

Staff Governance Committee

Thu 14 September 2023, 10:00 - 12:00

MS Teams

Agenda

10:00 - 10:01 **1. Apologies for Absence: Simon Fevre (Lynne Parsons deputising), Margo McGurk (Susan Fraser deputising) and Wilma Brown**
1 min

Sinead Braiden

10:01 - 10:02 **2. Declaration of Members' Interests**
1 min

Sinead Braiden

10:02 - 10:07 **3. Minutes of Previous Meeting held on Thursday 20 July 2023**
5 min

Enclosed *Sinead Braiden*

 Item 3 Staff Governance Committee Minutes (unconfirmed) 20.7.23.pdf (9 pages)

10:07 - 10:10 **4. Matters Arising / Action List**
3 min

Enclosed *Sinead Braiden*

 Item 4 SGC Table of Actions 14.9.23.pdf (2 pages)


10:10 - 10:40 **5. GOVERNANCE MATTERS**
30 min

5.1. Corporate Risks Aligned to Staff Governance Committee

Enclosed *David Miller*

 Item 5.1 Corporate Risks Aligned to SGC on 14.9.23.pdf (5 pages)

 Item 5.1 Corporate Risks Aligned to SGC as at 31.8.23 Appendix 1.pdf (3 pages)

 Item 5.1 Corporate Risks Assurance Principles - Appendix 2.pdf (1 pages)

5.2. Corporate Calendar – Proposed Staff Governance Committee Dates 2024/2025


Enclosed *David Miller*

 Item 5.2 Corporate Calendar - Proposed Staff Governance Committee Dates 2024-2025.pdf (1 pages)

5.3. The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation

Enclosed *Janette Keenan / Rhona Waugh*

 Item 5.3 Health and Care Staffing Scotland Act 2019 Update 14.9.23.pdf (6 pages)

 Item 5.3 Appendix 1 - HCSA Staff - Information for Stakeholders on Staff Groups Covered by the Act - April 2023.pdf (5 pages)

 Item 5.3 Appendix 2 - HCSA Guidance.pdf (2 pages)

5.4. Whistleblowing Quarter 1 Report

Enclosed *Sandra Raynor*

📎 Item 5.4 SGC Whistleblowing Quarter 1 Report 2023-2024 - 14.9.23.pdf (13 pages)

5.5. Delivery of Annual Workplan 2023/2024

Enclosed *David Miller*

📎 Item 5.5 Delivery of Annual Workplan 2023-2024 Report - 14.9.23.pdf (9 pages)

10:40 - 11:00 6. STRATEGY / PLANNING

20 min

6.1. Annual Delivery Plan 2023/2024

Enclosed *Susan Fraser*

📎 Item 6.1 Annual Delivery Plan 2023-2024 SBAR 14.9.23.pdf (3 pages)

📎 Item 6.1 Annual Delivery Plan 2023-2024 Appendix 1.pdf (63 pages)

📎 Item 6.1 Annual Delivery Plan Sign Off Letter from Scottish Government Appendix 2.pdf (30 pages)

6.2. NHS Fife Three Year Workforce Plan 2022-2025 & HSCP Workforce Strategy and Plan 2022-2025 Update

Enclosed *Rhona Waugh / Roy Lawrence*

📎 Item 6.2 Workforce Plan 2022-2025 Update 14.9.23.pdf (5 pages)

📎 Item 6.2 Appendix 1 - SG Letter - Three Year Workforce Plans - Developing an Integrated Process - May 2023.pdf (3 pages)

📎 Item 6.2 Appendix 2 - Workforce Action Plan V3.pdf (5 pages)

📎 Item 6.2 Appendix 3 Service Based Sample Workforce Plan.pdf (7 pages)

11:00 - 11:20 7. QUALITY / PERFORMANCE

20 min

7.1. Integrated Performance & Quality Report

Enclosed *David Miller*

📎 Item 7.1 IPQR SBAR SGC 14.9.23.pdf (3 pages)

📎 Item 7.1 IPQR August 2023 SGC 14.9.23.pdf (8 pages)

7.2. iMatter Update

Enclosed *Kevin Reith*

📎 Item 7.2 iMatter Update 2023 14.9.23.pdf (8 pages)

11:20 - 11:40 8. ANNUAL REPORTS / OTHER REPORTS

20 min

8.1. Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2022/2023

Enclosed *Claire Dobson / Andy Verrecchia*

📎 Item 8.1 ASD&CD LPF Annual Report 2022-2023 FINAL.pdf (32 pages)

8.2. Occupational Health and Wellbeing Service Annual Report 2022/2023

Enclosed *Rhona Waugh*

11:40 - 11:45 9. LINKED COMMITTEE MINUTES

5 min

9.1. Area Partnership Forum held on 19 July 2023 (unconfirmed)

Enclosed

- Item 9.1 APF Minutes 19.7.23 Cover Sheet.pdf (1 pages)
- Item 9.1 APF Minutes (unconfirmed) 19.7.23.pdf (10 pages)

9.2. Acute Services Division & Corporate Directorate Local Partnership Forum held on 17 August 2023 (unconfirmed)

Enclosed

- Item 9.2 ASD&CD LPF 17.08.23 Cover Sheet.pdf (1 pages)
- Item 9.2 ASD &CD Local Partnership Forum Minute 17.08.23.pdf (13 pages)

9.3. Health & Social Care Partnership Local Partnership Forum held on 23 May 2023 (confirmed)

Enclosed

- Item 9.3 HSCP LPF Minute 23.5.23 Cover Sheet.pdf (1 pages)
- Item 9.3 HSCP LPF Minute 23.05.23 (Confirmed).pdf (7 pages)

11:45 - 11:55 10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10 min

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 11. ANY OTHER BUSINESS

5 min

12:00 - 12:00 12. Date of Next Meeting: Thursday 9 November 2023 at 10.00 am via MS Teams

0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 20 JULY 2023 AT 2.00 PM VIA MS TEAMS

Present:

Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Wilma Brown, Employee Director
Simon Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)
Janette Keenan, Director of Nursing
Andrew Verrecchia, Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum (LPF)

In attendance:

Lisa Cooper, Head of Primary & Preventative Care Services (for N Connor, Director of Health & Social Care)
Claire Dobson, Director of Acute Services
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Neil McCormick, Director of Property & Asset Management
Margo McGurk, Director of Finance & Strategy (*part*)
Jackie Millen, Workforce Development Officer (*item 7.4 only*)
David Miller, Director of Workforce
Sandra Raynor, Head of Workforce Resourcing & Relations
Susan Fraser, Associate Director of Planning & Performance (*item 6.1 only*)
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair extended a huge thanks to staff for their continued efforts, and who continue to work in extremely challenging times.

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 being written up thereafter.

1. Apologies for Absence

Apologies for absence were received from members Mansoor Mahmood (Non-Executive Member) and Carol Potter (Chief Executive) and attendees Nicky

Connor (Director of Health & Social Care) and Kevin Reith (Deputy Director of Workforce).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 11 May 2023

The minutes of the meeting from Thursday 11 May 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.

Item 1: Training Compliance

The Employee Director highlighted that the training compliance action should remain open as a rolling action, as it still ongoing. An update was provided at agenda item 7.4.

Action: Board Committee Support Officer

Item 3: Equal Pay Audit 2023

The Head of Workforce Planning & Staff Wellbeing provided an update on the Equal Pay Audit 2023 action, noting that support is being sought from the Communications Team to enhance the readability and navigation of the Equal Pay Audit Report. The report will be circulated to the Committee once available.

Action: Head of Workforce Planning & Staff Wellbeing

5. GOVERNANCE MATTERS

5.1 Internal Audit Annual Report 2022/2023

The Director of Finance & Strategy advised that the report's conclusions were very positive and reflects the work progressed across a range of areas of governance, including strategy development and our risk management refresh process. It was also advised that the report has been presented to the Audit & Risk Committee as part of the suite of year-end assurances in support of the annual accounts process. The report has also been presented to all the Governance Committees, for their individual review and for each to take assurance from the independent assessment of controls relevant to their remit.

The Director of Finance & Strategy highlighted the Staff Governance section within the report and was pleased to advise that there were only two recommendations, both in the lower category, which merit attention. She noted that the Committee can take assurance from the various strands of work carried out during another challenging year. It was noted that specific details on any aspect of the report can be provided, if requested.

The Director of Workforce added that positive work continues in relation to workforce planning, and that this is an integral piece of work being taken forward through the Annual Delivery Plan.

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

5.2 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce highlighted the two risks in relation to improving staff experience and wellbeing and advised that there were no changes from the previous month's report. It was reported that there are a number of actions which are being progressed, and it was noted that a focus continues around workforce planning.

Discussion took place on the mitigations, and assurance was taken by members that the organisation recognises the risks, current pressures and workforce challenges, and that there are mitigation actions that are being taken. The impact of not having detailed mitigation actions in place was highlighted. More detail on the mitigation actions and timescales was requested, and the Director of Workforce agreed to reference the work that is being carried out across the organisation in terms of mitigation and include this within the report going forward.

Action: Director of Workforce

Following a question, the Director of Finance & Strategy explained the levels of assurance and advised that a statement on the overall level of assurance that the Committee can take on the risk will be brought back to the next meeting.

Action: Director of Finance & Strategy

It was agreed to have deep dive on the ongoing Bank & Agency Programme Work at the next Staff Governance Committee meeting.

Action: Director of Workforce

The Committee took **assurance** from the report and:

- **Noted** the Corporate Risk detail set out within Appendix 1 as at 16 June 2023;
- **Reviewed** all information provided against the Assurance Principles within Appendix 2;
- **Considered** and were assured of the mitigating actions to improve the risk levels; and
- **Concluded** and commented on the assurance derived from the report.

5.3 Update on Equality, Diversity & Human Rights, including Staff from a Diverse Ethnic Background

The Director of Nursing spoke to the report and provided an overview on the three core pieces of work being taken forward by the Equalities & Human Rights Team, which is the focus of the report.

It was reported that the Translation Service is currently undergoing an extensive review, supported by the Corporate Project Management Office, to enable NHS Fife to reach the ethical and legal requirements, and to make services to NHS Fife equitable. The issues and risks were highlighted. It was advised a business case

will be presented to the Executive Directors' Group at the end of the financial year on the changing model, and that a pilot will be run until then.

Following a question from C Grieve, Non-Executive Member, an explanation was provided on the overspend of the interpretation budget, with it being noted that everything possible is being done to reduce expenditure in this area. C Grieve, also questioned the timescales in relation to setting up in-house interpreters and was advised by the Director of Nursing that there has been some interest internally, and job descriptions are currently being developed. It was noted that this will form part of the business case. It was agreed that the Chair, C Grieve and S Fevre will have a meeting with the Director of Nursing and Head of Workforce Planning & Staff Wellbeing to discuss further.

Action: Director of Nursing

The Director of Nursing also gave an update on the draft NHS Fife Trans Policy, which is in development, and will be presented in draft to key stakeholders and service leads for comment. Following a query from C Grieve, Non-Executive Member, it was confirmed that there is no national policy, hence the development of a robust in-house policy.

The Chair advised that she is has recently been appointed the Board's Equality & Diversity Champion, and the Board Secretary provided assurance that work is underway to reinvigorate Champion roles across the Board, including defining role descriptors and establishing linkages with operational staff, anticipating a proactive approach to reporting.

The Head of Workforce Planning & Staff Wellbeing provided an update on the Black, Asian and Minority Ethnic (BAME) network and reported that there was an unsuccessful relaunch of the network, following a rebrand. The challenges of relaunching the network were highlighted and it was advised that, following the Area Partnership Forum Meeting held on 19 July 2023, it was agreed a refresh of our plans is required to reinvigorate the network. It was noted that there has, however, been an improvement in the reporting of equality and diversity data.

S Fevre, Co-Chair, Health & Social Care LPF, raised concerns that the report focusses on patient issues and does not reflect on our staff who may be within those protective characteristics. He suggested that there is a range of work that can be carried out to support our staff within these groups, such as training, communications and highlighting issues through StaffLink, and suggestion was made from members to form an operational group to discuss the issues further. S Fevre also commented that he was not assured from the report, stating that there is more that can be done to support staff. W Brown, Employee Director, agreed, and noted that learning can be taken from other Health Boards, who have very successful groups set up and in operation.

The Committee **noted** the report and the plans in place to reactivate the network.

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan 2023/24

The Associate Director of Planning & Performance joined the meeting and provided a brief overview on the Annual Delivery Plan (ADP) 2023/24. It was reported that the first draft of the ADP was submitted to the Scottish Government in June 2023. It was noted that the ADP includes a section within the recovery drivers on workforce, including exploring sustainable nursing and midwifery staff supply issues and opportunities; another separate section covers the workforce plan. It was also reported that feedback from the Scottish Government has since been received and work is ongoing within services to prepare a response.

Following a question from S Fevre, Co-Chair, Health & Social Care LPF, it was advised that the workforce section covers the broader workforce needs and is not specifically around Nursing and Midwifery. It was also advised that guidance was provided from the Scottish Government and included specific asks to be included within the ADP. Following a query from the Chair, it was reported that mental health pathways will be covered under the national and local mental health strategies.

The Committee took **assurance** from the report and **endorsed** the draft Annual Delivery Plan 2023/2024.

6.2 Primary Care Strategy 2023-2026

The Head of Primary & Preventative Care Services reported that the Primary Care Strategy underpins the Health & Social Care Partnership's Strategic Plan and NHS Fife's Population Health & Wellbeing Strategic Plan. The strategy will also align and support our ambition as an Anchor Institution.

It was advised that the strategy defines primary care and how this is delivered, which was noted as being a complex area. It was also advised that a focus for the strategy is around recovery, equality and accessible primary care. It was noted that priorities are detailed within the plan, including supporting our communities to thrive, with a focus also on quality and reducing health inequalities within our communities.

The Head of Primary & Preventative Care Services highlighted the overarching delivery plan within the strategy. It was reported that a Primary Care Strategic Oversight Group will be implemented, as part of the plan, who will provide oversight on the development of attracting, sustaining and retaining our workforce. It was also reported that a performance assurance framework will accompany and support reporting on the delivery of the plan and will ensure robust governance and assurance oversight.

The Committee took **assurance** that the Fife Primary Care Strategy will underpin delivery of NHS Fife's Population Health & Wellbeing Strategy and the Committee **supported** progression of the plan for approval through to the Integration Joint Board and NHS Fife Board.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce provided an overview on the sickness absence data, noting that sickness absence rates had reduced; however, due to the timing of the report, a slight increase will be reported in the next iteration. A further update on attendance management was provided at agenda item 7.3.

The Director of Workforce advised that there has been a slight increase in Personal Development Plan Review (PDPR) compliance, and he thanked colleagues for their continued efforts in this area, which was underway in conjunction with other improvement areas of work they are carrying out, such as absence training and Bank & Agency staffing work.

C Grieve, Non-Executive Member, questioned if the milestones within the key deliverables need refreshed or if new milestones should be added to showcase the progression work that is being undertaken for PDPRs. The Director of Workforce agreed to refresh the milestones for the next iteration of the report.

Action: Director of Workforce

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

7.2 Workforce Information Overview

The Head of Workforce Planning & Staff Wellbeing highlighted the NHS Fife workforce position within the report and advised that the position is relatively stable.

