Deferred to 14/9/23		✓		✓	

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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**	✔ (Presentation)	✔ (Quarter 4)	**Progressing to on-line reporting**			
Tender Process for Board Managed 2C General Practices	**Director of Health and Social Care Partnership**	✔ (Private)					

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 - iMatter Report	**Head of Workforce Development & Engagement**					✔	

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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**			✓			

Linked Committee Minutes

	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Area Partnership Forum	**Head of Workforce Resourcing & Relations**	✓	✓	✓	✓	✓	✓
Acute Services Division & Corporate Directorate Local Partnership Forum	**Director of Acute Services**	✓	✓	✓	✓	✓	✓
Health and Social Care Partnership Local Partnership Forum	**Director of Health & Social Care Partnership**	✓	✓	✓	✓	✓	✓

Linked Committee Minutes (Continued)

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	Lead	11/5/23	11/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Strategic Workforce Planning Group	**Head of Workforce Planning & Staff Wellbeing**		✓	✓		✓	
Health and Safety Sub Committee	**Director of Property & Asset Management**	✓	✓		✓	✓	
Equality & Human Rights Strategy Group	**Director of Nursing**		✓	✓		✓	

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
==Attendance Management Update==	==**Director of Workforce**==	✓ (verbal)					
==Equal Pay Audit 2023==	==**Director of Workforce**==	✓					

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

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NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 11 May 2023**
Title:	**Corporate Objectives 2023/2024**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Authors:	**Margo McGurk, Director of Finance & Strategy**

1.   Purpose

This paper sets out the proposed corporate objectives for 2023/2024.

This is presented for:
- Assurance

This report relates to:
- NHS Fife Population Health and Wellbeing Strategy
- Annual Delivery Plan
- Government policy/directive

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

The committee requires to consider and propose the key corporate objectives for 2023/24, these objectives align the recently approved NHS Fife Population Health and Wellbeing Strategy and SPRA process.

2.3 Assessment

The corporate objectives of any organisation normally reflect the in-year, highest level actions which will create the objectives of the Chief Executive. In that context, this paper proposes a refinement of the SPRA generated objectives to reflect those at that corporate level. The corporate objectives proposed have been mapped to one of the 4 NHS Fife agreed strategic priorities or to the new "Cross Cutting Actions" category and are set out in Annex 1.

2.3.1 Quality/ Patient Care

NHS Fife corporate objectives underpin the delivery of high Quality of Health and Care Services.

2.3.2 Workforce

NHS Fife corporate objectives link directly to the strategic priority to "Improve Staff Experience and Wellbeing".

2.3.3 Financial

NHS Fife corporate objectives link directly to the strategic priority to "Deliver Value and Sustainability".

2.3.4 Risk Assessment / Management

Each corporate objective has an appropriate risk and opportunities assessment as detailed through the SPRA process.

2.3.5 Equality and Diversity, including health inequalities

Each corporate objective either has a completed Impact Assessment or is in the process of completing one.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

Circulated to Executive Directors for comment by Chief Executive on 24 April 2023.

2.3.8 Route to the Meeting

EDG 4 May 2023
CGC 5 May 2023
FP&R 9 May 2023

2.4 Recommendation

The committee is asked to **take assurance** from the corporate objectives.

3. List of Appendices

The following appendices are included with this report:

- Annex 1: Draft Corporate Objectives.

Report Contact:

Margo McGurk
Director of Finance & Strategy
Email margo.mcgurk@nhs.scot

Draft Corporate Objectives 2023/24

Our vision
Living well, working well and flourishing in Fife

Our values

Care and compassion

Dignity and respect

Openness, honesty and responsibility

Quality and teamwork

Our principles

Listening and involving

Supporting communities

Empowering people

Prevention and early intervention

Creating wellbeing

Being kind

NHS Fife

Improve health and wellbeing

1. Progress the business case for the mental health services programme
2. Support the ADP in the delivery of MAT standards
3. Develop a prevention and early intervention strategy, and delivery plan, to support health improvement
4. Develop a primary care strategy and supporting delivery plan
5. Develop and deliver a system wide medicines safety programme

Improve quality of health and care services

1. Implement redesign and quality improvement to support mental health services
2. Review and redesign the Front Door model of care to support improvements in performance
3. Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge
4. Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery as part of a wider plan to deliver improvements in elective performance
5. Develop and deliver an improved patient experience response process to support a culture of person centred care

Improve staff health and wellbeing

1. Collaborate with University of St Andrews to develop the ScotCOM medical school
2. Develop and deliver an action plan to support safe staffing legislation
3. Develop and deliver a sustainability plan for the nursing and midwifery workforce
4. Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing
5. Develop and deliver a leadership framework to increase team performance

Deliver value & sustainability

1. Deliver year one actions of the financial improvement and sustainability programme
2. Implement actions to support climate emergency
3. Develop the digital medicines programme

Cross-cutting actions

1. Develop a corporate communications and engagement plan
2. Develop the strategic plan to secure teaching health board status
3. Deliver Anchors ambitions working collaboratively with partners

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 11 May 2023**
Title:	**Integrated Performance & Quality Report**
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 NHS Scotland 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 February, although there are some measures with a significant time lag and a few which are available up to the end of March.

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 Actions 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 (6.95% in February)
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 and the Executive Summary narratives.

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

N/A

2.3.6 Climate Emergency & Sustainability Impact

N/A

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 February IPQR will be available for discussion at the meeting on 11 May.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 20 April 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

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Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

Produced in April 2023

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 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
20 April 2023

SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

To be cross referenced with in depth Risk Report presented at Committees and NHS Board

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	Feb-23	**45**	◯ (within)	▲	▼	● (N/A)
	Major/Extreme Adverse Events - % Actions Closed on Time	70%	Month	Feb-23	55.6% (red)	● (no SPC)	▲	▲	● (N/A)
	HSMR	N/A	Year Ending	Sep-22	**0.98**	● (no SPC)	—	—	● (N/A)
	Inpatient Falls	6.91	Month	Feb-23	8.54 (red)	◯ (within)	▼	▼	● (N/A)
	Inpatient Falls with Harm	1.65	Month	Feb-23	2.15 (red)	◯ (within)	▼	▼	● (N/A)
	Pressure Ulcers	0.89	Month	Feb-23	1.17 (red)	◯ (within)	▲	▲	● (N/A)
	SAB - HAI/HCAI	18.8	Month	Feb-23	14.4 (green)	● (no SPC)	▲	▲	● Upper Q — QE Sep-22
	C Diff - HAI/HCAI	6.5	Month	Feb-23	14.4 (red)	● (no SPC)	▲	▼	● Upper Q — QE Sep-22
	ECB - HAI/HCAI	33.0	Month	Feb-23	36.0 (amber)	◯ (within)	▼	▼	● Mid — QE Sep-22
	S1 Complaints Closed in Month on Time	80%	Month	Feb-23	48.8% (red)	● (no SPC)	▼	▼	● Mid — 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Feb-23	8.6% (red)	◯ (within)	▲	▼	● Mid — 2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	Feb-23	**12.9%**	● (no SPC)	▲	▲	● (N/A)
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-22	100.0% (green)	● (no SPC)	◄►	◄►	
	4-Hour Emergency Access	95%	Month	Mar-23	69.7% (red)	◯ (within)	▼	▼	● Mid — Feb-23
	Patient TTG % <= 12 Weeks	100%	Month	Feb-23	44.9% (red)	● (no SPC)	▼	▼	● Upper Q — Dec-22
	New Outpatients % <= 12 Weeks	95%	Month	Feb-23	46.6% (red)	● (no SPC)	▲	▼	● Mid — Dec-22
	Diagnostics % <= 6 Weeks	100%	Month	Feb-23	59.9% (red)	● (no SPC)	▲	▼	● Mid — Dec-22
	Cancer 31-Day DTT	95%	Month	Feb-23	90.1% (amber)	◯ (special cause)	▼	▼	● Mid — QE Dec-22
	Cancer 62-Day RTT	95%	Month	Feb-23	67.5% (red)	◯ (within)	◄►	▼	● Mid — QE Dec-22
	Detect Cancer Early	29%	Year Ending	Jun-22	25.7% (red)	● (no SPC)	▲	▲	● Lower Q — 2020, 2021
	Freedom of Information Requests	85%	Month	Mar-23	77.1% (red)	● (no SPC)	▼	▼	● (N/A)
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Mar-23	**9.0%**	● (no SPC)	▲	▲	● Mid — QE Sep-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Mar-23	4.6% (green)	◯ (special cause)	▲	▲	● Upper Q — QE Sep-22
	Antenatal Access	80%	Month	Dec-22	86.1% (green)	● (no SPC)	▼	▲	● Mid — CY 2022
Finance	Revenue Resource Limit Performance	(£16.0m)	Month	Feb-23	**(£20.0m)**	● (no SPC)	—	—	● (N/A)
	Capital Resource Limit Performance	£30.7m	Month	Feb-23	**£24.7m**	● (no SPC)	—	—	● (N/A)
Staff Governance	Sickness Absence	4.00%	Month	Feb-23	6.95% (red)	◯ (within)	▲	▼	● Mid — YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Month	Mar-23	37.9% (red)	● (no SPC)	▲	—	● (N/A)
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Nov-22	218 (red)	● (no SPC)	—	—	● Mid — YT Jun-22
	CAMHS Waiting Times	90%	Month	Feb-23	83.2% (red)	◯ (within)	▼	▲	● Mid — QE Dec-22
	Psychological Therapies Waiting Times	90%	Month	Feb-23	69.6% (red)	◯ (within)	▼	▼	● Mid — QE Dec-22
	Drugs & Alcohol Waiting Times	90%	Month	Jan-23	96.7% (green)	● (no SPC)	▼	▲	● Upper Q — QE Dec-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Dec-22	95.1% (green)	◯ (within)	▲	▲	● Mid — QE Dec-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Dec-22	86.3% (red)	◯ (within)	▼	▼	● Lower Q — QE Dec-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
- ◯ 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

Better than Projected | Worse than Projected | No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)		Quarter End Jun-22	Quarter End Sep-22	Quarter End Dec-22	Month End Jan-23	Feb-23	Mar-23	Quarter End Mar-23
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	3,053	3,087	1,029	1,029	1,029	3,087
	Actual	2,880	2,994	3,145	1,029	1,091	1,189	3,309
	Variance	-156	-59	58	0	62	160	222
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	18,806	19,156	6,376	6,395	6,395	19,166
	Actual	20,962	21,455	21,810	7,415	7,736	8,667	23,818
	Variance	2,395	2,649	2,654	1,039	1,341	2,272	4,652
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	1,491	1,491	497	497	497	1,491
	Actual	1,550	1,609	1,678	560	498	555	1,613
	Variance	59	118	187	63	1	58	122
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	11,988	11,988	3,996	3,996	3,996	11,988
	Actual	13,471	12,936	11,875	4,238	3,930		8,168
	Variance	1,483	948	-113	242	-66		

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%**	**6.95%**

The sickness absence rate fell in February 2023 by 0.11% compared to January 2023 but was still over 1% higher than a year ago. February 2023 was the first month in 4 with a sickness absence rate below 7%. COVID-19 related absence, except for the infection control period, is now included within the sickness absence figures.

Reductions were reported across all main Divisions and Directorates except for Corporate and Complex & Critical Care Services.