It was reported that a further rapid recruitment event is being planned, following the success of the first event. It was noted that a number of international recruits have successfully joined NHS Fife since the commencement of the new recruitment initiative last year, and that a celebratory event took place in June 2023.

The Head of Workforce Planning & Staff Wellbeing advised that the format of the report will be updated for the next iteration and the information will be presented in a more meaningful way. W Brown, Employee Director, noted that a robust discussion had taken place very recently on the presentation of the information within the report.

Following a comment from C Grieve, Non-Executive Member, it was advised that work is ongoing in terms of triangulating the data between staff in post, vacancies, bank and agency staff, absence and any other workforce and non-workforce factors. It was noted that an overview on one particular area will be brought as a future deep dive and that this will also link to the future Workforce Plan updates.

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

7.3 Attendance Management Update

The Director of Workforce reported that he attended some meetings of the Operational Absence Management Group to provide support, and that good operational discussions had taken place, including around how best to use resources to address some of the attendance concerns. It was advised that the Operational Absence Management Group has now been disbanded, and work is ongoing to identify how best to take the work of that group forward. W Brown, Employee Director, welcomed this decision, noting that it would give managers more time to focus on addressing attendance management and understanding staff concerns in their respective areas.

It was also noted that a refresh of the format of the Tableau report will be taken forward in any future presentations.

Action: Director of Workforce

The Committee took **assurance** from the report and:

- **Noted** the standing down of the Attendance Management Operational Group and progress on the actions detailed above;
- **Noted** the current absence information detailed within Appendix 1;
- **Noted** the plans to consider how NHS Fife should approach this complex and long-standing issue; and
- **Noted** the plan for a specific session with managerial, HR and staff side colleagues to explore other means to improve the position, within the expectations of the Once for Scotland Attendance Policy.

7.4 Training Compliance Report 2023/2024

The Director of Workforce introduced J Millen, Workforce Development Officer, who provided an update on the report to the meeting.

It was advised that the training compliance rate to the end of May 2023 was 57%, which had slightly increased to 60% by the end of June 2023. An overview was provided on the areas of training compliance. It was reported that work continues with the training compliance review and ensuring that core skills subjects and training meet the core skills requirements. It was also reported that work is ongoing with core training providers to establish delivery plans and improve levels of attendance. It was noted a core skill showcase project was recently launched, and work is ongoing within the Communications Team to promote particular training topics to staff, to encourage uptake.

It was reported that feedback will be collated from fire safety training, which was provided from the Scottish Fire Service. An overview was provided on forthcoming topics that are being promoted, and it was advised a Training Bulletin is being produced, which will be influenced by a staff questionnaire around training needs.

S Fevre, Co-Chair, Health & Social Care LPF, suggested it would be beneficial to include data over a three-month period within the core skills compliance table to provide an analysis of trends. C Grieve, Non-Executive Member, was supportive of that suggestion. W Brown, Employee Director, highlighted the importance of

being able to interpret the data to ensure that training is being targeted in the right areas.

The Workforce Development Officer was thanked for all her hard work.

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

7.5 Staff Governance Annual Monitoring Return 2021/2022 Feedback and Staff Governance Annual Monitoring Return 2022/2023

The Head of Workforce Resourcing & Relations reported that the Staff Governance Annual Monitoring Return for 2022/23 is to be submitted to the Scottish Government by the deadline date of 4 December 2023. It was advised that the streamlined approach taken previously for the 2021/2022 return will be followed. The work required to complete the return was outlined, and it was advised a further version of the draft return will be presented to the Committee at the September 2023 meeting, before being presented at the November 2023 meeting, for final sign-off.

The Committee took **assurance** from the report and **noted** the development of the Staff Governance Annual Monitoring Return for 2022/2023.

8. FOR ASSURANCE

8.1 Whistleblowing Audit Report B18/23

The Head of Workforce Resourcing & Relations advised that the report is presented to the Committee to share the outcome of the recent Internal Audit review on the Board's implementation of the national Whistleblowing Standards. It was advised that the Audit was reported as reasonable in terms of assurance, and recommended actions and management responses are detailed within the appendix. It was noted that the majority of audit recommendations form part of the current programme of work. A draft Terms of Reference was recommended to support investigating officers through formal concerns, and it was advised that this is currently a work-in-progress.

K MacDonald, Non-Executive Member and the Board's Whistleblowing Champion, advised that a list of actions and improvements were identified outwith the Audit and it is expected those will be more visible in the next iteration of the report, which will also include an action plan. S Fevre, Co-Chair, Health & Social Care LPF, highlighted the importance of the action plan and ensuring the plan is visible to staff and is presented to the Area Partnership Forum and Local Partnership Forum. It was noted that there is work ongoing within the Health & Social Care Partnership, which is more challenging due to the need to reflect Fife Council's own processes.

K MacDonald highlighted that the first Scottish Whistleblowing Conference will take place in September 2023, details of which had been sent to Non-Executive members, and she encouraged participation.

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

9. LINKED COMMITTEE MINUTES

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

- 9.1 Area Partnership Forum held on 24 May 2023 (unconfirmed)
- 9.2 Acute Services division & Corporate Directorate Local Partnership Forum held on 27 April 2023 (unconfirmed)
- 9.3 Health and Social Care Partnership Local Partnership Forum held on 29 March 2023 (confirmed)
- 9.4 Health and Safety Sub Committee held on 9 June 2023 (unconfirmed)
- 9.5 Equality and Human Rights Strategy Group held on 12 May 2023 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR Summary

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

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

It was agreed to escalate the positive work ongoing in relation to Attendance Management and the Workforce Information overview.

11. ANY OTHER BUSINESS

There was no other business.

12. DATE OF NEXT MEETING

Thursday 14 September 2023 at 10.00 am via MS Teams.

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 14 September 2023



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	11/05/23	Training Compliance	To provide an update on training compliance and forward plans, to the Executive Directors' Group, followed by the Area Partnership Forum and then quarterly to the Staff Governance Committee.	KR	November 2023		In progress
2.	11/05/23	Equal Pay Audit 2023	To re-circulate the report to the Committee once the format of the data reporting section of the report is reviewed, with support from Communications colleagues.	DM	Once the updated report is available	Infographic circulated to the Committee on 8 September 2023.	Closed
3.	20/07/23	Corporate Risks Aligned to Staff Governance Committee	To reference the work that is being carried out across the organisation in terms of mitigation and include this within the report going forward.	DM	September 2023	Additional information captured in the report and in the Workforce Plan Update report, both presented to the Committee in September 2023.	Closed
4.	20/07/23		A statement on the overall level of assurance that the Committee can take on the risk to be brought back to the next meeting.	MM	September 2023	Level of assurance noted in the Corporate Risk paper presented to the Committee in September 2023.	Closed
5.	20/07/23		To provide deep dive on the ongoing Bank & Agency Programme Work at the next Staff Governance Committee meeting.	DM	November 2023		In progress

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
6.	20/07/23	Update on Equality, Diversity & Human Rights	A meeting to be arranged for SB, CG, SFe, JO and RW to discuss progressing Workforce related Equality & Diversity plans.	RW	September 2023	Meeting arranged for 11 October 2023, to be rescheduled.	Closed
7.	20/07/23	Integrated Performance & Quality Report	To refresh the milestones, within the key deliverables, for the next iteration of the report.	DM	September 2023	Updated key deliverables incorporated within the IPQR.	Closed

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 14 September 2023
Title:	Update on Corporate Risks Aligned to the Staff Governance Committee
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Pauline Cumming, Risk Manager

1. Purpose

This report is presented to the Staff Governance Committee 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 provides an update on the current risk status since the last report on 20 July 2023. The Committee is invited to:

- Note the Corporate Risk detail as at 31 August 2023 at Appendix 1;
- Review all information provided against the Assurance Principles at Appendix 2;
- 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 the deep dive review to be prepared for the next Staff Governance Committee meeting.

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.
- One risk mapped to the Strategic Priority 'To improve health and wellbeing' and aligned to the Clinical Governance Committee has reduced its risk rating.

The Committee is asked to note, that as previously reported, the majority of 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

Current assessment indicates delivery against 3 of the 4 strategic priorities continues to face 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

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	<div style="display: flex; justify-content: space-around;"> 2 - - - </div>		<ul style="list-style-type: none"> 11 - Workforce Planning and Delivery 12 - Staff Health and Wellbeing 	Mitigations updated for Risk 11.

Key Updates

Risk Rating and Level

The current risk ratings and levels are unchanged from the last report on 20 July 2023.

Deep Dive Reviews

Deep dive reviews will continue to be commissioned by the Governance Committees, or via a recommendation from EDG or the Risks & Opportunities Group. Going forward, generally, though not exclusively, deep dives will be carried out on deteriorating Corporate Risks associated with the Committee’s remit.

The focus of the deep dive will be agreed by the Lead Officer, in consultation with the Chair and Committee members.

No deep dive is being reported to this meeting of the Committee. However, there is a report on the agenda on the NHS Fife and HSCP Workforce Plans for 2022 to 2025 and also an iMatter update report. Both of these reports cover matters which are topical to the Committee and the former being aligned to the Corporate Risks reported to the Committee.

Next Steps

The Corporate Risk Register will continue to be updated to match the committee cycle, including through review at the ROG and recommendations to EDG.

The format and content of the Register and Corporate Risk reports will continue to evolve. Feedback from Committees and other stakeholders will be considered in order to reach consensus on priority areas for further development and / or improvement.

Connecting to Key Strategic Workstreams

The ROG will continue to deliver 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 support 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 that no further action was 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 key stakeholders, including EDG on 17 August 2023.

2.3.8 Route to the Meeting

- Workforce Leadership Team on 4 September 2023

2.4 Recommendation

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

- Note the Corporate Risk detail set out within Appendix 1 as at 31 August 2023;
- Review all information provided against the Assurance Principles within Appendix 2;
- 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 31 August 2023
- Appendix 2 – Assurance Principles

Report Contact:

Pauline Cumming
Risk Manager, NHS Fife
E-mail: pauline.cumming@nhs.scot

Appendix 1 – Summary of Corporate Risks Aligned to the Staff Governance Committee as at 31 August 2023

	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Risk Owner	Primary Committee
11	<p>Workforce Planning and Delivery</p> <p>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.</p>	<p>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.</p> <p>Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025, to support the Health & Social Care Strategic Plan for 2023 to 2026 and the integration agenda.</p> <p>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.</p> <p>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 highlighting any sustainability pressures. An update on NHS Fife</p>	<p>High</p> <p>16</p>	<p>Mod 8 by 31/03/25</p>	◀▶	Director of Workforce	Staff Governance

	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Risk Owner	Primary Committee
		<p>Workforce Planning actions and serviced based workforce plans will be provided at the September 2023 Staff Governance Committee, alongside an update on HSCP Year 2 Action Plan.</p> <p>Progression of Bank and Agency Programme of Work and Nursing & Midwifery Workforce actions to improve workforce sustainability.</p> <p>A successful mass recruitment event held on 1 June 2023, to support workforce sustainability, attracted over 350 applicants, with over 100 offers of employment made to date. Candidates are currently undergoing pre employment checks with start dates being confirmed and allocated to services based on priority of need and skills mix required.</p> <p>Commencement of local guidance chapter testing to support the implementation of the Health and Care Staffing Act (2019) within NHS Fife. Local HCSA Reference Group well established, with multi disciplinary, Board wide representation informing preparatory work for Act implementation in April 2024.</p>					

	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Risk Owner	Primary Committee
12	<p>Staff Health and Wellbeing</p> <p>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.</p>	<p>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.</p> <p>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.</p> <p>Consideration of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, to develop a complementary Action Plan.</p> <p>Work is progressing on Promoting Attendance improvement actions to support staff wellbeing and reductions in absence.</p>	High 16	Mod 8 by 31/03/25	◀▶	Director of Workforce	Staff Governance

Risk Movement Key

- ▲ Improved - Risk Decreased
- ◀▶ No Change
- ▼ Deteriorated - Risk Increased

Appendix 2 – 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 of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or 
- Scrutiny or 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 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 it 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 the controls "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 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	Reasonable Assurance	Limited Assurance	No Assurance
			

STAFF GOVERNANCE COMMITTEE

DATES FOR FUTURE MEETINGS

Date
Tuesday 14 May 2024
Tuesday 9 July 2024
Tuesday 3 September 2024
Tuesday 5 November 2024
Tuesday 7 January 2025
Tuesday 4 March 2025

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

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

* * * * *

Meeting: Staff Governance Committee

Meeting Date: Thursday 14 September 2023

Title: Update on Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019

Responsible Executive: David Miller, Director of Workforce /
Janette Keenan, Executive Director of Nursing

Report Authors: Tracy Hunter, Workforce Lead, Nursing and Midwifery /
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

1. Purpose

This report is presented for:

- Awareness

This report relates to:

- 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

The purpose of this paper is to provide an update and advise the Staff Governance Committee of current progress in respect of our Board wide preparations for the implementation of the Health and Care (Staffing) (Scotland) Act 2019.

2.2 Background

Full implementation of the Health and Care (Staffing) (Scotland) Act 2019, (HCSA), will take place on 1 April 2024; the commencement of monitoring and governance will take place from the 1 April 2024, with the first Board reports due to the Scottish Government by 31 March 2025. NHS Fife must provide information to the Scottish Ministers on the steps they have taken to comply with the legislation; the first ministerial reports to Parliament are expected in April 2026.

The aim of the legislation is to provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high-quality services and to ensure the best health care or care outcomes for service users.

NHS Fife will need to demonstrate how they have met the following Duties of the Act:

- Duty to ensure appropriate staffing
- Duty to ensure appropriate staffing: agency workers
- Duty to have real-time staffing assessment in place
- Duty to have risk escalation process in place
- Duty to have arrangements to address severe and recurrent risks
- Duty to seek clinical advice on staffing
- Duty to ensure appropriate staffing: number of registered healthcare professionals etc.
- Duty to ensure adequate time given to clinical leaders
- Duty to ensure appropriate staffing: training of staff
- Duty to follow common staffing method
- Training and consultation of staff
- Reporting on staffing

The HCSA stipulates that Boards have a duty to follow the Common Staffing Methodology. This includes using the outputs of the staffing level tools and professional judgment to inform and ensure they have appropriate staffing in place for the speciality specific areas where there are currently tools developed.

2.3 Assessment

This paper covers two aspects of the current work on-going relating to our preparations for implementation of the Act next year, with Appendix 1 providing a short overview of requirements.

The detail below provides an update to the internal support for those professions covered by the Act, see Appendix 2 for the list of staff groups covered by the Act. The second aspect of current activity is in respect of the current timetable for scheduling of the Workload Tool run, which is summarised in Part 2 of this report.

Part 1: Local Preparations for Implementation of the Health and Care (Staffing) (Scotland) Act 2019

NHS Fife has established a multidisciplinary HCSA Reference Group, chaired by Kevin Reith, Deputy Director of Workforce. All areas of NHS Fife are represented on the group, which has now met on five occasions and is sharing knowledge and information in respect of the expectations of the Act and is also now receiving feedback from the areas of the Board who agreed to undertake Guidance Chapter testing, which the Board volunteered for in response to a request from Healthcare Improvement Scotland and Scottish Government.