The national picture (from monthly management information) shows that NHS Fife (6.03%) had the 4th highest absence rate of all Mainland Health Boards for the 12 months ending January 2023. The Scottish average was 6.09%.

The Attendance Management Operational Group continues to meet monthly to work on preventative approaches to attendance management.

The revised NHS Fife local Attendance Management training is now being delivered to groups of managers and a Turas LEARN Attendance module is available for managers to access at a time that suits them. Discussions are underway on how best to refresh of Promoting Attendance Review and Improvement panels to ensure these remain fit for purpose and to provide an opportunity for attendance cases to be managed as early as possible and to enhance learning opportunities for managers.

Sickness absence trends remain elevated with mental health as one of the main reasons for OH referral. A range of services are available to staff including confidential, independent counselling, OH Mental Health Nurse support, Psychology and self-guided resources and toolkits, supplemented by a range of wellbeing activities throughout the organisation and these continue to be promoted to managers and staff.

PDPR Compliance	*To achieve an annual PDPR compliance rate of 80%*	**80%**	**37.9%**

There has been a 3% increase during March 2023 thus maintaining the upward trajectory shown last month following the gradual decline over the 3 months previous. Directorate / Divisional level changes ranging from a decrease of 0.7% in Corporate to a 15.2% increase in Complex and Critical Services.

The number of reviews held in the last period (533) shows a significant increase compared to the previous month (279). This increased level of activity needs to continue into the next review period commencing on 1st April 2023 in order to maintain momentum and ensure that the target compliance percentage of 80% is achieved by 31st March 2024.The increase in engagement during February and March means that we will move into the 2023/2024 performance year in a more positive position with building momentum. PDPR compliance will remain a priority for the board with the agreed performance improvement plan enhancing this work whilst supporting a staged approach to achieving the desired compliance percentage by March 2024.

The continuing increase in the compliance figure is a positive indication that services are beginning to direct their focus to PDPR activity, acknowledging the continued service pressures. Service communication cascade has resulted in increases to enquiries and requests for support. To further enhance this work, and support increased engagement, all managers will receive updated PDPR status reports for their team(s) from 3rd April 2024 with Directorate reports available for Executive Directors or Senior Managers on request.

e. Performance Exception Reports

Sickness Absence	Performance
To achieve a sickness absence rate of 4% or less	**6.95%**

Local Performance

National Benchmarking

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
NHS Fife	5.63%	5.59%	5.14%	5.62%	6.24%	5.88%	6.50%	7.07%	6.63%	7.31%	7.85%	7.06%	6.95%
Scotland	4.96%	5.47%	5.10%	5.59%	5.55%	5.43%	5.81%	6.24%	6.33%	6.75%	7.35%	6.87%	

Key Deliverable		End Date
Support the Health and Wellbeing of our Staff		Jun-23 At risk
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 Complete
	Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence	Jun-23 At risk

POPULATION HEALTH AND WELLBEING

<table>
<tr><td colspan="2">PDPR Compliance
To achieve an annual PDPR compliance rate of 80%</td><td>Performance
37.9%</td></tr>
</table>

Local Performance
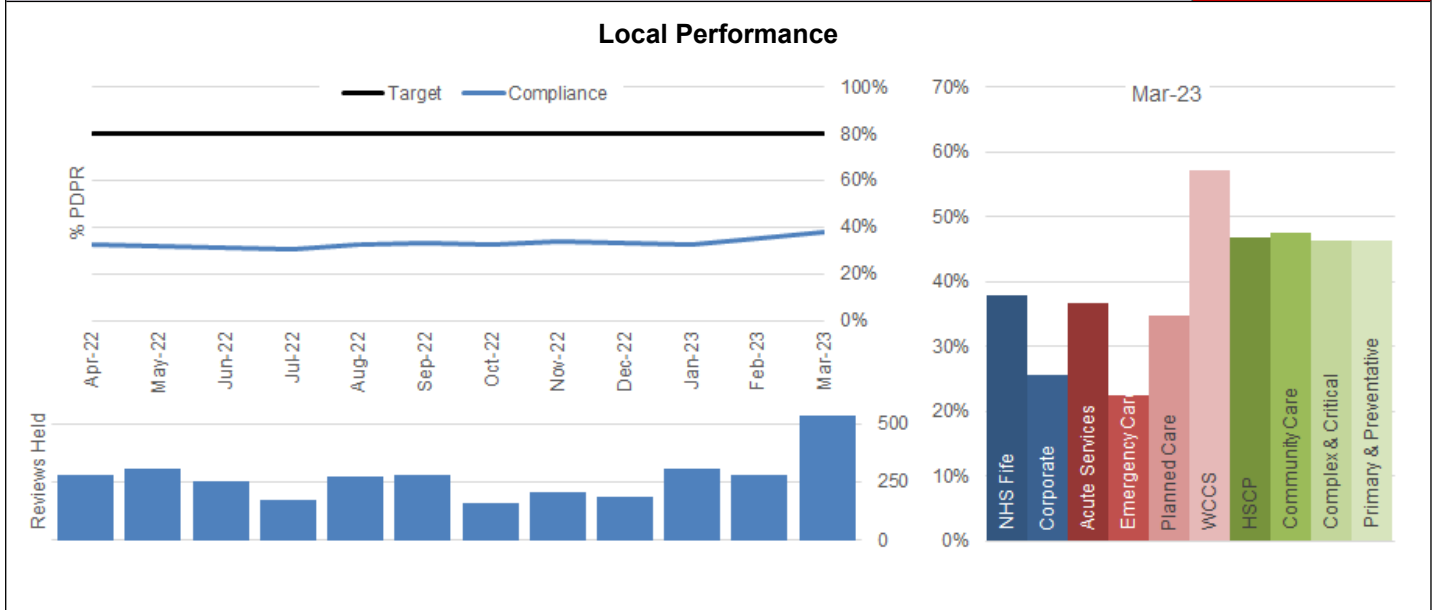
Key Deliverable	End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate	Mar-24 At risk

	Key Milestones	
	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed	Mar-23 Complete
	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 Complete
	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 11 May 2023**
Title:	**Equal Pay Audit 2023**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Brian McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead**

1.   Purpose

This report is presented for:
- Assurance

This report relates to:
- Legal requirement

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

This report aligns to the Staff Governance Standard requirement that staff are:
- Well informed

2.   Report Summary

2.1   Situation

Since 2013, NHS Fife has had legislative duty to publish biennial Gender Pay Gap information highlighting the percentage difference in the average basic hourly earnings between male and female employees. The legislation was extended in 2017, with public bodies required to publish pay gap information for disabled and employees from a Diverse Ethnic background. This report details the results of the Pay Gap analysis undertaken in 2023.

2.2   Background

The Equality Act (Specific Duties) (Scotland) Regulations 2012, as amended in 2015 and 2016, sought to mainstream equality into public sector culture in practical and demonstrable ways. In doing so, the regulations require public authorities to consider how they can positively contribute to a more equal society.

The regulations focus on three key elements, collectively referred to as the General Equality Duty. The General Equality Duty requires NHS Fife, in the exercise of its functions, to have due regard to the needs to:

1) Eliminate unlawful discrimination, harassment and victimisation and other prohibited conduct.
2) Advance equality of opportunity between people who share a relevant protected characteristic and those who do not.
3) Foster good relations between people who share a protected characteristic and those who do not.

The Regulations details specific responsibilities which public authorities are required to evidence. Within NHS Fife, the specific responsibilities are shared between different Directorates. These are:

Nursing Directorate

- Report on mainstreaming the equality duty
- Publish Equality Outcomes and Report Progress
- Assess and Review Policies and Practices

Workforce Directorate

- Gather & use employee information
- Publish gender pay gap information. This responsibility was extended to cover disability and Race from 2017
- Publish statements on equal pay

Finance Directorate

- Consider award criteria and conditions in relation to public procurement

The 2023 Equalities Outcomes and Mainstreaming Update report was presented to EDG members for consideration and following Board approval, was published on 25 April 2023.

This report focuses on the results of the 2023 Equal Pay Audit. These results were published on 25 April 2023, along with NHS Fife's Equal Pay Statement.

2.3   Assessment

Findings

The Equal Pay Audit undertaken in 2023 was based on the average basic hourly earnings for all employees who provided a positive response within the equal opportunities questionnaire in respect to their Disability (52.5%), Gender (100%), and Race (65.8%). The Pay Gap results for each of these characteristics are detailed below:

Protected Characteristic	2013	2015	2017	2019	2021	2023
Disability (% variation between disabled v's non-disabled)	-	-	-0.88%	-4.94%	-4.44%	-7.84%
Gender (% variation between male v's female)	21.47%	20.43%	20.69%	19.90%	19.36%	16.85%
Race (% variation between employees from a Diverse Ethnic background v's white)	-	-	32.65%	5.55%	28.25%	22.44%

The details of the 2023 Equal Pay Gap Analysis are included as Appendix 1. This incorporates the following information:

1) Gender Pay Gap information.
2) Information on Equal Pay and Occupational Segregation for the protected characteristic groups of Disability, Gender and Race.
3) Steps to be taken to demonstrate our commitment to contributing to a more equal society.

The report explains the application of robust job evaluation processes within NHS Scotland ensures pay gap variations identified in the 2023 Audit are generated by factors unrelated to an employee's protected characteristic status. In addition, the paper outlines a range of factors explaining the increasing pay variation trend for those who identify themselves as disabled. Namely, improvements in data capture during recruitment has meant that the majority of staff who share this Protected Characteristic have less than 3 years service and are placed towards the bottom of the relevant pay bands due to the terms and conditions governing annual incremental progression plus the decision to amalgamate various incremental points into a reduced number of salary spine points within the Agenda for Change Bands. In contrast, the majority of those who do not share this Protected Characteristic have in excess of 5 years service and are placed towards the top of the relevant pay bands.

The report also incorporates a series of recommendations to be progressed in the coming months in order to demonstrate this finding. These are:

- All employees will be encouraged to update their personal information, including their protected characteristic status, via the eESS Employee Self Service Functionality. This will facilitate a higher positive response rate for each of the characteristic groups, thereby improving the robustness of future Audits.

- Although analysis of the pay gap Audit indicates that employees are not disadvantaged based on their Protected Characteristic status, the results of this Audit will be measured against other Health Boards within NHS Scotland once published.

NHS Fife's Equal Pay Statement is also included as Appendix 2. The template Statement was agreed collectively by NHS Scotland. There have been no updates to this statement, or the related legislation which underpins this Statement, in the previous 2 years.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

Analysis of the Equal Pay Audit ensures that the practices and processes within NHS Fife in respect to Pay and Remuneration collectively treat employees fairly & consistently, in an environment where diversity is valued. It provides reassurance that the practices of NHS Fife do not negatively impact employees who share the Protected Characteristics of Disability; Sex and Race.

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

Publication of the Equal Pay Audit, information on Occupational Segregation and the renewal of the Equal Pay Statement helps NHS Fife fulfil relevant requirements under the Equality Act (Specific Duties) (Scotland) Regulations 2012.

An impact assessment has not been completed for this report as its content, and that of its supporting appendices, summarises the impact of applying NHS Fife's Recruitment and Selection Policy; Job Evaluation Processes including the Evaluation of New (AfC) Posts Policy; plus nationally agreed Terms and Conditions of Employment. Separate impact assessments have been completed for each of these.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

The results of the Equal Pay Audit will be shared with the Area Partnership Forum on 24/05/2023 and the Equality & Human Rights Strategy Group on 12/05/2023, plus the Diverse Ethnic Staff Network.

2.3.8 Route to the Meeting

This paper has been previously considered by the Director of Workforce and the Senior HR Team as part of its development. They have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4   Recommendation

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

- NHS Fife has published the required information.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1: 2023 Equal Pay Gap Analysis
- Appendix 2: Equal Pay Statement

Report Contact:

Brian McKenna
HR Workforce Planning, Workforce Systems and Data Intelligence Lead
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Appendix 1: 2023 Equal Pay Gap Analysis

NHS Fife is committed to mainstreaming equality within the workplace. One of the ways of ensuring this is to carry out an Equal Pay Audit, the results of which are used to identify and analyse potential anomalies in remuneration.

This paper summarises the findings of the equal pay Audit carried out in 2023. It meets the requirements detailed within the Equality Act 2010, and our obligations under the Equality Act (Specific Duties) (Scotland) Regulations.

WORKFORCE CATEGORIES

Since 2004 the pay arrangements within NHS Scotland has been significantly modernised. Employees are now linked to broad organisational groupings or job categories. These job categories are:-

- Agenda for Change (e.g. Nursing and Midwifery, Support Services, Allied Health Professionals)
- Executive and Senior Managers, and
- Medical and Dental (e.g. Consultants, Specialty Doctors, Training Grade Doctors)

The level of remuneration within these job categories is determined by job evaluation processes to ensure employees receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value. There should therefore be little variation in the basic hourly earnings of employees, employed on the same pay band or grade, due to their Protected Characteristic status.

PAY AUDIT METHODOLOGY

In accordance with the Equality Act Regulations, Equal Pay Audits were undertaken on the Protected Characteristics of Disability, Gender and Race for employees who had provided a positive response within their equal opportunity questionnaire. Entries which were blank, or where employees opted not to provide these details, were discounted. The table below provides the percentage of staff who recorded a positive response for each of the characteristics.

Characteristic	Disability	Gender	Race
Response	52.5%	100.0%	61.0%
Change since 2021	+ 5.5%	-	+ 4.8%

The Audit calculates the percentage difference based on the average hourly pay (excluding overtime), among our employees, between persons who held a particular Characteristic and persons who did not hold the Characteristic.

The Audit reflects payroll records extracted on 31 January 2023. NHS Fife employed 9,540 employees and held 9,647 separate assignments.

Collated information is presented to provide an overview of the Equal Pay Audit. Where results have indicated a headcount of less than 5 employees the average hourly rate of pay has been redacted to ensure confidentiality of the employees involved.

RESULTS OF THE 2023 PAY AUDIT

The results of the Equal Pay Audits are detailed in the tables below:

Disability Pay Gap

Agenda for Change	Disabled			Non-Disabled			Monetary Variance Non-Disabled to Disabled (£)	Monetary Variance Non-Disabled to Disabled (%)	Total Count	Average of Basic Hourly Rate
	Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
Agenda for Change	230	£15.86	4.83%	4,527	£16.65	95.17%	£0.79	4.75%	4757	£16.61
Medical & Dental	10	£38.44	3.34%	289	£42.54	96.66%	£4.10	9.65%	299	£42.40
Senior Managers				4	*		-	-	4	*
Grand Total	**240**	**£16.80**	**4.74%**	**4820**	**£18.23**	**95.26%**	**£1.43**	**7.84%**	**5060**	**£18.16**
MEDIAN Basic Hourly Rate	-	£14.52	-	-	£15.51	-	£0.99	6.38%	-	£14.27
MODE Grade		Band 5			Band 5					

Gender Pay Gap

Reporting Category	Female			Male			Monetary Variance Male to Female	Monetary Variance Male to Female %	Total Count	Average of Basic Hourly Rate
	Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
Agenda for Change	7878	£17.10	86.32%	1248	£17.11	13.68%	£0.01	0.08%	9126	£17.10
Medical & Dental	276	£44.51	54.33%	232	£45.96	45.67%	£1.45	3.15%	508	£45.17
Senior Managers	8	£47.89	61.54%	5	£45.41	38.46%	-£2.48	-5.47%	13	£46.94
Grand Total	**8162**	**£18.05**	**84.61%**	**1485**	**£21.71**	**15.39%**	**£3.66**	**16.85%**	**9647**	**£18.62**
MEDIAN Basic Hourly Rate	-	£15.51	-	-	£18.09	-	£2.58	14.26%	-	£17.49
MODE Grade		Band 5			Band 2					

Race Pay Gap

Agenda for Change	Ethnic Minority Groups			White			Monetary Variance White to Non White (£)	Monetary Variance White to Non White (%)	Total Count	Average of Basic Hourly Rate
	Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
Agenda for Change	205	£16.97	3.37%	5877	£17.23	96.63%	£0.26	1.51%	6082	£17.22
Medical & Dental	67	£38.38	25.48%	196	£45.30	74.52%	£6.93	15.29%	263	£43.54
Senior Managers	-	-	-	7	£42.71	100.00%	-	-	7	£42.71
Grand Total	**272**	**£22.24**	**4.28%**	**6080**	**£18.17**	**95.72%**	**-£4.08**	**-22.44%**	**6352**	**£18.34**
MEDIAN Basic Hourly Rate	-	£18.09	-	-	£15.51	-	-£2.58	-16.63%	-	£16.19
MODE Grade		Band 5			Band 5					

OCCUPATIONAL SEGREGATION INDICATORS

Disability

1) 2.5% of the workforce confirmed they held a physical or mental impairment that has a substantial and long-term negative effect on their ability to do normal daily activities. These employees meet the definition of disabled under the Equality Act. The pay gap between persons who are disabled and people who are not is -7.84%. This reduces to -6.83% when the median value is taken.

2) The banding distribution for persons who are disabled is consistent with that for people who are not. The mode banding for each group is Band 5.

3) Overall, 71.3% of disabled persons are engaged within Job Families more closely linked to clinical work, compared to 72.0% of people who are not. There are small variations in the distribution of staff across individual job families, for example the percentage of persons who are disabled engaged in the Administrative Services and Allied Health Professions job families is 3.4% and 3.0% higher when compared to the distribution of persons who are not. Conversely, the percentage of persons who are disabled engaged in the Support Services and Nursing & Midwifery Job Families is 4.1% and 1.4% lower when compared to the distribution of persons who are not.

4) 59.6% of disabled persons are engaged within professional roles remunerated on Agenda for Change Band 5 or above, compared to 56.6% of people who are not.

Gender

5) 84.6% of the workforce is female. The pay gap between female and male employees is 16.85% although this figure reduced to 14.26% when based on the median value. The gender pay gap is influenced by occupational segregation factors. Medical and Dental plus Executive / Senior Manager Pay Grades are typically remunerated at higher hourly rates when compared to the Agenda for Change Pay Bands. Although there are a greater headcount of female employees engaged in these job categories when compared to male employees, 3.5% of female employees are engaged in these job categories compared to 16.0% of male employees. Consequently, this has a lesser impact on increasing the average hourly rate of female employees when compared to male employees.

OCCUPATIONAL GENDER SEGREGATION

Female   Male

Agenda for Change Band 2
Agenda for Change Band 3
Agenda for Change Band 4
Agenda for Change Band 5
Agenda for Change Band 6
Agenda for Change Band 7
Agenda for Change Band 8A
Agenda for Change Band 8B
Agenda for Change Band 8C
Agenda for Change Band 8D
Agenda for Change Band 9
Medical & Dental
Senior Managers
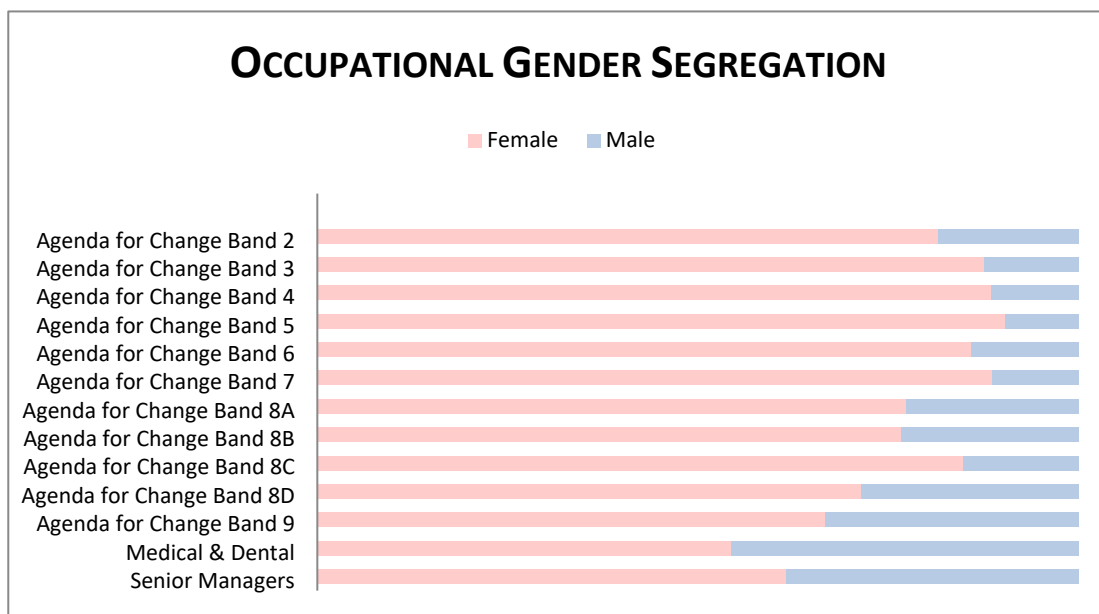
6) There are variations in the gender breakdown of the workforce within individual Job Families. For example, in Nursing & Midwifery roles, female employees account for 92.1% of the job family. These percentages reduce within Healthcare Sciences (72.0%) and Medical and Dental (54.3%) roles, where there is a higher concentration of male employees.

7) There is a greater concentration of female employees engages within Job Families more closely linked to clinical work. 72.5% of females are engaged within such job families compared to 58.8% of males. 56.2% of females are engaged within professional roles remunerated on Agenda for Change Band 5 or above, compared to 57.5% of males.

8) The results of the 2023 Gender Pay Audit are provided at the end of this report.

Race

9) 2.9% of our workforce has confirmed they are from a non-white racial group. This group of staff is described as a minority racial group for the purposes of determining Occupational Segregation. The pay gap between persons identified as being from a minority racial group and persons who are not is 22.44% in favour of those from a minority racial group. When this is calculated on the median value this pay gap is 16.63%.

10) This is a greater concentration of persons from a minority group engaged within clinical job families. 88.2% of persons from a minority group are engaged within Job Families more closely linked to clinical work compared to 69.7% of persons who are not. Similarly, 76.5% of persons from a minority group engaged within a professional role remunerated on Agenda for Change Band 5 or above, compared to 56.6% of people who are not.

Closing the Pay Gap

As previously stated, remuneration levels within NHS Fife are determined by job evaluation processes. These processes ensure employees receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value. Application of the job evaluation processes also mean that the Pay Gap variations identified in this report are caused by factors unrelated to the Protected Characteristics of employees. Notwithstanding these processes, the Equality and Human Rights Commission recommend that, as a general rule, differences of 5% or more, or recurring differences of 3% or more merit further investigation. Using this as the definition, the Pay Gap information for each of the Protected Characteristics have been subject to further consideration to identify what steps could be taken to close the gap.