The following areas, supported by Tracy Hunter, Workforce Lead Nursing and Midwifery and Rhona Waugh, Head of Workforce Planning & Staff Wellbeing, and with input from our allocated Health Improvement Scotland Senior Programme Adviser, Lynne Riach, have agreed to test the Chapters set out below:

Lead / Manager	Area	Agreed Chapters for Testing
Pamela Galloway	Women & Children's Services	5 – Real Time Staffing and Risk Escalation
Sophie Given / Valerie Turner	Acute – Ward 51	4 – Common Staffing Method
Robyn Gunn	Laboratories / Healthcare Science	6, 7 – Time to Lead and Duty to Seek Clinical Advice
Tanya Lonergan	Mental Health & Learning Disabilities	6, 7– Time to Lead and Duty to Seek Clinical Advice
Hilary Munro	Speech & Language Therapy	5– Real Time Staffing and Risk Escalation

There is an agreed quarterly programme of testing with feedback to the National Healthcare Staffing Programme Group and fortnightly monitoring meetings with representatives of Health Improvement Scotland, Scottish Government and NHS Fife. Testing of Chapter 4 has been completed, with feedback provided to the National Healthcare Staffing Programme Group on 19 July 2023. Testing of Chapter 5 has also now been completed, with analysis of the feedback being undertaken in August 2023, prior to national feedback.

Learning is being shared with the Local Reference Group and at National Group meetings. This is supplemented by a new Knowledge Network, on-line resources and a series of webinars, hosted by Health Improvement Scotland and the Scottish Government have been held during June 2023.

HCSP have developed a self assessment template for Health Boards to utilise to assess their readiness for the implementation of the Act. The template is not currently mandated, but provides a useful benchmarking tool and services are currently reviewing the content to assess their readiness for Act implementation. This template also forms the basis of the quarterly returns which Boards are required to submit to Scottish Government on preparation for Act implementation. Easy to Use quick reference guides have also recently been released and shared within the Board to support this. Full engagement from all services under the direction of the Act will be essential, with support locally and nationally.

Part 2: Workload Tool Runs

The second part of this paper is in relation to the schedule agreed by the NHS Fife Directors of Nursing for the forthcoming Workload Tool runs and a detailed overview is set out below:

The Health Care Staffing Programme (HCSP) advised on a change in frequency of Workload Tool runs to meet the terms of legislation, it is expected that all workload tools are run a minimum of once per annum over a minimum two-week period, alongside the professional judgement tool.

To meet the terms of legislation and the duty to follow Common Staffing Methodology, an NHS Fife organisational schedule for Workload Tool runs during 2023 has been developed, taking into account pre, during and post tool run requirements.

Workload Tool	Month
Mental Health & Learning Disability (MHL D)	February
Adult in Patient/Small Wards	April
Scottish Children's Acuity Measurement in Paediatric Settings (SCAMPS)	May
Community (CN)	June – 1 st National Tool Run
Community Children's & Specialist Nurse (CCSN)	July – 1 st National Tool Run
Community (CN)	September – 2 nd National Tool Run
Clinical Nurse Specialist (CNS)	October – 1 st National Tool Run
Community Children's & Specialist Nurse (CCSN)	November – 2 nd National Tool Run
Neonatal	November
Emergency Department/Emergency Medicine (EDEM)	November/December
Clinical Nurse Specialist (CNS)	January – 2 nd Tool Run

From the current suite of speciality specific workload tools, the Community Nursing, Clinical Nurse Specialist, Community Children's and Specialist Nurses currently do not provide a recommended staffing level or Whole Time Equivalent (WTE), based on patient activity and workload. In order to develop a validated multiplier calculator within each of the above tools that would generate a WTE, National Runs of the tools will need to be undertaken by each of the Health Boards in Scotland at the same time. This will be undertaken twice for two weeks for each tool during 2023/2024.

To support teams, a locally developed reporting template has been developed to be used following a workload tool run, with an aligning internal reporting process algorithm.

A duty of the Act is for all Health Boards to have Real Time Staffing Assessment processes in place, HCSP and NES digital are working at pace with support from Boards to develop digital frameworks that will sit on the TURAS platform. Critical Care, Mental Health, Adult In-Patient and Maternity digital real time staffing resources are live on TURAS.

2.3.1 Quality / Patient Care

Quality, person centred and safe care remains the core of the Health and Care Staffing Scotland Act (2019), with the focus on ensuring having the 'right staff, with the right skills, in the right place'. Legislation aims to embed this into all health care professions and ensure that this is thread throughout clinical governance, staff governance policy and quality groups and education.

2.3.2 Workforce

One of the key guiding principles of the legislation is to ensure the well-being of our staff, by having open transparent decision-making conversations regarding staffing requirements; this also aligns to our workforce planning arrangements and the implementation of eRostering, which has a module "SafeCare" to facilitate reporting on safe staffing:

- The Workforce Lead for Nursing and Midwifery role was made a substantive post in March 2021 and integrated into the structure within Practice and Professional Development as a Senior Nurse post.
- Administration support is in place to assist with training / education programmes.
- Digital support in analysing outputs post workload tool runs.

- A Lead Facilitator post is in post on a fixed term contract until March 2024 to support both Healthcare Staffing and Excellence in Care.
- A Facilitator post on a fixed term until March 2024 to support both Healthcare Staffing and Excellence in Care is currently being recruited to.
- The Head of Workforce Planning & Staff Wellbeing is also providing support and liaison with the National Group and fortnightly SG / HIS monitoring meetings.

2.3.3 Financial

The Workforce Lead for Nursing and Midwifery role is supported nationally by funding from Scottish Government; funding has been provided for 2023/2024.

2.3.4 Risk Assessment / Management

Legislative requirement is that NHS Fife is prepared for enactment of the Health and Care (Staffing) (Scotland) Act 2019, adhering to the timeline set out by the Scottish Government. The Board will have to evidence that it is meeting the terms of the legislative chapters and have processes and procedures in place to do so.

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

The Health and Care Staffing Scotland Act (2019) is inclusive of all clinical health and social care staff and external care providers and contractors.

2.3.6 Climate Emergency & Sustainability Impact

No impact

2.3.7 Communication, involvement, engagement and consultation

The Workforce Lead for Nursing and Midwifery communicates with key stakeholders and leads both nationally and locally regarding any decisions taken forward.

- Practice and Professional Development to deliver training and education on workload tools and workforce planning.
- Multi professional engagement and collaboration required.

This is supported by the establishment and use of a Teams Channel for sharing of information with members of the Local Reference Group and those who are assisting with the Guidance Chapter Testing and Communications Team support.

2.3.8 Route to the Meeting

This paper has been discussed and shared with the Executive Director of Nursing, Director of Nursing Corporate, Director of Workforce and Deputy Director of Workforce, and considered by the Executive Directors Group, whose comments and feedback have informed the content. An update was provided to the Area Partnership Forum on 19 July 2023.

2.4 Recommendation

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

Assurance – For Staff Governance Committee Members' information.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: List of Staff Groups Covered by the Act
- Appendix 2: Short Overview of Requirements

A suite of materials is available to support the implementation of the Health and Care (Staffing) (Scotland) Act 2019, and can be provided on request to Staff Governance Committee members.

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Health and Care (Staffing) (Scotland) Act 2019

Staff Groups in Scope

April 2023 (v2)

1. Introduction

1.1 The Health and Care (Staffing) (Scotland) Act 2019 makes provision about staffing by the NHS and providers of care services.

1.2 The Act does not specifically state the staff groups that would be covered by the provisions of the Act and this has been raised by stakeholders who have asked for clarification as to which particular staff groups are subject to the duties.

1.3 This document aims to provide details of SG interpretation of which staff groups are covered by the Act and has been informed by the Scottish Government Health and Social Care Directorate and the Scottish Government Legal Directorate.

1.4 This will be a ‘living document’ which will incorporate new job roles over time as appropriate, and will sit alongside the introductory chapter to the statutory guidance.

2. Health Care Staff

2.1 Section 12IA(1) of the Act states:

“It is the duty of every Health Board and the Agency to ensure that at all times suitably qualified and competent individuals, from such a range of professional disciplines as necessary, are working in such numbers as are appropriate for-
(a) the health, wellbeing and safety of patients,
(b) the provision of safe and high-quality health care, and
(c) in so far as it affects either of those matters, the wellbeing of staff.”

2.2 Our opinion is that ‘professional disciplines’ would cover clinical staff and staff who provide clinical advice, comprising:

Allied Health Professions (HCPC registered, all bands, working in all areas)		
Art therapist	Occupational therapist	Podiatrist
Diagnostic radiographer	Orthoptist	Prosthetist
Dietician	Orthotist	Speech and language therapist
Drama therapist	Paramedic	Therapeutic radiographer
Music therapist	Physiotherapist	
Ambulance Services		
Paramedic	Ambulance care assistant	Ambulance technician
Emergency call handler	Ambulance Dispatcher	

Anaesthesia Associate		
Dental		
Dentist	Dental technician	Dental therapist
Dental nurse	Dental hygienist	
Healthcare Scientists		
Anatomical Pathology Technologist	Audiologist	Biomedical Scientist: Blood Transfusion
Biomedical Scientist: Clinical Biochemistry	Biomedical Scientist: Reproductive Science (Embryology & Andrology)	Biomedical Scientist: Clinical Genetics
Biomedical Scientist: Clinical immunology	Biomedical Scientist: Cytopathology	Biomedical Scientist: Haematology
Biomedical Scientist: Histocompatibility and Immunogenetics	Biomedical Scientist: Histology	Biomedical Scientist: Microbiology
Biomedical Scientist: Molecular Pathology	Biomedical Scientist: Virology	Cervical Cytologist
Clinical Perfusionist	Clinical Scientist: Audiology	Clinical Scientist: Biomedical Engineering
Clinical Scientist: Blood Transfusion	Clinical Scientist: Cardiac Physiology	Clinical Scientist: Clinical Biochemistry
Clinical Scientist: Clinical Bioinformatics and Genomics	Clinical Scientist - Clinical Engineer	Clinical Scientist: Clinical Genetics
Clinical Scientist: Clinical Immunology	Clinical Scientist: Clinical Measurement	Clinical Scientist: Clinical Pharmaceuticals
Clinical Scientist: Critical Care	Clinical Scientist: Cytopathology	Clinical Scientist: Data Science and Modelling
Clinical Scientist: Decontamination and Sterile Services	Clinical Scientist: Gastrointestinal Physiology	Clinical Scientist: Haematology
Clinical Scientist: Health Informatics	Clinical Scientist: Histocompatibility and Immunogenetics	Clinical Scientist: Histology
Clinical Scientist: Imaging with Ionising Radiation	Clinical Scientist: Imaging with Non-Ionising Radiation	Clinical Scientist: Medical Equipment Management
Clinical Scientist: Microbiology	Clinical Scientist: Molecular Pathology	Clinical Scientist: Neurophysiology
Clinical Scientist: Nuclear Medicine Physics	Clinical Scientist: Ophthalmic Science	Clinical Scientist: Radiation Physics and Radiation Safety Physics
Clinical Scientist: Radiotherapy Physics	Clinical Scientist: Rehabilitation Engineering	Clinical Scientist: Renal Technology

Clinical Scientist: Reproductive Science (Embryology & Andrology)	Clinical Scientist: Respiratory Physiology	Clinical Scientist: Sleep Physiology
Clinical Scientist: Vascular Science	Clinical Scientist: Vision Science	Clinical Scientist: Virology
Clinical Technologist: Biomedical Engineering	Clinical Technologist – DEXA	Clinical Technologist: Medical Equipment Management
Clinical Technologist – Nuclear Medicine	Clinical Technologist: Radiation Physics and Radiation Safety Physics	Clinical Technologist - Radiotherapy Engineering
Clinical Technologist: Radiotherapy Physics	Clinical Technologist: Rehabilitation Engineering	Clinical Technologist: Renal Technology
Decontamination Technician	Epidemiologist	Hearing Aid Therapist
Medical Illustration: (Clinical) Photographer	Medical Illustration: Graphic Designer	Medical Illustration: Ophthalmic Imaging Technician
Medical Illustration: Videographer	Phlebotomist	Physiologist: Cardiac Physiology
Physiologist: Gastrointestinal Physiology	Physiologist: Neurophysiology	Physiologist: Ophthalmic Science
Physiologist: Respiratory Physiology	Physiologist: Sleep Physiology	Physiologist: Vision Science
Reconstructive Scientist		
Assistant Practitioners, Healthcare support workers, Maternity care assistants and Medical Laboratory Assistants (all bands, non-registered staff)		
Non-registered staff, all bands working in all areas		
Medical		
GMC registered doctors (including doctors in training)		
Nursing and Midwifery		
All bands and all parts of the NMC register		
NHS24 call handlers		
Operating Department Practitioner		

Optometry		
Dispensing opticians	Optometrist	
Pharmacy		
Pharmacists	Pharmacy technician	Pharmacy support worker
Physician Associate		
Psychology		
Assistant psychologist	Clinical associate in applied psychology	Clinical psychologist
Counselling psychologist	Forensic psychologist	Health psychologist
Neuropsychologist	Counsellor	

2.3 For clarity, we do not consider housekeeping, administration, maintenance, catering or any volunteers to be subject to the duties within the Act.

2.4 The 2019 Act covers all NHS functions provided directly by Health Boards. In addition, section 2 of the Act states that when Health Boards plan or secure provision of health care from a third party they must have regard to the guiding principles for health and care staffing and the need for the third party to have appropriate staffing arrangements in place. This would, for example, include primary care services commissioned by a Health Board. It is recognised that there are different employment models utilising in primary care with some staff being directly employed by the Health Board and some by the GP practice; this will need to be considered by organisations when determining their exact responsibilities.

3. Care Services

3.1 Section 7 of the Act states:

“Any person who provides a care service must ensure that at all times suitably qualified and competent individuals are working in the care service in such numbers as are appropriate for-

- (a) the health, wellbeing and safety of service users,*
- (b) the provision of safe and high-quality care, and*
- (c) in so far as it affects either of those matters, the wellbeing of staff.”*

3.2 Care services operate differently to health care services and it is our opinion that ‘suitably qualified and competent individuals’, in a care environment, includes all those involved in the care of the person using the service. This would include, but is not limited to, nursing staff, care staff, housekeeping, catering, maintenance, drivers and those supporting social activities and engagement in the community. This approach is in line with how Regulation 15 of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 was interpreted and how the Care Inspectorate also interprets appropriate staffing.

3.3 Note that the definition of a ‘care service’ means a service mentioned in [section 47\(1\) of the Public Services Reform \(Scotland\) Act 2010](#).

3.4 Note that the Health and Care (Staffing) (Scotland) Act 2019 states that “working in a care service”, in relation to an individual includes:

- (a) *working for payment or as a volunteer, and*
- (b) *working under a contract of service or apprenticeship, a contract for services or otherwise than under a contract.*

This is wide-ranging and would include, for example:

- Employees of the care service;
- Agency and other temporary / contract workers;
- Self-employed workers;
- Those on apprenticeship schemes and other ‘earn as you learn’ schemes who are employed by the care service; and
- All volunteers.

4. Students

4.1 Students are referenced in the Act in section 12IK which details the types of health care, locations and employees to which the common staffing method applies. This states that when applying the common staffing method, “employees” does not include students studying to enter the Nursing & Midwifery Council register or the register of medical practitioners maintained by the General Medical Council.