A review of the Disability Pay Gap information since 2017 indicates that the difference between the average basic hourly earnings between employees who identify themselves as disabled and people who do not has increased from 0.9% (2017) to 7.8% (2023). In the same timeframe, the percentage of the workforce providing a positive response to their status has increased by 19.3%, with the number of employees identifying themselves as disabled increasing by 162, an increase of over 200%. Closer analysis of this Pay Gap identifies the variance largely reflect in-band differences in the average hourly pay rather than differences in the occupation segregation of employees who identify themselves as disabled and people who do not. Due to the progress made in obtaining Protected Characteristic information in recent years, approximately 50% of those identifying themselves as disabled hold 3 years NHS Service or less, in contrast over 50% of those confirming they do not share this Characteristic hold more than 5 years NHS service.

This Pay Gap therefore could be linked to an increased number of staff identifying themselves as disabled during the recruitment process, and these individuals being remunerated towards the bottom of the various pay bands due to rules around annual incremental progression plus the impact of amalgamating various incremental points into a reduced number of scale points within the Agenda for Change Bands. Length of service is independent of the Protected Characteristic status of the employee

A review of the Gender Pay Gap information since 2013 highlights the percentage pay gap between the average basic hourly earnings between male and female employees has narrowed by 4.6%. This improvement has been driven by the reduction in the gender pay gap within the Medical and Dental Job Family from 16.6% (2013) to 3.2% (2023). With an increased proportion of females choosing medicine as a profession, which in turn will result in an increased percentage of the job family who are female in the long term, it is envisaged this steady reduction in gender pay gap will continue. It is unclear if this in itself will be sufficient to close the pay gap within NHS Fife due to the occupational segregation factors described above. We will continue to review the trend, monitoring this against other Health Boards throughout NHS Scotland.

A review of the Race Pay Gap information highlights the basic hourly earnings of employees who identify themselves as belonging to a minority racial group is 22.4% more than those who identify themselves as white. These results indicate that BAME employees are not disadvantaged in relation to their average basic hourly earnings, and this is reflective of a higher prevalence of BAME employees in professional roles remunerated on Agenda for Change pay bands 5 and above, and improved recording of Protected Characteristic information within the Medical and Dental Job Family, a job family that typically earn a higher average hourly rate.

CONCLUSION

Workforce Policies and Procedures are agreed in partnership with Trade Unions and Professional Organisations. Their implementation ensures that any pay gaps highlighted in this report is not linked to an employee's Protected Characteristic status, rather they are explained by other factors such as improvement in the capture of Protected Characteristic information within the recruitment process or by occupational gender segregation, particularly how the higher prevalence of male employees within the Medical and Dental job family has had the impact of increase the average hourly rate of pay for male employees. To ensure continued compliance with the Equality Act, Workforce Policies and Procedures will continue to be subject to quality impact assessments. NHS Fife will also monitor its published Equal Pay Gap information against other NHS Scotland organisations to ensure there is no apparent deviation from NHS Scotland averages.

Reporting Category: Agenda for Change
Gender Equal Pay Audit

Job Family	AFC Band	Female			Male			Monetary Variance Male to Female		Monetary Variance Male to Female %	Total Count	Average of Basic Hourly Rate
		Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group					
ADMINISTRATIVE SERVICES	Band 2	336	£ 12.00	87.96%	46	£ 11.85	12.04%	-£	0.16	-1.33%	382	£ 11.99
	Band 3	385	£ 12.91	93.45%	27	£ 12.80	6.55%	-£	0.11	-0.84%	412	£ 12.90
	Band 4	415	£ 14.10	94.32%	25	£ 13.73	5.68%	-£	0.37	-2.70%	440	£ 14.08
	Band 5	122	£ 16.42	75.78%	39	£ 16.21	24.22%	-£	0.20	-1.24%	161	£ 16.37
	Band 6	81	£ 20.49	65.32%	43	£ 20.51	34.68%	£	0.02	0.11%	124	£ 20.50
	Band 7	51	£ 23.99	60.71%	33	£ 23.59	39.29%	-£	0.40	-1.70%	84	£ 23.84
	Band 8A	29	£ 27.60	64.44%	16	£ 28.18	35.56%	£	0.58	2.07%	45	£ 27.81
	Band 8B	18	£ 33.69	72.00%	7	£ 32.83	28.00%	-£	0.86	-2.61%	25	£ 33.45
	Band 8C	7	£ 39.55	70.00%	3	*	30.00%	-		-	10	£ 39.89
	Band 8D	8	£ 46.59	72.73%	3	*	27.27%	-		-	11	£ 46.52
ADMINISTRATIVE SERVICES (TOTAL)		**1452**	**£ 15.01**	85.71%	**242**	**£ 18.47**	14.29%	£	3.45	18.70%	**1694**	**£ 15.51**
ALLIED HEALTH PROFESSION	Band 2	10	£ 11.77	76.92%	3	*	23.08%	-		-	13	£ 11.79
	Band 3	123	£ 12.95	88.49%	16	£ 12.89	11.51%	-£	0.07	-0.51%	139	£ 12.95
	Band 4	51	£ 14.01	96.23%	2	*	3.77%	-		-	53	£ 14.00
	Band 5	58	£ 15.73	82.86%	12	£ 15.19	17.14%	-£	0.53	-3.51%	70	£ 15.64
	Band 6	233	£ 21.04	83.81%	45	£ 19.65	16.19%	-£	1.39	-7.10%	278	£ 20.82
	Band 7	195	£ 24.95	89.04%	24	£ 24.31	10.96%	-£	0.64	-2.62%	219	£ 24.88
	Band 8A	48	£ 28.46	87.27%	7	£ 27.99	12.73%	-£	0.47	-1.67%	55	£ 28.40
	Band 8B	6	£ 33.69	60.00%	4	*	40.00%	-		-	10	£ 33.45
	Band 8C	5	£ 38.72	100.00%				-		-	5	£ 38.72
	Band 9	1	*	100.00%				-		-	1	*
ALLIED HEALTH PROFESSION (TOTAL)		**730**	**£ 20.44**	86.60%	**113**	**£ 19.89**	13.40%	-£	0.55	-2.77%	**843**	**£ 20.37**

DENTAL SUPPORT	Band 2	1	£ 12.18	100.00%					-	-	1	*
	Band 3	10	£ 12.91	100.00%					-	-	10	£ 12.91
	Band 4	32	£ 14.13	96.97%	1	*	3.03%		-	-	33	£ 14.14
	Band 5	15	£ 16.96	100.00%					-	-	15	£ 16.96
	Band 6	14	£ 20.38	100.00%					-	-	14	£ 20.38
	Band 7	2	*	100.00%					-	-	2	*
DENTAL SUPPORT (TOTAL)		**74**	**£ 15.96**	98.67%	**1**	*****	1.33%		-	-	**75**	**£ 15.94**
HEALTHCARE SCIENCES	Band 2	1	*	100.00%					-	-	1	*
	Band 3	37	£ 12.96	67.27%	18	£ 13.09	32.73%	£	0.13	0.98%	55	£ 13.00
	Band 4	8	£ 13.98	57.14%	6	£ 14.03	42.86%	£	0.05	0.35%	14	£ 14.00
	Band 5	14	£ 16.44	70.00%	6	£ 15.68	30.00%	-£	0.76	-4.85%	20	£ 16.22
	Band 6	42	£ 21.67	77.78%	12	£ 21.61	22.22%	-£	0.06	-0.26%	54	£ 21.65
	Band 7	20	£ 25.01	80.00%	5	£ 25.27	20.00%	£	0.27	1.05%	25	£ 25.06
	Band 8A	8	£ 29.00	72.73%	3	*	27.27%		-	-	11	£ 28.95
	Band 8B	4	*	57.14%	3	*	42.86%		-	-	7	£ 33.52
	Band 8C	1	*	100.00%					-	-	1	*
	Band 8D	1	*	100.00%					-	-	1	*
HEALTHCARE SCIENCES (TOTAL)		**136**	**£ 19.80**	71.96%	**53**	**£ 18.65**	28.04%	**-£**	**1.15**	-6.16%	**189**	**£ 19.47**
MEDICAL SUPPORT	Band 3	1	*	50.00%	1	*	50.00%		-	-	2	*
	Band 5	23	£ 15.67	69.70%	10	£ 15.73	30.30%	£	0.06	0.40%	33	£ 15.69
	Band 6	1	*	16.67%	5	£ 22.14	83.33%		-	-	6	£ 22.14
	Band 7	3	*	75.00%	1	*	25.00%		-	-	4	*
MEDICAL SUPPORT (TOTAL)		**28**	**£ 16.74**	62.22%	**17**	**£ 18.06**	37.78%	**£**	**1.32**	7.33%	**45**	**£ 17.24**
NURSING/MIDWIFERY	Band 2	515	£ 11.84	90.99%	51	£ 11.76	9.01%	-£	0.08	-0.69%	566	£ 11.83
	Band 3	691	£ 12.72	88.93%	86	£ 12.81	11.07%	£	0.09	0.73%	777	£ 12.73
	Band 4	118	£ 13.90	95.16%	6	£ 13.64	4.84%	-£	0.26	-1.94%	124	£ 13.89
	Band 5	1538	£ 17.30	93.27%	111	£ 17.11	6.73%	-£	0.18	-1.08%	1649	£ 17.28
	Band 6	800	£ 20.48	92.49%	65	£ 20.53	7.51%	£	0.04	0.21%	865	£ 20.49
	Band 7	532	£ 23.65	94.49%	31	£ 23.48	5.51%	-£	0.17	-0.71%	563	£ 23.64
	Band 8A	59	£ 28.01	83.10%	12	£ 28.46	16.90%	£	0.45	1.57%	71	£ 28.08
	Band 8B	23	£ 33.33	85.19%	4	*	14.81%		-	-	27	£ 33.29
	Band 8C	6	£ 39.69	100.00%					-	-	6	£ 39.69

	Band										
	Band 8D	2	*	100.00%				-	-	2	*
NURSING/MIDWIFERY (TOTAL)		**4284**	**£ 17.47**	92.13%	**366**	**£ 16.99**	7.87%	-£ 0.48	-2.83%	**4650**	**£ 17.43**
OTHER THERAPEUTIC	Band 2	23	£ 11.91	76.67%	7	£ 11.60	23.33%	-£ 0.32	-2.75%	30	£ 11.84
	Band 3	25	£ 13.12	73.53%	9	£ 12.77	26.47%	-£ 0.35	-2.78%	34	£ 13.03
	Band 4	54	£ 12.96	84.38%	10	£ 14.09	15.63%	£ 1.14	8.07%	64	£ 13.13
	Band 5	42	£ 16.63	85.71%	7	£ 16.05	14.29%	-£ 0.58	-3.62%	49	£ 16.54
	Band 6	40	£ 18.66	85.11%	7	£ 18.96	14.89%	£ 0.30	1.57%	47	£ 18.71
	Band 7	65	£ 23.68	83.33%	13	£ 23.65	16.67%	-£ 0.04	-0.16%	78	£ 23.68
	Band 8A	76	£ 28.31	77.55%	22	£ 28.16	22.45%	-£ 0.15	-0.55%	98	£ 28.28
	Band 8B	40	£ 33.39	80.00%	10	£ 33.69	20.00%	£ 0.30	0.89%	50	£ 33.45
	Band 8C	20	£ 40.04	86.96%	3	*	13.04%	-	-	23	£ 39.99
	Band 8D	4	*	66.67%	2	*	33.33%	-	-	6	£ 47.36
	Band 9	1	*	50.00%	1	*	50.00%	-	-	2	*
OTHER THERAPEUTIC (TOTAL)		**390**	**£ 22.62**	81.08%	**91**	**£ 23.22**	18.92%	£ 0.60	2.58%	**481**	**£ 22.73**
PERSONAL AND SOCIAL CARE	Band 3	11	£ 13.20	100.00%				-	-	11	£ 13.20
	Band 4	1	*	100.00%				-	-	1	*
	Band 5	13	£ 15.84	86.67%	2	*	13.33%	-	-	15	£ 15.97
	Band 6	15	£ 20.66	78.95%	4	*	21.05%	-	-	19	£ 20.60
	Band 7	8	£ 25.03	100.00%				-	-	8	£ 25.03
	Band 8A	2	*	50.00%	2	*	50.00%	-	-	4	*
	Band 8B	1	*	100.00%				-	-	1	*
PERSONAL AND SOCIAL CARE (TOTAL)		**51**	**£ 18.97**	86.44%	**8**	**£ 21.23**	13.56%	£ 2.26	10.63%	**59**	**£ 19.28**
SUPPORT SERVICES	Band 2	665	£ 12.05	73.08%	245	£ 12.03	26.92%	-£ 0.01	-0.12%	910	£ 12.04
	Band 3	50	£ 13.06	60.98%	32	£ 12.99	39.02%	-£ 0.08	-0.59%	82	£ 13.03
	Band 4	10	£ 14.07	20.00%	40	£ 14.03	80.00%	-£ 0.03	-0.25%	50	£ 14.04
	Band 5	1	*	12.50%	7	£ 17.07	87.50%	-	-	8	£ 16.75
	Band 6	3	*	12.50%	21	£ 20.51	87.50%	-	-	24	£ 20.39
	Band 7	1	*	14.29%	6	£ 25.23	85.71%	-	-	7	£ 25.31
	Band 8A	3	*	42.86%	4	*	57.14%	-	-	7	£ 27.99
	Band 8C				1	*	100.00%	-	-	1	*
	Band 8D				1	*	100.00%	-	-	1	*
SUPPORT SERVICES (TOTAL)		**733**	**£ 12.26**	67.25%	**357**	**£ 13.52**	32.75%	£ 1.26	9.30%	**1090**	**£ 12.67**

		Female			Male						
GRAND TOTAL		7878	£ 17.10	86.32%	1248	£ 17.11	13.68%	£ 0.01	0.08%	9126	£ 17.10

Reporting Category: Medical & Dental

Gender Equal Pay Audit

		Female			Male						
Job Family	**AFC Band**	Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group	Monetary Variance Male to Female	Monetary Variance Male to Female %	Total Count	Average of Basic Hourly Rate
MEDICAL & DENTAL	Associate Specialist	3	*	75.00%	1	*	25.00%	-	-	4	*
	Clinical Director	1	*	100.00%			0.00%	-	-	1	*
	Clinical Fellow	16	£ 19.46	55.17%	13	£ 18.42	44.83%	-£ 1.04	-5.63%	29	£ 19.00
	Consultant	151	£ 51.35	49.03%	157	£ 51.64	50.97%	£ 0.30	0.58%	308	£ 51.50
	Dental Officer	21	£ 35.02	87.50%	3	*	12.50%	-	-	24	£ 35.37
	Director of Public Health	1	*	100.00%			0.00%	-	-	1	*
	Foundation House Officer Year 1	2	*	40.00%	3	*	60.00%	-	-	5	£ 13.26
	Foundation House Officer Year 2	1	*	100.00%			0.00%	-	-	1	*
	Medical Director			0.00%	1	*	100.00%	-	-	1	*
	Other	7	£ 50.17	58.33%	5	£ 50.73	41.67%	£ 0.56	1.11%	12	£ 50.40
	Salaried GP	31	£ 45.29	60.78%	20	£ 44.86	39.22%	-£ 0.43	-0.95%	51	£ 45.12
	Senior Dental Officer	6	£ 41.56	85.71%	1	*	14.29%	-	-	7	£ 42.41
	Specialty Doctor	35	£ 33.18	61.40%	22	£ 33.29	38.60%	£ 0.11	0.35%	57	£ 33.22
	Specialty Registrar	1	*	14.29%	6	£ 20.67	85.71%	-	-	7	£ 21.02
MEDICAL & DENTAL (TOTAL)		276	£ 44.51	54.33%	232	£ 45.96	45.67%	£ 1.45	3.15%	508	£ 45.17

Reporting Category: Executive / Senior Managers
Gender Equal Pay Audit

Job Family	AFC Band	Female			Male			Monetary Variance Male to Female	Monetary Variance Male to Female %	Total Count	Average of Basic Hourly Rate
		Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
EXECUTIVE / SENIOR MANAGERS	Executive Manager Cohort - Grade A				1	*	100.00%	-	-	1	*
	Executive Manager Cohort - Grade B				1	*	100.00%	-	-	1	*
	Executive Manager Cohort - Grade C	1	*	50.00%	1	*	50.00%	-	-	2	*
	Executive Manager Cohort - Grade D	1	*	100.00%				-	-	1	*
	Executive Manager Cohort - Grade E	4	*	66.67%	2	*	33.33%	-	-	6	£ 50.39
	Executive Manager Cohort - Grade H	1	*	100.00%				-	-	1	*
	Executive Manager Cohort - Transitional Grade C	1	*	100.00%				-	-	1	*
EXECUTIVE / SENIOR MANAGERS (TOTAL)		8	£ 47.89	61.54%	5	£ 45.41	38.46%	-£ 2.48	-5.47%	13	£ 46.94

EQUAL PAY STATEMENT

1. EQUALITY ACT SPECIFIC DUTY – EQUAL PAY STATEMENT

This statement had been agreed in partnership and will be reviewed on a regular basis by the NHS Fife Area Partnership Forum and the Staff Governance Committee.

NHS Fife is committed to the principles of equality of opportunity in employment and believes that staff should receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value, regardless of their age, disability, ethnicity or race, gender reassignment, marital or civil partnership status, pregnancy, political beliefs, religion or belief, sex or sexual orientation.

NHS Fife understands that the right to equal pay between women and men, persons who are disabled and people who are not, and people who fall into a minority racial group and persons who do not, is a legal right under both domestic and European Law. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHS Fife to take the following steps:

- Publish gender pay gap information every two years,
- Publish a statement on equal pay which specifies our policy on equal pay among our employees between men and women, people who are disabled and people who are not, and people who fall into a minority racial group and people who do not,
- Publish information on occupational segregation, being the concentration in particular grades and in particular occupations of women and men, persons who are disabled and people who are not, and people who fall into a minority racial group and persons who do not.

It is good practice and reflects the values of NHS Fife that pay is awarded fairly and equitably.

NHS Fife recognises that in order to achieve equal pay for employees doing the same or broadly similar work, work rated as equivalent, or work of equal value, it should operate pay systems which are transparent, based on objective criteria and free from unlawful bias.

2. EQUALITY ACT GENERAL DUTY

In line with the General Duty of the Equality Act 2010, our objectives are to:

- Eliminate unfair, unjust or unlawful practices and other discrimination that impact on pay equality.
- Promote equality of opportunity and the principles of equal pay throughout the workforce.
- Promote good relations between people sharing different protected characteristics in the implementation of equal pay.

Appendix 2: Equal Pay Statement

We will:

- Review this policy, statement and action points with trades unions and professional organisations as appropriate, every two years and provide a formal report within 4 years;
- Inform employees as to how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions;
- Examine our existing and future pay practices for all out employees, including part time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of the impact of our practices in line with the requirements of the Equality Act 2010;
- Consider, and where appropriate, undertake a planned programme of equal pay reviews in line with guidance to be developed in partnership with the workforce.

Responsibility for implementing this policy is held by the NHS Fife Chief Executive.

If a member of staff wishes to raise a concern at a formal level within NHS Fife relating to equal pay, the Grievance Procedure is available for their use.

SIGNATURE: .…………………………………………..
MR DAVID MILLER
Director Of Workforce

SIGNATURE: .…………………………………………..
MRS WILMA BROWN
Employee Director

REVIEW DATE: **30/04/2025**

STAFF GOVERNANCE COMMITTEE

(Meeting on Thursday 11th May 2023)

The main focus of the Area Partnership Forum meeting held on Wednesday 22nd March 2023 was on the ongoing workforce and financial challenges, and staff health and wellbeing. There were also presentations on the Population Health & Wellbeing Strategy and Personal Development Planning & Review and a report on a deep dive into Core Training Compliance.

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

NHS Fife
AREA PARTNERSHIP FORUM

NHS Fife

Chair: Wilma Brown, Employee Director

Present:

Sharon Adamson, Royal College of Nursing	Neil McCormick, Director of Property & Asset Management
Nicky Connor, Director of Health & Social Care	Margo McGurk, Director of Finance & Strategy
Claire Dobson, Director of Acute Services	Chris McKenna, Medical Director
Simon Fevre, British Dietetic Association	David Miller, Director of Workforce
John Hackett, UNISON – Regional Officer	Louise Noble, UNISON
Ben Hannan, Director of Pharmacy & Medicines	Lynne Parsons, College of Podiatrists
Paul Hayter, UNISON	Kevin Reith, Deputy Director of Workforce
Joy Johnstone, Federation of Clinical Scientists	Joy Tomlinson, Director of Public Health
Kirsty MacGregor, Associate Director of Communications	Andrew Verrecchia, UNISON
Janette Keenan, Director of Nursing	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

In Attendance:
Susan Fraser, Associate Director of Planning & Performance (Item 08.1)
Janet Melville, Personal Assistant (Minutes)

Actions

01.   WELCOME, INTRODUCTIONS AND APOLOGIES

W Brown welcomed colleagues to the meeting and apologies were noted from I Banerjee, V Bennett, M-A Gillan, N Groat, A Kopyto, C Lim, W McConville, A Nicoll, C Potter, S Raynor and C Somerville.

02.   MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 25th January 2023 were accepted as a true and accurate record.

The Action List was reviewed, and updates provided:

Youth Employment

It was agreed this is a key area for NHS Fife's future workforce, and work continues in the absence of the Employability Manager. An update will be brought to a future APF.

KR

Employee Relations Update

K Reith confirmed an action plan has been prepared and shared with the Partnership Group. It was agreed to explore further at the next Partnership Group meeting.

Partnership Group

Community Larder/ Staff Pantry (see also item 08.4)

R Waugh informed colleagues the delivery of storage units for displaying

foodstuffs in the Staff Health & Wellbeing Hubs at Victoria (VHK) and Queen Margaret Hospitals is imminent. The Manager of Glenrothes Foodbank has been assisting volunteers who will be managing the project. Graphics promoting the facility will be published on StaffLink and around the hospital sites.

Comms

Whistleblowing Report

The next Whistleblowing reporting period is 01 January – 31 March 2023, therefore a report will be brought to the APF in May 2023.

SR

03.   MATTERS ARISING

03.1   Update on Confidential Contacts

L Parsons reported that she and S Raynor had met Ruth Lonie, Communications Manager to work up a promotional campaign to attract staff to undertake the role of Confidential Contact, ensuring the skill set and responsibilities required are clearly defined.

APF **noted** the update.