4.2 This applies to pre-registration nursing, midwifery and medical students that undertake any defined ‘supernumerary placement’ as part of their learning programme. Staff undertaking training whilst employed or supported on apprenticeships or other ‘earn as you learn’ models, should be included in the definition of a ‘student’ and so be treated as supernumerary, when they are participating in a supernumerary placement or are undertaking protected learning time as detailed within the relevant course outline or conditions of employment.

The Health and Care (Staffing) (Scotland) Act 2019

The [Health and Care \(Staffing\) \(Scotland\) Act 2019](#) was approved by Parliament in 2019. Implementation was paused due to the COVID-19 pandemic, but has since recommenced and all provisions of the Act will be in force by 1st April 2024.

The aims of the Act are to provide a legal basis for the provision of appropriate staffing in health and care services, to enable safe and high quality care and improved outcomes for service users and people experiencing care. This requires the right people, in the right place, with the right skills, at the right time.

The provisions in the Act build on arrangements already in place for local and national workforce planning and will support a rigorous, evidence-based approach to making decisions about staffing requirements and consideration of service delivery models and service redesign. The legislation is not prescriptive about staff numbers or skill mix of professions. It does not prescribe minimum staffing levels or fixed ratios and does not seek to preclude the use of innovative new models of care delivery. Rather it seeks to support local decision-making, flexibility and the ability to redesign and innovate across multi-disciplinary and multi-agency settings.

The Act will also promote transparency in staffing and support an open and honest culture, where staff are engaged in relevant processes, informed about decisions relating to staffing requirements and feel safe to raise any concerns.

Who does the Act apply to?

There are four parts to the Act which place different duties on different parties involved with the provision of health and care services:

- Health Boards;
- Special Health Boards providing direct patient care (i.e. State Hospitals Board, the Scottish Ambulance Service Board, NHS 24 and the National Waiting Times Centre Board);
- Common Services Agency for the Scottish Health Service (NHS National Services Scotland);
- Local authorities;

- Integration authorities;
- Care service providers, this being a service mentioned in section 47(1) of the [Public Services Reform \(Scotland\) Act 2010](#);
- Healthcare Improvement Scotland;
- The Care Inspectorate; and
- The Scottish Ministers.

Which staff groups are included in the Act?

The Act does not list which groups of staff or staff roles are included in the provisions, however we have published [guidance as to which roles would be included](#). This list of staff does not form part of the statutory guidance but will sit alongside it and be a 'living document' which can incorporate new roles / professions over time as appropriate.

What is statutory guidance?

The 2019 Act enables the Scottish Ministers to issue statutory guidance to explain the provisions of the Act and assist relevant organisations in implementing the requirements. Draft statutory guidance has been prepared by the Scottish Government; this has been informed by feedback received from key stakeholders across the health and care sector to ensure the guidance is clearly presented, coherent and accessible. Once issued, relevant organisations are required to have regard to the parts of the guidance that are applicable to them.

Public consultation on statutory guidance

A public consultation exercise on the statutory guidance will commence in June 2023 and run for a period of 12 weeks. The public consultation will be hosted on, and accessed through, the Citizen Space platform. People will be able to read and comment on the draft guidance, providing feedback as to whether it is clear, understandable and contains the relevant information to assist in implementing the requirements of the Act.

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 14 September 2023
Title:	Whistleblowing Quarter 1 Report for 2023 / 2024
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 the following Staff Governance Standard(s):

- 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) have been in place now since 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 Staff Governance Committee 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 April 2023 to 30 June 2023 (Quarter 1), together with the iMatter Survey Raising Concerns overview.

An update on the Whistleblowing Concerns received during 2021/2022 and 2022/2023 is also contained within this report to confirm all three concerns are concluded with appropriate actions taken.

2.3 Assessment

Whistleblowing Concerns Reporting

NHS Fife received one whistleblowing concern during the first quarter reporting period within NHS Fife, primary care providers and contracted services.

Anonymous / Unnamed Concerns Reporting

An anonymous concern is one that 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 are not 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).

NHS Fife received no Anonymous / Unnamed Concerns during the first 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 continue to report quarterly on any press coverage. There were no Whistleblowing articles published in the local newspaper during the first 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.

NHS Fife attended a recent National Speak Up Conference held on 5th September including our Whistleblowing Champion and the day itself was extremely informative hearing from external speakers including the INWO. It did highlight areas for development around a speaking up culture and the challenges in a complex health care setting.

The Quarter 1 data report referred to above is detailed within Appendix 1, for information.

Attached as Appendix 2 to this paper is information on themes, actions taken, lessons learned and confirmation of the concerns being closed in relation to Whistleblowing Concerns which had been received during 2021/2022 and 2022/2023, to conclude previous cases reported, as best practice.

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. As noted above, actions have been discussed with the Board Whistleblowing Champion to ensure that changes are made to support the handling of concerns.

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 2023 / 2024, 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, Local Partnership and Area Partnership fora, HR Policy Group and Whistleblowing Oversight Group.

2.4 Recommendation

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

- There was one whistleblowing concern received in Quarter 1; no Anonymous / Unnamed Concerns received; no whistleblowing articles were published in the local newspaper; assurance of awareness of standards, the whistleblowing training undertaken during Quarter 1, and the iMatter Survey Raising Concerns overview.
- Provides an update on the Whistleblowing Themes, Actions Taken, Lessons Learned and confirmation of the concern being closed in relation to Whistleblowing Concerns received during 2021/2022 and 2022/2023.

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, Whistleblowing Training undertaken during Quarter 1 (1 April 2023 to 30 June 2023), and the iMatter Survey Raising Concerns Overview
- Appendix 2 – Whistleblowing Themes, Actions Taken, Lessons Learned and confirmation of the concern being closed in relation to Whistleblowing Concerns received during 2021/2022 and 2022/2023

Report Contact:

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

Appendix 1 – Whistleblowing Concerns, Anonymous / Unnamed Concerns, Local Press Coverage, Assurance of Awareness of Standards, Whistleblowing Training Undertaken During Quarter 1: 1 April 2023 to 30 June 2023, and the iMatter Survey Raising Concerns Overview

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 1

There was one Whistleblowing Concern received during Quarter 1:

Quarter 1 1 April 2023 to 30 June 2023	Theme	Division	Service
One	Poor Patient Care and Hostile Culture	H&SCP	Complex & Critical Care
Quarter 2 1 July 2023 to 30 September 2023	Theme	Division	Service
Quarter 3 1 October 2023 to 31 December 2023	Theme	Division	Service
Quarter 4 1 January 2024 to 31 March 2024	Theme	Division	Service

Overview / Additional Detail: Concern 1 – Quarter 1

Current Stage	Investigation (Stage 2)
First received	24/04/2023
Days at Stage One	N/A
Days at Stage Two	112 days
Closed date	Still open
Service Area (s)	Complex and critical care

Additional Detail:

Has the person raising the concern raised that they have experienced detriment?
No
Has a separate adverse event been logged on Datix in relation to this concern?
No

How was the whistleblowing concern received?
Received by email
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
08/05/2023
Date the event occurred? (if known)
Date unknown
Date Closed
Still open
Outcome - Investigation (Stage 2)
Still sitting at stage 2
Findings
Not yet documented
What key themes and trends were identified in relation to this whistleblowing concern?
Not yet documented

3. Anonymous / Unnamed Concerns Received During Quarter 1

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.

There were no Anonymous Concerns received during Quarter 1:

Quarter 1 1 April 2023 to 30 June 2023	Theme	Division
Nil		
Quarter 2 1 July 2023 to 30 September 2023	Theme	Division
Quarter 3 1 October 2023 to 31 December 2023	Theme	Division
Quarter 4 1 January 2024 to 31 March 2024	Theme	Division

4. Local Press Coverage During Quarter 1

There were no Whistleblowing articles published in the local newspaper during Quarter 1:

Quarter 1 1 April 2023 to 30 June 2023	Theme	Quarter 2 1 July 2023 to 30 September 2023	Theme
Nil			

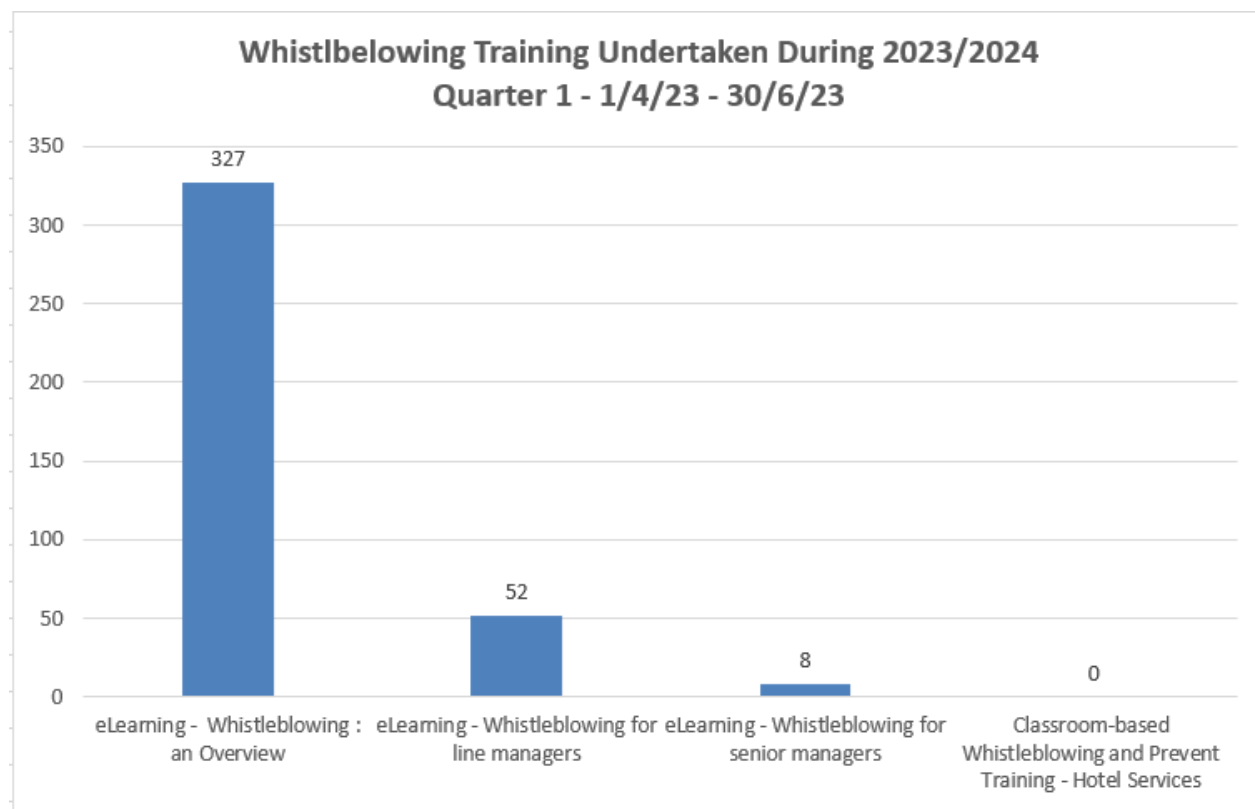
Quarter 3 1 October 2023 to 31 December 2023	Theme	Quarter 4 1 January 2024 to 31 March 2024	Theme

5. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the standards, a questionnaire is being finalised to gather this information voluntarily, along with the offer to speak to the Whistleblowing Champion at the conclusion of Stage 2 Whistleblowing Concerns.

6. Whistleblowing Training Data

The whistleblowing training data undertaken during Quarter 1 (1 April 2023 to 3 June 2023) is summarised below:



7. iMatter Survey Raising Concerns

As part of the iMatter Survey, for the first-time staff were asked if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to.

Work continues thought the local operational group, Chief Executive newsletters to continue to promote speaking up across the Board.

An overview of the NHS Fife and H&SCP iMatter Raising Concerns responses are provided below, for information:



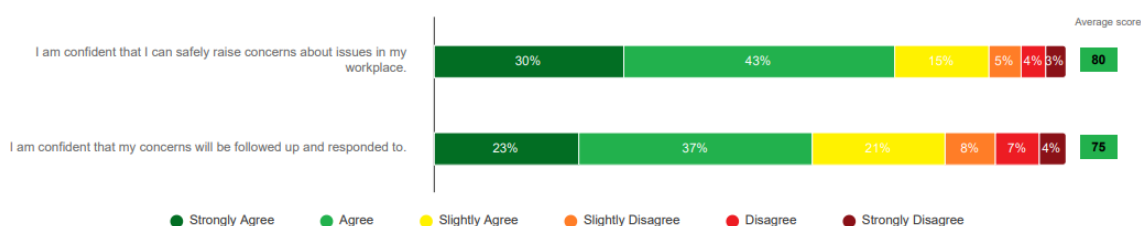
Raising Concerns Report

NHS Fife

Total number of respondents: 7710

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

Number of respondents: 7578



Appendix 2 – Whistleblowing Themes, Actions Taken, Lessons Learned and confirmation of the Concern being closed in relation to Whistleblowing Concerns received during 2021/2022 and 2022/2023

1. Whistleblowing Themes, Actions Taken, Lessons Learned and Confirmation of Concern Being Closed

This section provides information on themes from Whistleblowing Concerns being raised, actions taken, lessons learned and confirmation the concerns are closed.