There were no other matters arising.

04.   APPROPRIATELY TRAINED

04.1   Core Training Compliance Improvement Plan

K Reith talked to the paper: following concerns around the fall in the overall compliance rate to 65% of the annual training target, an action plan has been developed and will be implemented in phases.

The Executive Directors Group has made a commitment that work on improving the training compliance levels would involve: realistic compliance improvement trajectories developed across services to target and prioritise activity; engagement with all training owners to establish delivery plans and improve levels of staff attendance/ completion; roll out of enhanced manager reporting to support compliance monitoring activity; and completion of a full core training compliance review to develop and refine our programme to improve role specific training requirements (aligned with national work as appropriate).

This led to a discussion during which A Verrecchia sought assurance, in particular with Resuscitation training, that there is the requisite number of trainers to deliver sufficient training sessions and that staff are released to attend. S Fevre queried whether there is a commitment from services to release staff to undertake training and development; and requested continuity of reporting at APF in May, July and September 2023 to see the improved trajectory. J Keenan advised that Practice & Professional Development (PPD) colleagues have commenced cascade training with a test of change in AU2, with the necessary governance in place. W Brown questioned whether staff who have achieved Advanced Life Support competence are appropriately trained to deliver Basic Life Support training to colleagues.

KR

K Reith summed up actions going forward: to monitor trajectories, increase training capacity/ face-to-face availability, monitor attendance levels, with each service working to a realistic target, and monthly progress reporting. Whether training is arranged by managers or by self-booking would depend on the service: a hybrid model is most likely.

APF **noted** the actions being taken to increase compliance.

04.2 Presentation - Deep Dive: Personal Development Planning and Review

K Reith guided Forum members through the presentation, drawing attention to the fact that NHS Fife is required to ensure that all staff have a regular, effective Personal Development Plan and Review (PDP&R) discussion, in order to appraise past performance and identify any necessary learning and development opportunities. The expectation is that Boards aim for 80% completion level. This target has not been achieved for several years, exacerbated by the focus on COVID-19.

To improve performance, the actions that will be undertaken include:
- Communication on Staff Development as a key theme of recovery
- Lessons learned from national improvement work to improve staff engagement
- Integrating PDP&R with Professional Registration Revalidation requirements
- Making connection with Wellbeing conversations
- Launch of new Manager Zone in Turas Learn
- Reporting and Monitoring.

The discussion that followed produced several suggestions including: refocussing organisational priorities on training and development, with an action plan for assurance; managers could have regular 'wellbeing' or 'check in' conversations with staff e.g., as simple as 'how are you?'; preparation of video clips for StaffLink to showcase good (and not so good) PDPR conversations, emphasising the importance of the interaction rather than it merely being a tick box exercise; 'coffee chats' and passing conversations can also yield rich content, but how do we record them; support/ train managers to have meaningful conversations with their staff e.g. Good Conversations approach with Alison Linyard, Personal Outcomes Programme Manager.

DM/ Comms

It was agreed to share the presentation with APF members.

KR

APF **noted** the actions being taken to improve performance.

05. INVOLVED IN DECISIONS

05.1 Acute Services Division & Corporate Directorates Local Partnership Forum Update (ASD&CS LPF)

A Verrecchia reported that he and C Dobson have met N McCormack to re-establish the Acute Services Health & Safety Committee following a pause due to COVID-19. The Terms of Reference are being reviewed and meeting dates arranged.

A Verrecchia highlighted the opening of the Orthopaedic National Treatment Centre, with patients already being treated in the new facility.

A Verrecchia drew attention to the Energy Pods for staff to 're-energise' during or after shift.

At the Senior Leadership Team (SLT) meeting on 21 March 2023, a refresh of pathways post COVID-19 at AU1 Front Door is being proposed to aid capacity and flow and ease pressures in the system. An update will be brought to a future APF.

CD

Planning is underway and a funding bid being prepared, to revitalise the

grounds around AU2, VHK into a Courtyard Garden, to support staff health and wellbeing.

APF **noted** the update.

05.2   Health & Social Care Local Partnership Forum Update

S Fevre advised that a lively and robust discussion on 'finance' had taken place with Trade Union and Council colleagues, with a firm commitment to continue the conversations to improve understanding of decisions taken on initiatives and schemes and the impact on workforce.

Other matters discussed at the H&SC LPF included Organisational Change within GP practices, for the COVID Vaccinator workforce and Anti-Ligature Risk Mitigation work, all of which have significant staff side involvement.

S Fevre confirmed that training figures are a priority and constantly discussed in partnership at meetings, including SLT and LPF.

S Fevre indicated he is currently gathering information from contributors for the H&SC Annual Report which will be submitted to the Integrated Joint Board (IJB) for approval at the end of July 2023.

N Connor took the opportunity to thank LPF members for the valuable and frank finance discussion and looks forward to working together through the significant challenges ahead.

N Connor echoed the challenges to the system for H&SCP staff and teams; pressures are monitored closely and addressed as appropriate.

N Connor reported that the National Care Services work is currently paused, which could potentially result in major policy reform and change.

APF **noted** the update.

06.   TREATED FAIRLY AND CONSISTENTLY

06.1   iMatter 2023 Update

K Reith spoke to the paper, which outlines details of the national iMatter schedule of activity for all Boards. The 2023/24 iMatter cycle is similar to last year, with Team Confirmation in May/ June 2023, the Questionnaire issued/ responses during June/ July 2023 and Action Planning from late July 2023 onwards. A Short Life Working Group has been set up and is liaising with Communications colleagues to prepare a promotional campaign to encourage manager and staff engagement.

During the discussion that followed, A Verrecchia suggested it is important to demonstrate to staff the importance of iMatter via, for example, successful improvement stories rather than sharing an iMatter Board report. A recurring theme is 'Board members are not sufficiently visible' – perhaps a 2-page summary of NHS Fife Board meetings could be prepared to allow staff to appreciate what's going on within NHS Fife. D Miller proposed he record a video clip, stressing the story is important, even small changes can have a big impact. S Fevre indicated that the iMatter Operational Group has been established to drive up participation and action planning, and encouraged colleagues to contact Jackie Millen, Workforce Development and Engagement Officer (KSF) with ideas. K MacGregor advised that 'pop up' sessions to assist staff with logging in were helpful and would be held again this year; and asked for volunteers to record case studies to feature on StaffLink, as they make the

DM/ Comms

process valuable. N Connor suggested teams prepare a schedule to ensure all actions are undertaking within the timescales. N McCormick requested that the number of paper forms be kept to a minimum, as the response rate is poor, and we now have the functionality to complete the questionnaire on a smart phone as well as laptop or computer.

APF **noted** the update, for awareness.

06.2 HR Policies

S Fevre advised that HR15 – Organisational Change Policy has been updated to reflect changes in legislation. Appendix 10 of HR47 – Recruitment Policy: Risk Scoring Assessment for Disclosure Purposes was updated to incorporate changes around process.

In relation to the Risk Scoring Assessment, it was requested that a consistent/ objective approach to scoring offences is employed; clarification is sought on who the 'NHS Fife Panel' is; and whether detailing the age ranges is within the bounds of the Equality Act.

SR

APF **approved** the amended policy/ appendix, subject to the queries being clarified.

07. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

07.1 Improved and Safe Working Environment Update

N McCormick reported that the pilot Stress at Work Risk Assessment data has been gathered and the Group is meeting on 21 April 2023 to take forward the output from that. Good progress was made at the last meeting, staff are well engaged, and a robust action plan prepared.

R Waugh confirmed that positive feedback has been received from the Community Learning Disabilities team, with Ward feedback to come. The stress management conversations were encouraging staff to act on issues that had been put to one side. A presentation will be brought to a future APF.

NMcC/ WMcC

N McCormick observed that a different but linked approach is being taken within H&SCP; planning to share elements of best practice.

APF **noted** the update.

Asbestos

S Fevre sought assurance that staff can be sure their working environment is safe and healthy, and not contaminated with asbestos when building works are being carried out. N McCormick confirmed there is a register of where asbestos has been identified within NHS Fife properties but recommended contacting the experienced, knowledgeable staff within Estates if in doubt.

08. WELL INFORMED

08.1 Population Health & Wellbeing Strategy (draft)

S Fraser presented the final draft of the Population Health & Wellbeing Strategy, developed through extensive engagement with communities, staff, patients and partners. The document, which incorporates inspiring case studies demonstrating our vision and values and 4 key strategic priorities - to improve health and wellbeing, to improve the quality of health and care services, to improve staff health and wellbeing and to deliver value and

sustainability - is going to NHS Fife Board for approval on 28 March 2023, being launched at the Grand Round on 29 March 2023 and will subsequently be shared with APF and published on StaffLink **SF**

APF **noted** the update.

08.2   Workforce Information Overview

R Waugh spoke to the paper, reminding colleagues that the reporting format continues to be refined and improved; this will include housekeeping on JobTrain to ensure more accurate figures and useful information.

W Brown raised concerns with the number of vacancies, in particular nursing vacancies; and also the leavers rate and sickness absence levels, all of which impact on those at work.

W Brown suggested that the funds used to enable a relatively small number of staff to attend such events as the Wellbeing Retreat Days, could have been better used to support and benefit the health and wellbeing of a greater number of staff. R Waugh confirmed that there is no further extension to the Going Beyond Gold monies which end on 31 March 2023; however, core support will continue to be available from Occupational Health, Spiritual Care and Psychology colleagues. It is planned to increase the number of Values Based Reflective Practice approach sessions delivered by Lynne Innes (seconded from NES). Wendy Simpson, Wellbeing Champion, CAMHS Early Intervention Service will continue her wellbeing offerings, albeit at NHS Fife venues.

W Brown requested a 'deep dive' into vacancy rates to increase understanding; and also into Employee Relations activity, as incidents affect not only individuals but whole teams, especially outstanding cases taking a lengthy time to resolve. K Reith and D Miller confirmed that work is progressing with ER cases and would welcome joint discussions to reprioritise cases and take forward to satisfactory resolution. **KR/ RW** **SR/ Staff Side**

R Waugh offered to discuss the workforce information overview in more detail with staff side colleagues. **RW**

In terms of International Recruitment, it was recognised that presently no further Scottish Government (SG) funding is anticipated; however, NHS Fife is considering proposals for onboarding a further 8 international staff per month in the coming year.

R Waugh also highlighted:

- the Energy Pods - available to all staff to have a few minutes relaxation - will be permanently located at VHK.
- a Coffee Connect session at the end of May 2023 to relaunch the Diverse Ethnicity Network (DEN) (previously BAME).
- given the current cost of living crisis, staff are being signposted to the Boost Your Income campaign for financial support, which is promoted on StaffLink and on stands in the main hospitals.
- the relaunch of the popular Cycle to Work Scheme.

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

08.3   Finance Update

M McGurk gave a brief presentation on the current complex and extremely challenging financial position within NHS Fife, which includes significant

ongoing system pressures such as energy costs. The SG had tasked Boards with devising a 3-year recovery plan, which NHS Fife considers to be unachievable unless there was major service redesign and a reduction in the provision of services. Instead, a whole system approach (NHS Fife and H&SCP) has been taken to develop a 5-year recovery plan, also ambitious, to move towards closing the financial gap by driving efficiencies and delivering savings. There will be a focus on reducing the reliance on bank and agency staffing, decreasing surge activity and cutting corporate overheads.

It was agreed to circulate the presentation to Forum members.   **MMcG**

APF **noted** the update.

Pay Uplift

M McGurk confirmed that Payroll colleagues are focussing on processing arrears of pay; however, the pay uplift for 2023/24 would be in April salaries.

08.4   Communications Update

K MacGregor reported that R Lonie had met Elaine Rae, Chief Executive, NHS Credit Union to discuss the promotion of the financial support available to staff and their families. A suite of video clips is being prepared to demystify the Credit Union offering. S Fevre drew attention to the rather complex process involved in opening a Credit Union account and to the charge of £5 to do so.

Other items being progressed are promoting the Staff Pantry with the service narrative prepared; publicising information on Safe Harbour, which provides support for those suffering economic abuse; and iMatter promotional material in the form of case studies and video clips.   The Life Changers series, published on StaffLink and on Social Media platforms featuring a range of careers within NHS Fife, is trending well; the aim being to attract individuals to come and work in NHS Fife.

The newly opened National Orthopaedic Treatment Centre has been promoted on StaffLink, celebrating the staff who make the magic happen.

K MacGregor was pleased to announce that the Staff Achievement Awards, paused during COVID-19 is being relaunched, possibly in September 2023. A straw poll with staff to ascertain engagement, and a review of the categories, will be undertaken.

K MacGregor advised that Communication staff have been working with PPD colleagues to create and pilot an online 'prospectus' on the NHS Fife website, detailing training and development opportunities available and enabling online booking to streamline the process. If successful, this could be rolled out to showcase offerings from other areas.

K MacGregor confirmed that the StaffLink User Group continues to meet, albeit less frequently than previously. New features include interactive Reaction Emojis which are proving popular and New Notification software. The Communication team is undertaking a data cleanse with the Digital & Information team to remove unused accounts. Additional developments include News Feed which can highlight trending items, further enhancement of the Search function, Predictive Text, the ability to Pin Comments and upgraded Analytics. Funding has been secured for StaffLink for a further year, 2023/24.

K MacGregor suggested she share her StaffLink slide deck and the Staff Pantry graphics with APF members.   **KMacG**

APF **noted** the update.

08.5 Area Partnership Forum Annual Workplan 2023/24

K Reith talked to the previously circulated workplan which incorporates comments received; and sets out the work of the APF for the year ahead.

APF **agreed** the proposed workplan.

08.6 eRostering Update

R Waugh indicated that work is progressing as planned with the implementation of the eRostering system within NHS Fife. A highlight report, providing an overview of progress to date and future actions, will be shared with APF colleagues. **RW**

R Waugh drew attention to an eRostering Workshop being held on 29 March 2023, details of which will be circulated to APF members, who are welcome to attend the session. **RW/ All**

R Waugh advised that a risk has been identified, and is being addressed, in relation to setting the threshold for staff booking bank shifts to ensure that the Working Time Directive is adhered to, and staff health and wellbeing considered.

R Waugh suggested that Marie Richmond, Head of Digital Strategic Delivery be invited to a future APF to update on progress. **SR**

APF **noted** the update.

09. ITEMS FOR NOTING

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

09.1   H&SCP LPF – Minutes of 16th November 2022

09.2   DL(2023)04 Carry Forward of Annual Leave

09.3   NHSScotland Workforce Policies Newsletter – March 2023

10. AOB

There was one item of 'AOB'. W Brown queried progress with the Band 2/ Band 3 Health Care Support Worker Review and requested an update report be brought to the next APF meeting. **SR/ AV**

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 24th May 2023 at 13:30 hrs.

LOCAL PARTNERSHIP FORUM
(Meeting on 24 January 2023)
No issues were raised for escalation to the Staff Governance Committee.

Fife Health & Social Care Partnership
Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
TUESDAY 24 JANUARY 2023 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT:	Simon Fevre, Staff Side Representative (Chair)
	Nicky Connor, Director of Health & Social Care
	Debbie Fyfe, Joint Trades Union Secretary
	Audrey Valente, Chief Finance Officer, H&SC
	Billy Nixon, Health & Safety, NHS Fife
	Danielle Archibald, Service Manager (for Rona Laskowski)
	Elizabeth Crighton, Project Manager – Wellbeing & Absence
	Fiona McKay, Head of Strategic Planning, Performance & Commissioning
	Hazel Williamson, Communications Officer, H&SC
	Kenny McCallum, UNISON
	Lee-Anne French (for Elaine Jordan)
	Lisa Cooper, Head of Primary & Preventative Care Services
	Lynn Barker, Associate Director of Nursing
	Lynne Garvey, Head of Community Care Services
	Morag Stenhouse, H&S Adviser, Fife Council
	Roy Lawrence, Principal Lead Organisation Development and Culture
	Susan Robertson, UNITE
	Susan Young, HR Team Leader, NHS Fife
	Yvonne Batehup, UNISON Welfare Representative
	Wendy McConville, UNISON Fife Health Branch
	Wendy Anderson, H&SC Co-ordinator (Minutes)
APOLOGIES:	Angela Kopyto, Dental Officer, NHS Fife
	Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
	Elaine Jordan, HR Business Partner, Fife Council
	Eleanor Haggett, Staff Side Representative
	Helen Hellewell, Deputy Medical Director, H&SC
	Kenny Grieve, Health & Safety Adviser, Fife Council
	Lynne Parsons, Society of Chiropodists and Podiatrists
	Rona Laskowski, Head of Complex & Critical Care Services
	Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION

1   APOLOGIES

As above.

2   PREVIOUS MINUTES

2.1 Minute from 16 November 2022

The Minute from the meeting held on 16 November 2022 was approved as an accurate record of the meeting.

NO	HEADING	ACTION

2.2 Action Log from 16 November 2022

The Action Log from the meeting held on 16 November 2022 was approved as accurate.

Simon Fevre provided a short update on the decision make an edited version of the LPF Annual Report at the same time as the full report is being produced this year.

3 JOINT CHAIRS UPDATE

Nicky Connor updated on the position of Principal Social Work Officer, which became vacant at the end of 2022. Dougie Dunlop is currently providing professional support on an interim basis, interviews for this role are scheduled to take place in the near future and the LPF will be updated once this is concluded.

Simon Fevre gave an update on potential industrial action from the perspective of the health unions, three of whom have voted in favour of strike action. Talks are ongoing with the Cabinet Secretary around the 2023-2024 pay award and strike action has been suspended pending the outcome of these. There are still some issues to resolve regarding the 2022-2023 pay award.

4 HEALTH AND WELLBEING

Attendance Information

Susan Young advised that NHS absence for November was 7.05%, up from 6.85% in previous month. Main reasons continue to be to Anxiety / Stress / Gastro- intestinal problems although cough/cold/flu are responsible for a number of short-term episodes. 26 areas had an absence rate of over 10% in November 2022. Improvement Panels are being convened and Attendance Management training has been refreshed and is available on Stafflink.

Lee-Anne French advised that Fife Council absence for the same period has reduced from to 11.7%, the lowest absence rate in 23 months. Main reasons continue to be mental health / stress and MSK. HR are providing pro-active support to managers including monthly absence panels. Employees are signposted to health and wellbeing supports as necessary.

Discussion took place around the use of the Stress Toolkit and Debbie Fyfe asked if an at glance guide or checklist could be provided for Managers to assist with cases. Lee-Anne French will discuss this with colleagues.

Debbie also offered to highlight guidance and advice for employees on the union's Social Media pages

Self-referral of employees to access physiotherapy and counselling was discussed and HR colleagues will look into how best to promote these to employees.

SY/EJ / EC / LAF

Susan Young had provided a written update which was circulated with the papers for the meeting and she highlighted some of the work which is ongoing including Walking Meetings and information on women's health and the uptake of wellbeing activities. Simon Fevre asked about these figures, which were included in this update for the first time, Susan will check statistics and feedback at next meeting.

SY

4 HEALTH AND WELLBEING (CONT)

Staff Health & Wellbeing (Cont)

Elizabeth Crighton had also provided a detailed written update and she highlighted some of the ongoing work within Fife Council including early intervention calls, return to work evaluation, the HSE Talking Toolkit and wellbeing focus visits to care homes.

Nicky thanked Susan, Elaine, Lee-Anne and Elizabeth and Heads of Service for all of the work which is being done to support health and wellbeing.

5 HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP AND MANDATORY TRAINING)

Danielle Archibald gave an update on the H&S Assurance Group on behalf of Rona Laskowski. The group last met on 25 October 2022, next meeting is 14 February 2023 and they will meet quarterly thereafter.

Paper was taken to SLT Assurance on 12 December 2022, focusing on the position and compliance with mandatory training relating to Health and Safety. Recognised need to improve compliance across workforce, acknowledging current service pressures and challenges in access. Initial targimprovement target by May 2023 is under negotiation with the H&S advisers in NHS Fife and Fife Council.

Current Lone Working return has been sent to all services and this will be considered at February H&SAG meeting.

Health and Safety Executive have developed a stress management risk assessment which is divided into 6 sections covering all 6 standards, The "Talking Tool Kit". The tool kit is organised into six sections, each providing guidance and a template which enables the supervisor to have conversations with a staff member around the six topics;

- Demands
- Control
- Support
- Relationships
- Role
- and Change

any of which may individually, or combined , be a contributor to causing workplace stress to a degree that is impacting on an individual's ability to fulfil their role. Tool Kit has been rolled out across Fife Council staff within the HSCP over the past 6 – 9 months, to great effect, offering supported use of the tool to individuals staff members who are absent form work due to work related stress. The HSCP has recently taken a decision to extend the life of this project. It is welcome that steps are being taken to enable NHS Fife workforce to have similar levels of support.

Discussion took place around violence and aggression in the workplace, the need to ensure employees report / record all incidents (including verbal) and it was confirmed that this is part of the work of the Health & Safety Assurance Group.

5   HEALTH AND SAFETY UPDATE (CONT)

Billy Nixon and Morag Stenhouse had both provided written updates prior to the meeting.

Billy updated on figures for violence and aggression incidents within NHS partnership staff. During 2022 there were 87 physical and 50 verbal incidents. A new Violence and Aggression Adviser has recently joined Billy's team and he will be responsible for V&A training. Five RIDDOR incidents have been reported and additional manual handling trainers are being recruited to help reduce waiting lists.

Morag Stenhouse advised her report was taken from PowerBi and showed 7 RIDDORS were reported in the last quarter. During 2022 there were174 physical and 61 verbal violent and aggressive incidents recorded. A Lone Working review is underway.

HW/BN/ MS

Nicky Connor suggested that a communications plan be drawn up in conjunction with Hazel Williamson to highlight health and safety issues and priorities within the directors brief and staff communications. To be discussed further at LPF pre-agenda meeting on Wednesday 8 March 2023.

6   FINANCE UPDATE

Audrey Valente provided a finance update which has not changed much since the last update. Partnership is reporting a projected outturn underspend of £7m.

Pay awards for both Fife Council and NHS Fife staff have been factored into this year's calculations.

Currently hold approx £16/£17m in uncommitted Reserves, with a further £11m earmarked for specific purposes (eg PICP, ADP). Policy advising holding around 2% (approx £13m).

Budget and medium-term financial strategy estimate a £7m gap in year 1 which rises to £15m in year 3. This takes account some assumptions for future pay awards, inflation and potential funding uplift.

There are a number of areas under consideration to assist with closing the budget gap and examples were being provided of the types of areas being explored. SLT members are looking at these in detail and finalised PIDS will be brought forward in due course.