The themes, actions taken, lessons learned, and confirmation of the concern being closed from the two Whistleblowing concerns lodged in 2021/2022 Quarter 4 and one Whistleblowing Concern lodged in 2022/2023 Quarter 3 are detailed below:

2021/2022 Quarter 4				
	Theme(s)	Action(s) Taken	Lessons Learned	Concern Closed
Whistleblowing Concern 1 H&SCP Community Care Services Adult Protection, Other Clinical Events, Patient Information	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • HR processes are now completed, and actions taken. HR action plan on-going but being actively managed. • Action plans developed from the recommendations described including staff development, communication and identifying poor quality care almost complete, 1 item still to be completed in relation to bladder and bowel assessments / documentation and there is a plan in place to complete this by the end of April with support from the Bladder and Bowel team leader and a SCN. • On-going review, implementation and scrutiny of service. • Significant improvement noted across all identified themes for improvement. • As part of the action plan new agreed care assurance tools for Fife HSCP are being introduced. • The introduction of older people's knowledge and skills framework is underway. • Robust induction process now in place for all of Fife HSCP and being implemented in Glenrothes Hospital. 	<ul style="list-style-type: none"> • An Action Plan has been developed from the recommendations within the whistleblowing report relating to Glenrothes Hospital and has now been implemented. • Training will be provided on an on-going basis. • Induction packs are being updated and aligned across all community in-patient and will be in place by 30 September 2023. 	Yes

2021/2022 Quarter 4				
	Theme(s)	Action(s) Taken	Lessons Learned	Concern Closed
Whistleblowing Concern 2 H&SCP Complex & Critical Care Services Adult Protection	Improving the patient's day	<ul style="list-style-type: none"> • There has been an activity co-ordinator in post since July 2022. The Activity Co-ordinator has made a significant impact upon the activity level. • Group and one-to-one activities are arranged across each day of the week including music groups and craft work. • The activity co-ordinator has worked with patients / families / carer to complete Getting to Know documents for all the patients in the ward. • Additional monies have been provided by the HSCP specifically for dementia friendly improvements. Activity devices - RITA device and a Torvertafle table have been purchased, along with sensory and activity products to provide meaningful activity and provide stimulation. • Dementia clocks, IPADS, sensory boards and a digital aquarium have also been purchased. • There is currently has a volunteer who has been providing support to the patients in the mornings which has been beneficial. The volunteer interacts with the patients and helps with activities. 	<ul style="list-style-type: none"> • Improvement in the above areas have been taken forward as part of a formal response to the findings; and, where appropriate, such as the review of the Induction Process, following discussion with the operational management team, improvement actions may be expanded to become service wide initiatives within Mental Health. • Establishment of activity co-ordinators to ensure more therapeutic dialogue and engagement with patients. • A Music Therapist has now commenced for one day per week, with group work in the morning and individual one-to-one sessions in the afternoon. <p>All actions have now been met.</p>	Yes

2021/2022 Quarter 4				
	Theme(s)	Action(s) Taken	Lessons Learned	Concern Closed
	Creating a more therapeutic environment	<ul style="list-style-type: none"> • Painting of the main areas – corridors / dayroom utilising dementia friendly colours and new dementia friendly flooring is installed. • New furniture for the dayroom has been purchased along with a new large TV which will contribute to creating and maintaining a more therapeutic environment. • Sky light panels are being installed to create a calming space in a specific area of the ward. 	<ul style="list-style-type: none"> • An application to the Health Charity has been submitted for consideration for funding to provide a designated space within the ward, turning this into a functional cafe area for patients and relatives. 	Yes
	Review of meal and menu provision	<ul style="list-style-type: none"> • The SCN, Lead Nurse and interim CSM has had a meeting with the catering manager who has provided a comprehensive review of meal provision for the ward. • One of the HCSW'S has developed a menu planner for patients and family to go through on admission and in conjunction with the completion of the Getting to Know Me document has ensured patients preferences are being captured and recorded. 	<ul style="list-style-type: none"> • SCN continues to meet quarterly with the catering department to ensure on-going review of meal provision within the ward. • Relatives are encouraged to support their relatives at meal times, if required, and work in collaboration with the staff to menu plan if needs indicated. 	Yes
	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.	<ul style="list-style-type: none"> • This work is currently underway by the professional heads of nursing as part of the roadmap for all staff working in the service. 	<ul style="list-style-type: none"> • Heads of Nursing continue to take this forward. 	Yes

2021/2022 Quarter 4				
	Theme(s)	Action(s) Taken	Lessons Learned	Concern Closed
	Review of the induction process for new staff and students to ensure that all new persons are inducted safely and that there is a record of this.	<ul style="list-style-type: none"> • An acting SCN and a new band 6 have been appointed at the end of 2022. • Student nurses now have access prior to commencing placement up to date information on QMPLE. • Staff and students' own objectives require that they have an induction which incorporates orientation and system and process which is signed off by their supervisor. • Quality Improvement have compiled a new information booklet for patients / relatives which holds essential information for new staff within it. This is waiting for final agreement then can be printed off for use. • One of the newly qualified nurses has worked with Quality Improvement and devised a student handover sheet which contains essential information and has just been rolled out. <ul style="list-style-type: none"> • Another newly qualified nurse is taking forward a revamp of the student induction checklist with 3 of the new students who have just come into placement and will have this completed within the next two weeks. • Newly Qualified Practitioners all have signed up to Flying Start and have had their corporate inductions carried out. • SCN is in the process of updating bank and agency induction checklist for new staff coming to work in the ward. • New medical staff checklist will be rolled out next week mid-April 2023. 	<ul style="list-style-type: none"> • New student checklist now implemented for all new students on placement. Students have provided positive feedback regarding same whilst using this within their placement. • Awaiting final sign off for the new booklet via the Documentation Group. <p>All other actions have now been met.</p>	Yes

2022/2023 Quarter 3				
	Theme(s)	Action(s) Taken	Lessons Learned	Action(s) Complete
Whistleblowing Concern 1 Corporate Services – Pharmacy Patient Information (Records / Documentation / Tests / Results)	Patient information leaflets and process for patient consent.	<ul style="list-style-type: none"> Review of locally produced leaflets and consent process. 	<ul style="list-style-type: none"> Improvement to patient information and consent process. 	Yes
	Delay in managing Whistleblowing concern.	<ul style="list-style-type: none"> Review of process for managing complex Whistleblowing concerns. 	<ul style="list-style-type: none"> Lessons learned built into the newly developed Terms of Reference for the Commissioning Officer 	Yes

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 14 September 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 following Staff Governance Standard(s):

- Well Informed
- Appropriately Trained and Developed
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect in an environment where diversity is valued
- Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community

2. Report Summary

2.1 Situation

The Staff Governance Committee approved the Annual Workplan for 2023 / 2024 at the meeting on 9 March 2023. For assurance, the version of updated Annual Workplan is attached at **Appendix 1**, which details amendments made 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, 11 May 2023, 20 July 2023 and those planned for the meeting on 14 September 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 11 May 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	20/7/23	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	20/7/23	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	✓		✓			✓ Final
Annual Staff Governance Committee Workplan: Proposed 2024 / 2025	Director of Workforce					✓ Draft	✓ Final
Annual Review of Staff Governance Committee Terms of Reference	Head of Corporate Governance & Board Secretary						✓
Corporate Risks Aligned to Staff Governance Committee	Director of Workforce	✓ Deep Dive: Bank & Agency Programme	✓	✓	✓ Deep Dive: Bank & Agency Programme	✓	✓
Staff Governance Committee Annual Statement of Assurance 2022 / 2023	Head of Corporate Governance & Board Secretary	✓					

Governance Matters (Continued)							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Committee Self Assessment Report 2023 / 2024	Head of Corporate Governance & 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	✓				
The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	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	20/7/23	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		✓	✓	✓	✓	✓
Medium Term Financial Plan 2023 / 2024	Director of Finance & Strategy				✓		✓
Strategic Planning and Resource Allocation 2023 / 2024	Director of Finance and Strategy	No longer required					
Mental Health Estates Initial Agreement	Medical Director	Deferred to 11/7/23	Deferred to 14/9/23	No longer required			
NHS Fife Projects / Programmes							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Primary Care Improvement Plan 2023/2024	Director of Health & Social Care Partnership	Deferred to 14/9/23		Deferred to 9/11/23	✓		

Quality / Performance							
	Lead	11/5/23	20/7/23	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	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Standards Overview							
<ul style="list-style-type: none"> • Appropriately Trained <ul style="list-style-type: none"> - Medical Appraisal & Revalidation Annual Report 2022 / 2023 - Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2022 / 2023 - Training Compliance Report 2022 / 2023 • Improved and Safe Working Environment • Well Informed – Communication & Feedback • Treated Fairly and Consistently <ul style="list-style-type: none"> - Workforce Policies Update • Involved in Decisions <ul style="list-style-type: none"> - iMatter Report 	<p>Medical Director</p> <p>Director of Nursing</p> <p>Head of Workforce Development & Engagement</p> <p>Director of Property & Asset Management</p> <p>TBC</p> <p>Head of Workforce Resourcing & Relations</p> <p>Head of Workforce Development & Engagement</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>	<p>✓</p>

Annual Reports / Other Reports							
	Lead	11/5/23	20/7/23	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	Head of Workforce Resourcing & Relations		✓ 2021/2022 Feedback and 2022/2023 Template			✓ Final 2022/2023 Return	
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			Deferred to 9/11/23	✓		
Whistleblowing Annual Report 2022 / 2023	Head of Workforce Resourcing and Relations			✓			
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	20/7/23	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	Meeting Cancelled	✓	✓	✓	✓	✓

Linked Committee Minutes (Continued)							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Health and Social Care Partnership Local Partnership Forum	Director of Health & Social Care Partnership	✓	✓	✓	✓	✓	✓
Strategic Workforce Planning Group	Head of Workforce Planning & Staff Wellbeing		Meeting Cancelled	Meeting Cancelled		✓	
Health and Safety Sub Committee	Director of Property & Asset Management	✓	✓		✓	✓	
Equality & Human Rights Strategy Group	Director of Nursing		Meeting Cancelled	Meeting Cancelled		✓	

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	11/5/23	20/7/23	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	✓					
Whistleblowing Audit Report B18/23	Head of Workforce Resourcing & Relations		✓				
Primary Care Strategy 2023-2026	Head of Primary and Preventative Care Services		✓				
Workforce Planning Update	Head of Workforce Planning and Staff Wellbeing			✓		✓	
iMatter Update	Deputy Director of Workforce			✓			

Briefing Sessions	
Session 1: Friday 6 October 2023 at 10.30 am to 12.00 noon	Lead(s)
<ul style="list-style-type: none"> • Staff Governance Standard: Employee Director 	Lynne Parsons, Employee Director
<ul style="list-style-type: none"> • Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community – Stress Management 	Neil McCormick, Director of Property & Asset Management Wendy McConville, Senior Charge Nurse, Community Nursing
<ul style="list-style-type: none"> • iMatter 	Kevin Reith, Deputy Director of Workforce Jackie Millen, Workforce Development & Engagement Officer
Session 2: Wednesday 14 February 2024 at 3.00 pm to 4.30 pm	Lead(s)
<ul style="list-style-type: none"> • eRostering Demonstration 	Marie Richmond, Head of Digital Strategic Delivery Sarah Callaghan, Programme Manager, Digital & Information
<ul style="list-style-type: none"> • Health Care (Staffing) (Scotland) Act 2019 	Tracy Hunter, Workforce Lead, Nursing & Midwifery

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 14 September 2023
Title:	Annual Delivery Plan 2023/2024
Responsible Executive:	Margo McGurk, Director of Finance
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan 2023/2024

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

- Safe, Effective and Person Centred

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

- Well informed
- 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 Annual Delivery Plan (ADP) 2023/2024 was submitted in draft to the Scottish Government (SG) on 8 June 2023 and resubmitted, following request for further information, on 26 June 2023.

This paper provides the Committee with assurance that the ADP has now been agreed with the Scottish Government.

2.2 Background

The guidance for Annual Delivery Plan (ADP) 2023/2024 and Medium-Term Plan (MTP) 2023/26 was received on 28 February 2023. This guidance was intended to support a more integrated and coherent approach to planning and delivery of health and care services, setting out prioritised high-level deliverables and intended outcomes to guide detailed local, regional and national planning, and inform improvement work.

The ADP is focussed on planning for the 10 Scottish Government recovery drivers:

1. Primary and Community Care
2. Urgent and Unscheduled Care
3. Mental Health
4. Planned Care
5. Cancer
6. Health Inequalities
7. Innovative healthcare and technologies
8. Workforce
9. Digital
10. Climate Change

2.3 Assessment

Following submission of the ADP documents on 8 June 2023, formal feedback from Scottish Government policy departments was received on 28 June 2023.

NHS Fife responded to the feedback and submitted a formal response to the feedback on 26 July 2023. Our response includes a revised version of the ADP1 with additional information in the dental and diabetes sections.

Formal sign off of the ADP from Scottish Government was received on 11 August 2023 and the revised ADP and sign off letter from the Scottish Government has been attached for formal approval.

2.3.1 Quality/ Patient Care

Preparation and delivery of the ADP are key to ensuring high quality patient care.

2.3.2 Workforce

Workforce planning is key to the ADP process.

2.3.3 Financial

Financial planning is key to the ADP process.

2.3.4 Risk Assessment/Management

Risk assessment is part of ADP process.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

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:

- Executive Directors' Group 17 August 2023
- Public Health & Wellbeing Committee 4 September 2023
- Clinical Governance Committee 8 September 2023

2.4 Recommendation

Staff Governance Committee members are asked to:

- **Take Assurance** from the Annual Delivery Plan 2023/2024
- **Note** the ADP Review Feedback for 2023/2024

3. List of Appendices

Appendix 1: Annual Delivery Plan 2023/2024

Appendix 2: ADP Sign Off letter from Scottish Government

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Population Health & Wellbeing Strategy

Annual Delivery Plan 1 2023/24



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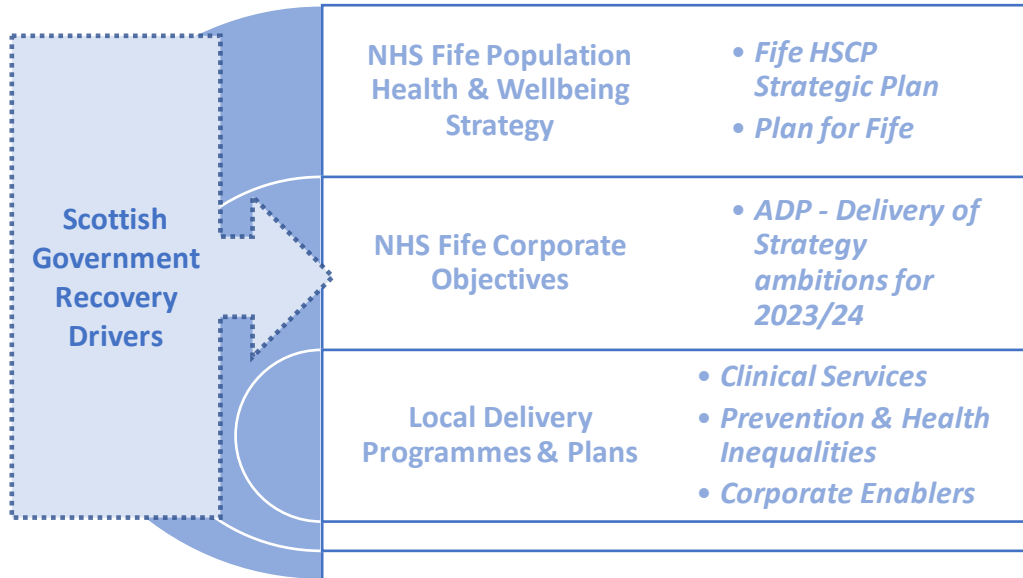
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Planning Context


This Annual Delivery Plan sits as part of the overall planning context for NHS Fife. The newly approved NHS Fife Population Health and Wellbeing Strategy has established the strategic priorities for our organisation, this Annual Delivery Plan describes our key areas of focus for the first chapter of the strategy in 2023/24.




The plan confirms the alignment across our strategic priorities and corporate objectives for 2023/24 to the Scottish Government Recovery Drivers. The sections below illustrate this alignment and also highlights additional corporate objectives identified by NHS Fife.


	Strategic Priority 1: To improve health and wellbeing	Recovery Driver
1	Progress the business case for the mental health services programme	3. Mental Health
2	Support the ADP in the delivery of MAT standards	6. Health Inequalities
3	Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities	1. Primary & Comm Care 6. Health Inequalities
4	Develop a primary care strategy and supporting delivery plan	1. Primary & Comm Care
5	Develop and deliver a system wide medicines safety programme	Local Priority


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	Strategic Priority 2: Improve quality of health and care services	Recovery Driver
1	Implement redesign and quality improvement to support mental health services	3. Mental Health
2	Review and redesign the Front Door model of care to support improvements in performance	2. Urgent & Unsch Care
3	Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge	2. Urgent & Unsch Care
4	Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery	4. Planned Care 5. Cancer Care
5	Develop and deliver an improved patient experience response process to support a culture of person-centred care	Local Priority
6	Delivery year 1 of Planned Care Recovery Plan	4. Planned Care 5. Cancer Care

	Strategic Priority 3: Improves staff health and wellbeing	Recovery Driver
1	Collaborate with University of St Andrews to develop the ScotCOM medical school	7. Innovation
2	Develop and deliver an action plan to support safe staffing legislation	8. Workforce
3	Develop and deliver a sustainability plan for the nursing and midwifery workforce	8. Workforce
4	Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing	8. Workforce
5	Develop and deliver a leadership framework to increase team performance	8. Workforce

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	Strategic Priority 4: Deliver value and sustainability	Recovery Driver
1	Deliver year one actions of the financial improvement and sustainability programme	B. Finance & Sustainability
2	Implement actions to support climate emergency	10. Climate
3	Develop the digital medicines programme	9. Digital

	Cross-cutting actions	Recovery Driver
1	Develop a corporate communications and engagement plan	Local Priority
2	Develop the strategic plan to secure teaching health board status	Local Priority
3	Deliver Anchors ambitions working collaboratively with partners	6. Health Inequalities

Section A: Recovery Drivers

1. Primary & Community Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health
and wellbeing

- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*
- *Develop a primary care strategy and supporting delivery plan*

1.1 Care in the Community and enhancing a focus on Preventive Care

Following a period of review and extensive engagement, Fife HSCP are currently refreshing our Primary Care Improvement Plan (PCIP) to make sure plans will provide the best opportunity for General Practitioners to fulfil their crucial role as Expert Medical Generalists. This refreshed plan will focus on stabilising and creating consistency in terms of multi-disciplinary support for Practices across Fife, in particular with regards to services which haven't been fully implemented.

In line with MOU (Memorandum of Understanding) 2, we have been carrying out a focused piece of work to develop our CTAC (Community Treatment and Care) services to both create a level of consistency in service provision across Practices, whilst allowing for the enhancement of services across Primary Care. This has already seen the commencement of the following initiatives:

- Working with Podiatry to bring all Low-Risk foot screening under the responsibility of CTAC Services
- Working with ENT and Audiology services to develop joint Ear Care strategy
- Leg ulcer specialist clinics

In line with a wider review of Leadership and Governance, Primary Care Contracting services and associated services, work is ongoing to review the integration of Primary Care nursing teams, to provide more sustainable workforces but also equitable provision of Immunisation, CTAC and Chronic Disease Management.

This work will be brought together in a Primary Care Strategy and Delivery Plan which underpins both the Population Health and Wellbeing Strategy and Health and Social Care Strategic Plan and focuses on the important role of all Primary Care Providers supporting:

- Recovery of Primary Care
- Quality within Primary Care
- Sustainability across Primary Care services

Another shared commitment in the Population Health and Wellbeing Strategy and HSCP Strategic plan focuses prevention and early intervention aligned to the national health and wellbeing outcome and Public Health priorities. We will demonstrate through the Prevention and Early Intervention strategy and delivery plan the steps we can take in the next few years to address health inequalities to enable everyone living in Fife to have the same chance of getting the best care or support they need. This will follow a life course approach, preventing, or limiting

problems arising so people's lives will be healthy and people can remain independent for longer. To achieve this our mission is to build a culture of prevention, involving all partners across Fife, including communities and individuals, to make sure we are as good at preventing health and social care problems as we are at treating them.

1.2 Delivery of a sustainable Out of Hours service

To support our strategic ambition of sustainable and accessible Primary urgent care services, we are expanding our current system wide Urgent Care Infrastructure. This will further integrate 24/7 urgent care models across Primary care. This work will focus on the continuation of developing urgent care pathways within Out of Hours Primary Care, integrating staffing models in and Out of Hours to develop a resilient and sustainable workforce. The overall ambition is to develop plans for 24/7 'Urgent Care Hubs', interfacing between Primary and Secondary care, create sustainable workforces across Urgent Care Services and create consistent Urgent Care support to Primary Care.

1.3 Aligning Primary Care with Mental Health and Wellbeing resources

In line with the Scottish Government vision for the future of primary care services, we are enabling multidisciplinary working to support people in the community and to free up GPs to spend more time with patients in specific need of their expertise.

The approach focuses on multidisciplinary working to reduce pressures on services and ensure improved outcomes for patients with access to the right professional, at the right time, as near to home as possible.

The key goal of the project is to develop and plan for the establishment of multidisciplinary Mental Health and Wellbeing in Primary Care and Community Services (MHWPCS) within GP clusters or localities, which will include:

- An Integrated Community Based System
- The Promotion of Fife Population Mental Health and Wellbeing
- Strengthening and Improving Formal and Informal Mental Health Care Provision
- Placing service users at the heart of design and planning

We have identified three initial test sites for this work to take learning across different localities within Fife who each have different needs including Cowdenbeath, North East Fife and Levenmouth. A critical part of this process is enabling co-production which is underway with the locality planning groups to shape the design and range of supports that need to be available in the mental health and wellbeing hubs and inform the future roll out across the 7 localities of Fife.

1.4 Early detection of key cardiovascular conditions

The delivery plan supporting this strategy will inform the actions being taken including:

- Working closely with the Heart Disease Managed Clinical Network in Fife and will also link to the Women's Health Plan which aims to reduce cardiovascular risk in women in particular.
- We will continue integrated service improvement plans to increase capacity for early intervention and implementation which will support, empower and enable people to prevent, reduce and/or improve cardiac health risks working across services and with our partners in local authority and third sector.

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- Developing low risk chest pain pathways to ensure care in the right place and right time.
- Work collectively to improve service capacity for early detection and anticipatory care planning for cardiovascular risk factors including for example Community Treatment and Care (CTAC) in line with national planning and direction.

Specific projects are under way and ongoing in Fife in relation to diabetes prevention and weight management services:

- Health Promotion Dietitians obtained additional funding from Scottish Government, to build local capacity and strengthen support around childhood obesity prevention in the early years. The bid was in partnership with Fife Council Early Years team and NHS Lothian to implement the HENRY core training train the trainer (TTT) package to produce 8 HENRY trained facilitators (4 in Fife). HENRY core training builds the skills, confidence, and knowledge of the early years workforce to support families to lead healthy lifestyles by providing practical support on healthy eating, physical activity and parenting strategies around food and behaviour. Core training, as part of TTT model, took place across Fife and was offered to the early year's workforce: To date Fife has trained 92 members of the early years' workforce in this approach with more scheduled to be trained.
- Family focused sessions, relating to Child Health Weight, are supporting being active as a family and working together to make small healthy changes.
- Diabetes Prevention Programme 'Let's Prevent Diabetes' is a six-hour course that empowers individuals to make positive lifestyle changes to prevent or delay the onset of type 2 diabetes. This is delivered face to face, online or digitally. This programme forms part of the national Diabetes Education and Self-Management for Ongoing and Newly Diagnosed (DESMOND) package of support, designed by the NHS and Leicester Diabetes Centre. All individuals are invited to a weight management programme, where appropriate.
- Operationalised pathway supporting diet and lifestyle management of gestational diabetes to help achieve optimal blood glucose control to reduce associated complications for both mother and baby. Let's Prevent Diabetes programme offered post-partum to reduce risk of developing type 2 diabetes. Weight management support offered post-partum as appropriate.
- A two-year intensive weight loss programme which aims to help those living with type 2 diabetes to achieve and maintain remission. Involves total diet replacement, food reintroduction and maintenance phases. Based on evidence from the Diabetes Remission Clinical Trial (DiRECT).
- Various Weight Management Programmes supporting diet and behaviour changes which can lead to the improved management of the key cardiovascular risk factor conditions.
- Operationalised pathway supporting individuals before and after bariatric surgery. Sustained diet and behaviour changes along with significant weight loss can result in improved management of the key cardiovascular risk factor conditions.

1.5 Frailty in Primary Care

Approach adopted will be to:

- Build the capacity of the existing MCN service to include an MCN for Frailty

to ensure that people with frailty in the community can be cared for utilising recognised national approaches placed into a local framework.

- Reduce the need for double up packages of care whilst utilising a variety of techniques and equipment to achieve better outcomes for people, to use resources more efficiently and effectively, reduce delays, release capacity, improve flow and provide a more flexible service.
- Review and redesign of Assessment and Rehabilitation Centre model to achieve better outcomes for people, early intervention, and prevention to manage those at most risk of admission, use resources more efficiently and effectively, increase capacity and provide a more flexible service.
- All Fife Care Home residents will have an anticipatory care plan in place. The ACP will be shared with MDT including GPs to anticipate any decompensation in long term condition and pro-actively manage symptoms and offer support to avoid admission to hospital. ANPs are in the process of being recruited and will be aligned to locality care homes to facilitate a first point of contact for care home staff to redirect and offer support to avoid admission.

1.6 Dental Care

Much like the rest of Scotland there are ongoing challenges with recruiting and retaining NHS Dentists across Fife, with many dental practices having very limited cover and access arrangements in place for NHS patients registered with them or capacity to register new patients.

Dental practitioners are independent contractors and own their own businesses, with many providing NHS care along with private practice. There are a number of complex reasons why dental services are experiencing significant challenges including the backlog created during the pandemic along with issues of recruitment and retention and the impact of Brexit.

National indicators to measure access are being developed and will include number of dentists resigning from dental list and joining dental list. This will be a useful measure of workforce but will not accurately capture WTE and hours working on NHS dental care versus private care. This level of data is not available. Independent dental contractors advertise for posts and NHS Fife only has responsibility for recruiting to the Public Dental Service (PDS). NHS Fife, like other NHS Boards, are experiencing challenges recruiting.

The Dental Management Team are proactively working with Dental Practices across Fife to explore ways to facilitate and improve patient access. Our NHS Fife Dental Advice line links in with practices on a fortnightly basis to monitor and evaluate capacity for registering new NHS patients. Currently the position in Fife is that no practices are in a position to register new NHS patients although a few practices are offering a waiting list with the expectation of new patients being able to access appointments in the autumn/winter.

The current guidance for people in Fife who are experiencing acute dental pain, and are not registered with a dentist, is to call the Dental Advice Line which is staffed by members of our NHS Fife Public Dental Service (PDS) (Monday to Friday, 8.30am – 5.00pm) with a commitment that they will receive dental care within 24 hours.

The PDS also offers a short course of care to get people dentally 'stable', and currently we have 5 sites (Randolph Wemyss Memorial Hospital, Rosyth,

Cowdenbeath, Cardenden and Kirkcaldy access) across Fife where we are able to provide this service.

The PDS in Fife is committed to providing support, access and treatment to patients who are non-registered or de-registered as a result of the reduction of NHS GDS provision. The PDS are having to see registered General Dental Practitioner (GDP) patients as a number of practices can't recruit and have limited capacity to see their own patients. This is in addition to the pressures of the backlog in core services due to the pandemic.

The Scottish Government recently advised NHS Boards of a further revision of the Scottish Dental Access Initiative (SDAI) capital scheme to include four areas in Fife-Tayport, Newburgh, Leslie and Auchtermuchty which will take effect from 26 April 2023. It is hoped that this initiative will attract interest from dental practices.

In Q1 of 2023/24, we will explore ways to maximise capacity to increase access to dental care to get people dentally stable e.g., evening clinics. We will aim by Q2 to recruit to small test of change sites to deliver extended day time service to meet urgent needs of unregistered/deregistered patients.

Test of change proposal from Q2 is a pilot initiative being developed to provide short courses of targeted care in order to 'stabilise' patients' oral health. This service will be provided out of hours to reduce the impact on the PDS in-hours. Control measures will include ensuring the patients are signposted to the correct service. An options appraisal has been worked through and a preferred model is being worked up. The success of the pilot will be reliant on dentists and dental nurses and administrative staff coming forward to work in the service, which will be in addition to their normal contracted hours. The Dental SMT are very aware of potential unintended consequences and reducing risks so as not to destabilise current services, particularly the OOH dental service. Successes from these tests of change will be used to spread and sustain service from Q3.

The HSCP Primary Care Strategy 2023/2024 will focus on recovery, quality, and sustainability across all of primary care including GDS and PDS. Implementation of this will commence from August 2023. A delivery plan will ensure a focus on developing a sustainable workforce within dental services working collectively with independent contractors and the PDS to improve access to service across Fife.

Primary Care will explore innovative ways to maximise current workforce capacity to deliver dental care and optimise outcomes.

1.7 Delivery of hospital-based eyecare in a primary care setting

Optometry has been assisting colleagues within secondary care through shared care schemes since the COVID pandemic focusing mainly on emergency and glaucoma eyecare. This has allowed upskilling of optometrists for future national schemes meaning optometrists can undertake more specialist work on behalf of the hospital through such qualifications as independent prescribing and Glaucoma (NESGAT).

To alleviate the burden of glaucoma care on the hospital eye clinic, plans are well underway with the aim of 'going live' in April 2024, recognising that locally within Fife we have a well-established Shared Care arrangements in place for eye care, including emerging eye care and Glaucoma.

Review of current Shared Care provision will take place in collaboration with Secondary Care during Q1 2023/24 with development of local plans in Q2 to

transition to National Shared Care model. There will be ongoing support throughout 2023/24 to enhance qualifications for Optometrists.

1.8 Infection, Prevention and Control (IPC) support to Primary Care

We are implementing the IPC Workforce Strategy 2022-24 with the goal of having an appropriately skilled, resilient, sustainable, and confident workforce working in an integrated way. Delivering evidence-based advice, guidance and interventions appropriate to localised need in both acute and community settings.

An oversight board is currently being convened to develop a Local Integrated Service Delivery Plan (LIDP) in response to implementing the IPC Workforce Strategy 2022-24.

The oversight board is being led by the Director of Nursing and HAI Executive and supported by the Infection Control Manager to review current service provisions and focusing on how the AMS, HP and IPC workforce could be strengthened in the short term whilst planning for a more sustainable long-term position.

The oversight board will link in with professional groups and the Primary Care workforce specialists in these areas when undertaking the review and prepare an action plan considering what additional roles and resources are required.

2. Urgent & Unscheduled Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Review and redesign the Front Door model of care to support improvements in performance
- Deliver an ambulatory care model supporting admission avoidance and early appropriate discharge

2.1 Reducing Attendances: Phase 2 Redesign Urgent Care

2.1.1 Review and Further Development of Flow and Navigation Centre

Access will be improved through the development and optimisation of pathways, scheduling and virtual capacity pathways to deliver care closer to home and provide the right care in the right place.

We will appraise the current established workforce model for the Flow Navigation Centre (FNC) and develop this further to ensure the model adds value ensuring a whole system approach to accessible pathways in line with national and local strategic direction and that we remain financially effective. We will also continue our progression to further develop our virtual triage (RTU) and scheduling to Minor Injury Units (MIU) including paediatrics, with a review of resource and capacity across the three sites, in addition to testing a scheduling model to our Rapid Triage Unit (RTU). By focussing on our model of virtual triage from NHS 24 flow we have increased our redirection rate by 29% from ED to QMH MIU.

To reduce unscheduled admissions and keep care closer to home, we will also be reviewing and developing further pathways in social care, respiratory, heart failure and mental health. We are also looking to scale up from earlier TOCs around Call Before Convery (CBC) embedding the learning from these to become a business-as-usual model.

Connections to national best practice and learning opportunities will continue.

2.1.2 'Scheduling' unscheduled care

We are planning to improve scheduling processes within FNC increasing the use of NearMe, where appropriate and further utilise the Rapid Triage Unit (RTU) and ambulatory models of care as a means of scheduling patients to ensure patients are directed to the right place. As examples we have increased our capacity for patient's requiring access to DVT and OPAT pathways with concurrent increases in nurse numbers and skill mix to develop nurse led approaches for these services.