Audrey to give consideration to setting up a dedicated LPF session on budget/ PIDS/staffing implications, etc in early March 2023.

AV

7   UDPATE ON STRATEGIC PLAN

Fiona McKay gave a presentation on the Strategic Plan 2023-2026 which was being considered for approval at the IJB meeting on Friday 27 January 2023. The plan fits into the Plan4Fife and over 638 people, including staff and the public, contributed feedback to finalised version. Simon Fevre commended the amount of engagement which had taken place and this has resulted in a very readable document full of relevant information. He thanked all those involved in the process and will be happy to add the LPF support to this when discussed at the IJB.

8 SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19

System Pressures and Update

Lynne Garvey updated on the current significant pressures on the whole workforce, these are not unique to Fife. This has resulted in a number of additional surge beds being opened in our community hospitals and at present there is not a timeframe to project when these are likely to be stood down. Daily workforce huddle still taking place and some staff have been deployed to areas with greatest need.

There is also significant pressure on the Social Care workforce, recruitment continues to be heavily promoted, current approach is focusing on local areas via the use of posters in libraries, supermarkets, etc. Recent recruitment drive has resulted in 47 new staff and the attrition rate is falling, which is positive news.

New Care at Home Co-ordinators are helping to free up capacity and ensure equity with the number of staff supervised. Staff wellbeing is being promoted in all areas. Debbie Fyfe advised that the additional Co-ordinators were appreciated by carers as they can now get easier access to management support and supervision. Lynne advised that the Review Team is checking all packages of care being provided to ensure levels are appropriate.

Simon Fevre asked about Scottish Government funding for additional care home beds to ease pressure. Lynne Garvey advised that Fife already make use of interim care beds which patients wait for a suitable package of care. Fiona McKay confirmed that extra beds have been commissioned until the end of March 2023.

A Care at Home Inspection is currently underway and more information will be provided at the next LPF meeting.

FM

Danielle Archibald updated on staffing levels in Social Work, Social Care and Adult Resources which all remain challenging. All mental health beds, including additional surge beds, are currently in use. Staffing remains green or amber in accordance with the OPEL tool.

Lisa Cooper advised that her daily huddle continues to take place. The Tender Contract for 3 of the 2C GP practices goes live till 27 March 2023 and should be concluded by the end of May. Response from Urgent Care over the festive public holidays was phenomenal with the Flow and Navigation Hub undertaking a test of change is being piloted with ambulance staff to call before they convey patients. The Primary Care Improvement Plan is being refreshed with a workshop planned for week commencing 30 January 2023.

Update on Industrial Action

Simon Fevre had given an update on this during the Joint Chairs Update.

Immunisation - Staff / H&SC Workforce

Lisa Cooper advised that the autumn/winter programme is complete with over 90% uptake within Fife. Mop up and drop sessions are still available. Some staff have been deployed to other areas. Lessons learned and feedback from

8   SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19 (CONT)

Immunisation - Staff / H&SC Workforce

last year are both in place. This continues to be promoted and LPF are encouraged to promote staff uptake.

9   HSCP LEADERSHIP PROGRAMMES 2023

Roy Lawrence presented this paper and was seeking the support of the LPF in the design stage of the programmes. The Extended Leadership Team (ELT) is being refreshed and we are looking to ensure there is a consistent approach, which is flexible and contains the golden thread throughout all leadership development work   These programmes are aimed at staff within ELT and the 3rd and Independent sectors as well as those in acute and pharmacy. There is also further leadership development being progressed to support team manager level and this will be launched later in 2023.

Simon Fevre was encouraged by the report which would shape how the organisation supported leadership development and would develop staff including those new to Health and Social Care.

Nicky Connor thanked Roy and his team for the work which had gone into this which shows great potential going forward into 2023 and supports our commitment to Organisational Culture and staff development.

10   LOCAL PARTNERSHIP AGREEMENT

A copy of the final, signed agreement was circulated with the paper for the meeting. This refresh supports good governance for the LPF and will be reviewed in annually in future. Wendy to add to the workplan.

11   NATIONAL CARE SERVICE - UPDATE

Nicky Connor gave a presentation on the National Care Service and these slides will be circulated to LPF members.

WA

The presentation was a factual update on the Bill with more information expected in the next 6 months following codesign work that is planned at a national level as this is developed further.

More information will be shared with LPF members as it becomes available.

12   ADULT INSPECTION REPORT AND ACTION PLAN

Fiona McKay gave an update on the Adult Inspection Report which was received towards the end of 2022. An Improvement Plan was completed and sent to the Care Inspectorate and a meeting is being held later in the week to discuss how best to take forward the actions during the timescale for completion, which is 2 years. Dougie Dunlop will lead on this initially. Reports will come back to the LPF on a 6 monthly basis. Members noted the report and recognized the significant contribution from staff to plan and participate in the inspection.

NO	HEADING	ACTION

13   ITEMS FOR BRIEFING STAFF

It was agreed to provide information to staff on:-

Service Pressures	Mandatory Staff Training	
HSCP Leadership Programmes 2023	Staff Health & Wellbeing	
Strategic Plan	Adult Inspection Report and Action Plan	**HW**

14   LPF ANNUAL REPORT 2022-2023

Simon Fevre advised that last year's report was well received and that he would be contacting LPF members to seek information similar to that requested last year. This would be discussed at the LPF Development Session on 31 May 2023 with a view to the final report going to FP&S Committee on 6 July 2023 and the IJB on 28 July 2023.

Earlier in the meeting Simon Fevre had provided a short update on the decision make an edited version of the LPF Annual Report at the same time as the full report is being produced this year.

Nicky Connor advised that the Annual Performance Report for the partnership would also be going to the July IJB meeting and it would be good to ensure a link between both reports.

15   AOCB

Susan Young updated on the NHS Fife Payroll Team who would transfer to the South East Region Payroll Consortium on 1 February 2023. TUPE consultation has been ongoing. NSS will be lead employer.

16   DATE OF NEXT MEETING

Wednesday 29 March 2023 – 9.00 am – 11.00 am

Health & Safety Sub-Committee

(Meeting on 10 March 2023)

- Health & Safety Sub-Committee Minute (unconfirmed) - for noting

- Health & Safety Sub-Committee Terms of Reference (March 23) - for noting

- Health & Safety Sub-Committee Annual Statement of Assurance 2022-23 - for noting

NHS Fife

Minute of the H&S Sub-Committee Meeting
Friday 10 March 2023 at 12.30 pm on Teams

Present
Neil McCormick (Chair), Director of Property & Asset Management (NMcC)
David Miller, Director of Workforce (DM)
Conn Gillespie, Staff Side Representative (CG)
Nicola Robertson, Associate Director of Nursing (NR) (for Janette Keenan)

In Attendance
Billy Nixon, H&S Manager (BN)
Ann-Marie Marshall, Acting Senior H&S Advisor (A-MM)

The order of the minute may not reflect that of the discussion

No.		Action
1.	**Welcome & Apologies** NMcC welcomed those present to the meeting. Apologies were noted from Dr Chris McKenna, Janette Keenan (Nicola Robertson), Paul Bishop and Rona Laskowski.	
2.	**Minute/Matters Arising**: The Minute of 20.01.23 was approved as an accurate record. Matters arising were all either complete, in progress or identified elsewhere on the agenda.	
3.	**Covid-19 Update**: There was no update with respect to Covid-19 as the position was the same as at the January meeting.	
4.	**Governance Arrangements**: 4.1 Terms of Reference (ToR) A copy of the ToR for the H&S Sub-Committee was distributed to members of the group and the Sub-Committee **approved** the updated ToR. 4.2 Annual Statement of Assurance The Annual Statement of Assurance was **approved** by the sub-committee subject to the attendance for the current meeting being updated.	

	4.3 <u>Annual Work Plan 2023-24</u> The H&S Sub-Committee Annual Work Plan 2023-24 was distributed to members of the group. The Annual Work Plan 2023-24 will be published at each H&S Sub-Committee meeting and any changes will be reflected accordingly. The group **noted** the H&S Sub-Committee Annual Work Plan 2023-24.	
5.	**<u>Operational Updates</u>** 5.1 <u>H&S Sub-Committee Incidents Report</u> (Dec-Feb 2023) A copy of the H&S Sub-Committee Incidents Report (Dec-Feb 2023) was distributed to members of the group. BN presented the Incidents Report for the period December to February 2023 to the group in his role as H&S Manager. <u>Interviews for the Manual Handling Trainer</u> vacancies had been held with 2 successful candidates. DM agreed to follow up if the recruitment process could be accelerated as the candidates could start with immediate effect and this would help in providing the capacity to continue the ambitious training plan identified. <u>Interviews for the post of the Manual Handling Co-ordinator post will be held in early April. Once the post is filled, this will then complete the team.</u> Thanks were extended to BN and his team. 5.2 <u>Staff Governance Standards - Improved & Safe Working Environment SBAR</u> NMcC and CG gave an update on the "heartening" feedback that had been coming back from the pilot areas in Learning Disabilities through Wendy McConville. Staff had found the process to be positive and had felt empowered to proposes solutions as part of an action plan to reduce stress in the workplace. A more formal update would be given to the APF and Staff Governance Committee together with the Sub-Committee in due course. All agreed that this piece of work could have a positive impact on reducing stress in the workplace and allowed staff to be empowered to contribute positively and engage with the process. 5.3 <u>Manual Handling</u> A-MM gave an update to the Sub-Committee on all of the positive progress that had been made in improving the Manual Handling service.	**DM**

	The Sub-Committee were advised that all points on the Internal Audit (B22/21) Manual Handling Training findings had now been agreed as complete. The Sub-Committee took assurance from the update and thanked A-MM and her team for all the hard work that they had undertaken in re-designing the service. 5.4 Lateral Lifter for Arjo Hoists Meetings have taken place with HoN's, Head of Patient Experience and Director of Nursing for Acute Services on the introduction of lateral lifters throughout NHS Fife for raising the fallen person. The lateral lifter allows the patients to be lifted horizon tally from the floor which has been documented as best practice. All agreed this would be a positive step moving forward. From this, A-MM had a meeting with Arjo and quotes have been obtained and sent out. Further discussions will take place on the quantity and location of the lateral lifters and also staff will need to be trained in its use by the manual team and A-MM. We will concentrate on the higher risk areas first and deliver training on the wards. Lateral Lifter for Arjo Hoists training will also be included in induction training and changes are being made to the Manual Handling Policy to reflect this.	
6.	**NHS Fife Enforcement Activity** There has been no recent HSE enforcement activity to report within NHS Fife. Enforcement Activity within other Boards NHS Grampian – Violence and aggression enforcement due to lack of Risk Assessments in place. NHS Highland – Manual Handling issues. It was agreed that BN would liaise with other Boards to ensure that any learning points from enforcement activity could be identified and acted on within NHS Fife.	
7.	**Policies & Procedures** NMcC - A list has been published as part of EDG around all outstanding policies and procedures across the Board. This was filtered to include only outstanding Health & safety related policies. BN assured the Sub-Committee that all outstanding policies and procedures other than those that were outside the remit of his department eg smoking had been updated and were in the process of approval through the General Policies Group.	

8.	**<u>Any Other Business</u>** There was no other business to attend to and the meeting was closed.	
9.	**<u>Date & Time of Next Meeting</u>** Friday 9 June 2023 at 12.30 pm on Teams	