2.1.3 An integrated approach to all urgent care services

We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models, sustainable workforce across Urgent Care Services and consistent Urgent Care support to Primary Care in hours.

We will expand on the current system-wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models, a sustainable workforce across Urgent

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Care Services and consistent Urgent Care support to Primary Care in hours. This will align with the continued implementation of the Primary Care Improvement plan 2023/24 and national planning and direction as the model of 24/7 urgent care evolves.

We will implement year 1 of the delivery plan underpinning the HSCP Primary Care Strategy 2023/2026 with a strategic focus on recovery, quality improvement and sustainability.

We will work collectively to develop, refine and embed a performance framework with clear and consistent data and defined KPIs to provide assurance regarding delivery and target improvement.

We will deliver a refreshed communication plan to support, enable and empower people to access care in the right place with the right person first time.

As part of an integrated approach, we are committed to improving our ED 4-hour performance target and have an agreed action plan covering the following improvements.

- Improve virtual triage at Queen Margaret Hospital to redirect patients from VHK
- Review ENT/OMFS protocols to support in-reach and faster transfers to ward
- Review orthopaedic assessment protocols to achieve faster transfers to assessment
- Evaluate Push Model to avoid patients breaching in ED and reduce overcrowding
- Evaluate ED call before you convey outcomes comparing to FNC Call before you Convey
- Stroke Thrombolysis review – earlier moves to MHDU to support stroke bundle performance
- Reduce Ambulance Waits and improve turnaround times to 30 mins max.
- Optimise triage further – expand nursing workforce to support with agreed escalations for 1st assessment breaches
- Improve use of data –performance/bed waits/site capacity- development of dashboard and visibility within the dept
- Review all ED protocols to ensure tests and results can be undertaken and completed within 4 hours
- Further improve minors performance and sustain at above 95%
- Improve night and weekend medical cover at senior clinical decision-making level
- Reintroduce frailty practitioner with direct moves to RAD/RADU
- Redirection protocols with primary care/OOH/AU1/community teams to be adhered to
- Closer links with mental health and potential of co-location with UCAT on site
- Agreement of medical model redesign

Figure 1 – Victoria Hospital ED 4-hour Performance Trajectory

	Week Ending									
	25-Jun	30-Jul	27-Aug	24-Sep	29-Oct	26-Nov	31-Dec	28-Jan	25-Feb	31-Mar
VHK ED 4 hour %	70.3%	71.8%	73.1%	74.3%	75.8%	77.0%	78.5%	79.8%	81.0%	82.5%

2.2 Reducing Admissions: Alternatives to inpatient care

2.2.1 Further develop OPAT, Respiratory and Hospital at Home pathways.

Our OPAT service is a 5-day service however we recognise a 7-day model would support a greater number of clinically appropriate patients who do not require hospitalisation over the weekend but who currently remain/become in-patients. We are increasing our skill mix through specialist nursing developments to implement a full 7-day model with Consultant oversight.

We are planning to enhance integration and collaboration with Hospital at Home (H@H) and Acute Services to ensure early supported discharge of step-down referrals are facilitated in a timely manner.

By testing this model of care, H@H Service aims to facilitate timely and safe discharge to H@H and support the front door model. Ensure smoother, more timely and appropriate discharges to the service with clear intervention plans. Commencing H@H assessments for step down patients in the acute environment and supporting the front door team will positively impact admission, assessment and documentation time required in the community, and this will result in increased capacity and resilience across H@H and the system.

Currently H@H teams are informed of step-down patients planned for that day however, for numerous reasons; including complex planning and assessment these do not always happen. Recent data demonstrates that a third of step-down referrals do not progress to a discharge. This results in inefficiencies due to these places being held therefore some admissions to H@H are being declined. Introducing In-Reach Nurse Practitioner (NP) posts will ensure smoother, more timely and appropriate discharges to the service with clear intervention plans 7 days per week. In addition, having H@H assessments for step down patients commencing in the acute environment and supporting the front door team, will positively impact admission, assessment and documentation time required in the community and this would result in increased capacity and resilience across H@H and the system by:

- Accepting more referrals
- Offering 7 day a week in reach
- Accepting later step-down admissions i.e., from a 5pm cut off to a 8pm cut off if treatment is required or if no treatment is required admission at any time with review the following day
- Reducing the number of occasions that H@H reach maximum capacity and are unable to take new referrals
- Increasing caseloads
- Improving patient experience
- Supporting the front door model

We will increase the capacity for IV antibiotics to be delivered in the community at a patient's home by diversifying the clinical services that can support the existing H@H service. This will ensure that we are able to stratify complexity appropriately amongst other services, e.g., community nursing, and increase the available options for people requiring this approach at home.

2.2.2 Development of new pathways including paediatrics and heart failure

Fife Health and Social Care Partnership has a well-established specialist nurse-led heart failure service in the community offering a Fife-Wide service for those suffering from heart failure. Currently accepting referrals from across primary care,

secondary care and external boards they have a proven model of care for patients in the community, assisting in preventing unnecessary admissions and offering timely, efficient and person-centred care at home. Further work to reduced unscheduled admissions remains a crucial part of their role and they are continually reviewing their model of care to meet the needs of people in Fife. Work is underway to enhance pathways between acute cardiac services and the community heart failure team, and new pathways are being considered and devised to utilise the expertise of this service with the wider community nursing team, with a view to preventing unnecessary admissions and promoting earlier, safe discharge.

To increase access and keep paediatric care closer to home, several services are provided on an out-reach model, including Specialist Nursing Care for children with complex and chronic illnesses including diabetes and epilepsy. Paediatrician in-reach to the Emergency Department for children presenting urgently aims to reduce delay and minimise the need for hospital admission where possible. Increasingly NearMe and telephone appointments are used to facilitate access to Community Paediatric services. We are also exploring potential opportunities to implement virtual pathways in Paediatrics using NearMe for Rapid Review clinics where it is clinically safe to do so.

2.3 Reducing Length of Stay: Rapid assessment and streaming

2.3.1 Increasing assessment capacity

Early supported discharge and admission prevention will be achieved by developing ambulatory models of care to improve person-centred outcomes including admission avoidance, decreasing length of stay by 10% to 4.5 days and reducing readmission rates. This can also support chronic disease management clinics with rapid access slots where appropriate and improving bed availability by providing ambulatory treatments in a Clinical Intervention Unit to avoid overnight stay requirement. We are currently monitoring repeat admissions within 12 weeks and linking with the HSCP to support patients where alternative pathways are appropriate.

2.3.2 Optimise Flow to align discharge and admission patterns

There are a number of plans in place to deliver effective discharge planning:

- Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach. As the model embeds, admission avoidance will increase through an outreach model which will be developed to support people at home.
- Develop additional models of care within Admissions and the supporting services to also accommodate the increase in admissions whilst maintaining a Respiratory Viral pathway. Reduction in length of stay for patients requiring ongoing IV antibiotic treatment.
- Improve flow within the VHK site, reducing length of stay and number of patients boarding. Accurate PDD to inform planning for discharge from point of admission, coordinated with the Discharge Hub.
- Continue to reduce delayed discharge by taking a coordinated person-centred approach to discharge planning, ensuring the patient is at the centre of any decision making and planned with the patient /carer & family and not on the availability of care, equipment, or long-term care placement.

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- Increase capacity of Fife Equipment Loan Store Service (FELS) to deliver and collect community equipment on behalf of Fife residents in a timely manner.
- 7 Day Pharmacy Provision of clinical and supply services across hospital care settings, reviewing the current position and additional need.
- Support and embed a criteria led discharge model to reduce boarding and improve flow.
- Further embed the front door model, continuing to work over 7-days, to enable early intervention and assessment resulting in discharge planning commencing as soon as the individual presents to hospital. This is available for patients presenting to Accident & Emergency Department, Acute Medical Unit and the Rapid Assessment Discharge Ward 9 (RAD) at the Victoria Hospital Kirkcaldy.

Fife Health & Social Care Partnership hold multidisciplinary 'verification' meetings to ensure continuous review of patients clinically fit for next stage of care with confirmed pathways of care in place and identified Planned Dates of Discharge. Daily and Weekly verification meetings feed into the weekly Whole System verification meeting where assurance at a senior level (Head of Service chairs) is provided covering patients in all aspects of delay. Any patients who can be discharged at the weekend are identified through this process.

Currently, there is a commitment to have no more than 48 Standard delays across Acute Services and Community Hospitals on any given day with goal of reducing this to 44 by end of 2023/24.

2.4 Best Start Maternity and Neonatal Plan

2.4.1 Delivery of The Best Start programme

We will continue to implement our Best Start Plan which is aligned to the 4 strategic priorities of the NHS Fife Population Health and Wellbeing Strategy.

The local lead is the Director of Midwifery supported by the Executive Nurse Director with Clinical Leaders from across Maternity Services supporting the range of recommendations currently in place and underway.

Data analysis and user feedback will contribute to planning and decision making. There is a continuous process of audit undertaken within the service which directs planning focus.

The following planning assumptions are being given careful consideration.

- The ongoing significant impact of COVID-19 on the Health and Care System including Maternity Services. Maternity Services will also require to adapt to any future effects of COVID-19.

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- Balancing the capacity to maintain current service provision and implement the recommendations of Best Start whilst we are “recovering” from COVID-19 alongside seasonal demands (Winter Planning).
- Significant continuous registrant vacancy factor (due to national shortage of Midwives). There is also challenge in recruiting to some medical posts.
- Continuation of the vaccination programme for influenza delivered by the Midwifery Team and the new request for the Midwifery Teams to deliver for COVID-19 vaccination programme.
- The time out allocation of 21.5% is no longer sufficient to enable safe roster cover. This is due in part to the requirement for all Midwives to complete Core Mandatory Training (CMT), alongside local mandatory training. There is also an increasing part-time workforce (the need for CMT calculation to be per head and not per wte) a mainly young, female workforce with high demand for maternity leave.
- Recognition of the need to ensure staff health, wellbeing and resilience when implementing significant change to working practice within the service.

This plan will continue to be subject to review and updating as the clinical picture demands.

3. Mental Health

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Progress the business case for the mental health services programme*



To improve quality of health and care services

- *Implement redesign and quality improvement to support mental health services*

3.1 Improving Access to Services

Fife CAMHS are engaged in and will continue to focus on a number of initiatives in order to sustainably deliver, achieve and maintain the 18-week referral to treatment standard and increase capacity with our services.

Fife Psychology Service leads on the delivery of PT 18-week referral to treatment target. On-going recruitment activity is a key component of building capacity. Demand-capacity data is collated and interrogated routinely and is used to inform improvement actions. The service has a detailed plan of improvement actions which relate to both the waiting times target and improving access to PTs.

- Service redesign and delivery options
- Service development and establishment of new services in response to investment and creation of new tiers of service and/or clinical pathways within established services
- Staff training within wider mental services and with 3rd sector partners and CPD to increase the skill set of specific groups of psychology staff
- Workforce skill mix and other efficiency measures including the introduction of Enhanced Psychological Practitioners
- Developing and supporting provision delivered by other services through clinical supervision and with 3rd sector partners.

PTs and PIs are delivered in 32 clinical services within Fife. Alongside delivery of specialist and highly specialist PTs, service provision includes a suite of PT and PI options which are low intensity in terms of therapist time. People can self-refer to many of these PT options via the Access Therapies Fife website. There are no capacity issues within the low intensity delivery options.

Figure 2 – CAMHS RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Mar-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	60	82.8	70.8	69	60	67.8	91.2	92.8	123	107	131	120
Projected patients starting treatment within 18 weeks	51	70.38	60.18	58.65	51	47.46	63.84	64.96	73.8	64.2	91.7	108
Projected Performance Against Standard (Auto Populates)	0.85	0.85	0.85	0.85	0.85	0.7	0.7	0.7	0.6	0.6	0.7	0.9
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	213	209	216	230	218	228	232	257	235	222	201	200
Projected Waiting list >18 weeks	71	89	116	113	133	98	77	86	42	39	15	0
Projected Waiting list >52 weeks	0	0	0	0	0	0	0	0	0	0	0	0
Comments (please include here any assumptions caveats or other information that you feel is relevant).	longest waits whilst ensuring the waiting list does not grow over 35 weeks in the next 6-8 months. Trajectory reflects service capacity as recruitment progresses and optimum functioning is recovered. Trajectory is based on referral rates remaining stable with no increase in acuity/severity or presentation											

Figure 3 – Psychological Therapies RTT Trajectories

If 90% of patients starting treatment within 18 weeks of referral has not been achieved by March 2023, when do you project that 90% of all patients will start treatment within 18 weeks of referral	Dec-24											
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Patients Starting Treatment total	200	288	280	207	215	215	176	236	155	272	276	259
Projected patients starting treatment within 18 weeks	135	200	185	135	140	158	122	161	110	185	200	180
Projected Performance Against Standard (Auto Populates)	0.675	0.694444	0.660714	0.652174	0.651163	0.734884	0.693182	0.682203	0.709677	0.680147	0.724638	0.694981
	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
Projected Waiting list ≤ 18 weeks	888	888	888	888	888	888	888	888	888	888	888	888
Projected Waiting list >18 weeks	1394	1575	1660	1625	1591	1569	1609	1596	1680	1739	1691	1604
Projected Waiting list >52 weeks	255	237	219	201	183	165	147	129	111	93	75	57
Comments (please include here any assumptions caveats or other information that you feel is relevant).	Our target for the coming year remains to reduce longest waits to under 52 weeks and maintain the current under 18 week list size. Trajectory is based on the following – retaining current staff; recruitment to vacancy; no change in demand ; access to clinic space; and plans to increase capacity in the wider mental health system.											

3.2 To deliver services that meet standards

A summary of the plan to build capacity is outlined below:

- Recruitment is ongoing and under continual review to ensure workforce is at full capacity.
- CAMHS Early Intervention Service is in place to ensure the right support is delivered at the right time by the right services to enable young people who require specialist CAMHS intervention to achieve timely access.
- Caseload management is implemented to ensure throughput, reduce bottlenecks and maintain capacity.

In addition, pathways to clinical services provided by CAMHS, informed by the CAMHS National Service Specification are in place or in development to ensure mental health support is accessible for those with the greatest need and are most vulnerable.

3.3 Engagement with PHS to improve quality of data

Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards. Engagement with CAPTND Clinical Reference Group and NHS Fife Information Services will ensure that Fife CAMHS systems for data collection have the capability to support and adapt to future data collection requirements.

The Psychology Service is currently working with NHS Fife Digital & Information team to introduce a new patient appointment system and also an electronic patient record system. Timelines dictate that the service will be better placed to achieve full compliance with CAPTND data set during 2023/24.

3.4 Mental Health Services

The vision as detailed in the Mental Health Strategy 'Let's really raise the bar' is: 'We will live in mentally healthy communities; free from stigma and discrimination, where mental health is understood. Where support is required, it will be personalised, responsive and accessible'. This strategy is currently being refreshed and will be mapped against the soon to be published national Mental Health and Wellbeing strategy to support alignment of priorities against to priorities to 'Prevent, Promote and Provide'. This work will inform any changes or refinement to the 5 key priorities within Fife Mental Health Redesign Programme including:

- Data and Quality Indicators: to develop a dashboard of quality indicators aligned to the Public Health Scotland quality indicators.
- Inpatient Redesign and the development of the initial agreement and business cases required to support capital investment to improve our inpatient estate in line with consultation and the mental health model in Fife including the development of our community mental health teams.
- Distress Brief Intervention (DBI) service across both front-line health services commissioned through third sector services.
- Urgent and Unscheduled Care to ensure access to mental health support is fit for purpose.
- Mental Health and Wellbeing in Primary Care and Community settings which can be found more fully earlier within this delivery plan.

4. Planned Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve quality of health and care services

- Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery
- Delivery year 1 of Planned Care Recovery Plan

4.1 Enabling a “hospital within a hospital”

The opening of the National Treatment Centre - Fife Orthopaedics continues to provide protected capacity for elective Orthopaedics in a fit for purpose facility. This will also provide capacity for the East region neighbouring boards.

Capital work in Ward 24 has been completed to optimise the Gynaecology model. Beds are now available for unscheduled activity based on specified criteria with one bed available for emergency admission. The ward reconfiguration has increased the bed base to support the capacity required for elective activity.

Improvement support locally directed to support high volume nationally and locally identified specialties to adopt and spread ACRT (Active Clinical Referral Triage) and PIR (Patient Initiated Return). Currently there is engagement and adoption of ACRT for five specialties with further exploration required for robust recording of enhanced vetting where guidance is sent directly back referrer and not to the patient. Ten specialties are engaged and adopting PIR and we are continuing to receive support for scale up and spread to other specialty cohorts.

ERAS (Enhanced Recovery After Surgery) is business as usual but requires visibility and development of robust mechanisms for reporting in Orthopaedics and General Surgery. There are plans to implement in Gynaecology following completion of capital works.

Fife’s Integrated Planned Care Programme Board (IPCPB) has oversight of all elective improvement work including CfSD (Centre for Sustainable Delivery) work and is directing next steps aligning to CfSD and local drivers.

Figure 5 below illustrates the projected capacity available to deliver New Outpatients and TTG activity in 2023/24.

Figure 5 – New Outpatient and TTG Capacity Projections

New Outpatient Capacity Projections by Specialty can be found in [Appendix A](#) whilst similar for TTG can be found in [Appendix B](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
New Outpatients	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
TTG	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164

4.2 Extending the scope of day surgery and 23-hour surgery

We are creating a procedure room in our day surgery facility at the Queen Margaret Hospital (QMH) to release theatre capacity through capital investment to increase procedures which can be conducted under local anaesthetic. Work is underway and due for completion June 2023. This will generate ten additional sessions per week and will allow transfer of lists from VHK to QMH, freeing up theatre capacity at VHK.

We continue to provide same day hip and knee arthroplasty where appropriate in line with the British Association of Day Surgery (BADs) guidance via the NTC facility.

Figure 6 – Same Day Knee and Hip Replacement Projections

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
KNEE Arthroplasty	Number of same day procedures	3	3	3	3
	Total number of procedures	162	162	162	162
	Percentage Same Day	1.9%	1.9%	1.9%	1.9%
HIP Arthroplasty	Number of same day procedures	8	8	8	8
	Total number of procedures	185	185	185	185
	Percentage Same Day	4.3%	4.3%	4.3%	4.3%

Project commenced with all specialties to identify and remove barriers to optimise BADs procedures within a day case setting in QMH. Plans to recruit Clinical Lead for Day Surgery as per BADs recommendations.

Ongoing review of IP/DC activity to maximise capacity on QMH site where theatre resources allow.

4.3 Reducing unwarranted variation

There is a focus on specialties to reduce variation aligning to ATLAS of variation; theatre work in planning to look at variation.

We are participating and engaging with the national drive toward standard high volume same procedure lists such as Cataracts.

We encourage continued clinical engagement with CfSD SDG (Speciality Delivery Group) and support implementation of national pathways including Endometriosis for Gynaecology and develop an NHS Fife sustainable model including training for local consultants.

Figure 7 – Unwarranted Variation Projections (Cataracts & 4 Joint Sessions)

		QE	QE	QE	QE
		Jul-23	Sep-23	Dec-23	Mar-24
		Plan	Plan	Plan	Plan
Average Cataracts per 1/2 day session (Cataract only session)		4.5	4.5	4.5	4.5
% of 4 joint sessions (of all full day sessions with at least 1 joint)		25.0%	25.0%	25.0%	25.0%

4.4 Validation of waiting lists

In order to support the full adoption of National Elective Co-ordination Unit (NECU) within NHS Fife, Digital & Information are procuring a digital solution (NETCALL) within patient hub. This will digitise the current paper process with benefits identified in service efficiencies within Health Records and improved patient experience through better communications with those experiencing long waiting times. Digital & Information will look to implement by the end of 2023 and will be engaging with NECU shortly.

Figure 8 describes the waiting lists will continue to increase despite the improvement work that is being undertaken in 2023/24. The capacity described in Figure 5 is based on the current funding available.

Figure 8 – New Outpatient and TTG Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
New Outpatients (NOP)				
Over 104 Weeks	0	74	212	352
Over 78 Weeks	150	339	849	1358
Over 52 Weeks	1646	2275	2902	3497
Total List Size	27101	28764	30429	32094
InPatient / Day Cases (TTG)				
Over 104 Weeks	16	67	173	351
Over 78 Weeks	159	305	547	893
Over 52 Weeks	688	1157	1718	2593
Total List Size	7126	7816	8506	9196

5. Cancer Care

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To improve
quality of health
and care services*

- *Further develop Queen Margaret Hospital as centre of excellence for ambulatory care and day surgery*
- *Delivery year 1 of Planned Care Recovery Plan*

5.1 Diagnostic capacity and workforce

We have identified a number of actions to increase diagnostic capacity and workforce,

- Development of project team within Endoscopy to identify tests of change for more efficient booking processes and to book patients with longer lead time to ensure routine and surveillance waiting times are reduced, filling every slot where possible.
- Readjustment timings within new Endoscopy Management System will explore if this improves efficiency and provide good data on turnaround times and duration of endoscopies and will be used for list planning to improve efficiency and explore text messaging system to reduce DNA.
- NHS Fife pool of Nurse Endoscopists available to backfill short notice cancellation.
- Regular audits and target improvement measures are in place.
- Recruitment of full-time education co-ordinator and introduction of monthly training session for all Endoscopy staff. This will be focused on improvement in quality measures as well as upskilling of trained and untrained staff that includes nurses trained in trans-nasal endoscopy and investment in other specialist roles including scrub training for HCSW (Healthcare Support Workers).
- Within Radiology, every effort will be made to fill every slot and activities to promote this include accurate measurement of performance, introduction of text reminder service, improve processes for utilisation of patient cancellations, monitor performance in utilisation of unused slots, resourcing and training in the department and ensure awareness of available funding streams.
- Continue to protect and prioritise urgent and cancer requests by managing appointing system to ensure sufficient slots available for urgent and planned follow up appointments.
- Match Ultrasound rooms with sonographer availability, this may require additional local footprint or adapting existing resources.
- Minimise the impact of acute service pressures on planned care CT and MRI service by redesigning of out of hours acute CT staffing to smooth acute demand and continue with extended day and weekend MRI service.
- Use funding from cancer pathway projects to use weekend CT capacity.

Figure 9 below illustrates the projected capacity available to deliver endoscopy and radiology activity in 2023/24. Figure 10 demonstrates the impact of the capacity on the different diagnostic waiting lists.

Figure 9 – Diagnostic Capacity Projections

Diagnostic Capacity by Key Test can be found in [Appendix C](#).

	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24
All Endoscopy	899	899	899	899	899	899	899	899	899	899	899	899
All Radiology	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222

Figure 10 – Diagnostic Long Wait Projections

Expected Number Waiting at:	30th June 2023	30th Sept 2023	31st Dec 2023	31st March 2024
Endoscopy 4 key diagnostic tests				
Over 52 Weeks		3	0	0
Over 26 Weeks		109	63	10
Over 6 Weeks		373	250	140
Total List Size		755	785	795
Radiology 4 key diagnostic tests				
Over 52 Weeks		0	0	0
Over 26 Weeks		0	0	0
Over 6 Weeks		4966	6577	8188
Total List Size		9107	10718	12329

5.2 Roll out of RCDSs

The principles of RCDS (Rapid Cancer Diagnosis Service) will continue to be rolled out following the success of the pathfinder in Fife. We are looking to expand the service into additional tumour specific sites. Upper GI (Gastrointestinal) and (HPB) Hepatobiliary pathways have commenced with further implementation expected in the Colorectal service during 2023.

5.3 Adoption of Framework for Effective Cancer Management

The Cancer Framework 2022-2025 has eight key commitments with high level actions noted below:

1. To reduce cancer incidence, mortality and inequalities for our population through effective prevention, screening and early detection initiatives.
2. The patients will be at the heart of how services are designed with excellent patient experience as a priority.
3. Patients will receive the right treatment at the right time in the right place by the right person.
4. Research, innovation and knowledge is central to the delivery of high-quality sustainable cancer services for our patients and population.
5. Collaborative strategies and programmes to deliver service change that is focussed on improved patient care through digital transformation.
6. Recognise workforce challenges and identify system-wide approaches to support in relation to recruitment, wellbeing, education and training to ensure our cancer patients receive the best care.

7. To ensure our healthcare environments are designed to deliver optimum patient care the current cancer estate will be reviewed.
8. To make best use of available information sources to assure patients are receiving timely, high quality, effective care.

The Fife action plan describes various actions to prevent cancer, diagnose early and treat effectively, underpinned by the principles of realistic medicine and person-centred care. New national optimal cancer pathway and clinical management pathways will set clear standards for all, and a new oncology transformation programme will create a new vision and, ultimately, new service for oncology.

Figure 11 – Cancer 31-day DTT Projections

Percentage treated within 31 days of decision to treat	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	95.0%	95.0%	95.0%	95.0%
Cervical	95.0%	95.0%	95.0%	95.0%
Colorectal	95.0%	95.0%	95.0%	95.0%
Head & Neck	95.0%	95.0%	95.0%	95.0%
Lung	95.0%	95.0%	95.0%	95.0%
Lymphoma	95.0%	95.0%	95.0%	95.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	95.0%	95.0%	95.0%	95.0%
Upper GI	95.0%	95.0%	95.0%	95.0%
Urological	82.7%	86.0%	88.3%	90.0%
All Cancer types combined	93.8%	94.1%	94.3%	94.5%

Figure 12 – Cancer 62-day RTT Projections

Percentage treated within 62 days of urgent referral with a suspicion of cancer	Quarter ending 30 June 2023	Quarter ending 30 September 2023	Quarter ending 31 December 2023	Quarter ending 31 March 2024
Breast	93.0%	93.3%	94.0%	94.0%
Cervical	50.0%	50.0%	53.0%	53.0%
Colorectal	87.0%	87.0%	90.0%	92.0%
Head & Neck	83.0%	87.0%	90.0%	90.0%
Lung	90.0%	90.0%	92.0%	93.0%
Lymphoma	80.0%	85.0%	90.0%	90.0%
Melanoma	95.0%	95.0%	95.0%	95.0%
Ovarian	85.0%	85.0%	87.0%	87.0%
Upper GI	93.5%	94.0%	94.0%	94.0%
Urological	62.0%	62.0%	65.0%	66.0%
All Cancer types combined	81.9%	82.8%	85.0%	85.4%

5.4 Improving cancer staging data

The following plans are in place:

- Staging data collection for Prostate will be further improved by ensuring that this information is provided for or at multidisciplinary team (MDT) meetings.
- For renal, consideration is given to include the staging field in the outcomes of the MDT. Valid staging must be assigned in review preparation notes for all patients with suspected renal cancer. The outcomes to be published on the appropriate patient administration system.
- For bladder, record pathological T staging prior to each TURBT (Trans Urethral Resection of Bladder Tumour) procedure and pathological TNM staging prior to cystectomy.

5.5 Further Plans

There will be full participation to support delivery of the upcoming national oncology transformation programme. The following are currently under way:

- A Single Point of Contact Hub has been implemented to support patients who are referred USC or diagnosed with a urological or colorectal cancer. Introduction of this service will be rolled out to the lung cancer service to support the Optimal Lung Cancer Pathway in 2023
- Many services have a dedicated Pathway Navigator (Urology, HPB, RCDS, UGI) to support patients or applications for this resource is being explored (Breast).
- Maggie's Prehabilitation service has been implemented offering universal sessions for anyone with a cancer diagnosis.
- A project group has been set up to implement the Optimal Lung Cancer Pathway.
- Psychological support is already embedded within our cancer services. RCDS and other services complete Holistic Needs Assessments and make referrals to Maggie's Centre for Prehabilitation and other support, to Improving the Cancer Journey (ICJ) routinely, and to Clinical Psychology, spiritual care and counselling as required. Training on aspects of emotional wellbeing is undertaken by Pathway Navigators and Cancer Nurse Specialists for example through Good Conversations and Sage and Thyme training, and case consultation with clinical psychology. Through the recently published Psychological Therapies and Support Framework there will be a continued focus to ensure equitable access to psychological support across Fife and tumour groups and identify areas for further development.
- All patients diagnosed with cancer are referred to Macmillan Improved Cancer Journey (ICJ).

6. Health Inequalities

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve health and wellbeing

- *Support the ADP in the delivery of MAT standards*
- *Develop a prevention and early intervention strategy, and delivery plan, to support health improvement and address inequalities*



Cross cutting actions

- *Deliver Anchor's ambitions working collaboratively with partners*

6.1 Reducing health inequalities

Poverty is a significant driver of poor health outcomes and health inequalities. It is likely that the current cost-of-living crisis will exacerbate health inequalities because it will lead to a deterioration in living conditions which will inevitably impact on individual and population health. NHS Fife recognises the importance of developing and implementing an effective strategic approach to address avoidable health inequalities and their root causes. Without deliberate effort the current cost-of-living crisis will widen the gap in health outcomes which already exists between people living areas most affected by deprivation and those living in areas with less financial pressures. It will also result in greater pressures on NHS services.

Our ambition to tackle health inequalities is set out in the recently published Population Health and Wellbeing Strategy for NHS Fife. The response that is required involves deliberate long-term efforts in collaboration with other statutory agencies in Fife. Preparatory work for the strategy included an evidence-based review of the role the NHS has in preventing illness and reducing health inequalities. The strategy also utilised information within the Director of Public Health annual report for 2020/2021, which contains the most recently collated information describing the health of the local population and the factors that are important for creating and maintaining health.

The review we conducted noted that the risk factors which contribute most to poor health and wider conditions where people live, and work are all experienced unequally in our society. The result is worse health outcomes and reduced life expectancy amongst those living in areas most affected by deprivation in Fife.

The review identified six key areas for action which NHS Fife should progress:

- Mainstreaming the process of supporting patients to maximise health and wellbeing
- Focus on staff health and wellbeing
- Maximise staff and patient income
- Reduce inequalities in access to services
- Ensure organisational policies / service planning prevents and mitigates health inequalities

- Work to address poverty and inequality as part of the Plan for Fife and development as an anchor institution

Given the current cost of living crisis and service pressures there is a risk that health inequalities may worsen. This risk has been added to our corporate risk register, to appropriate management actions are in place and regularly reviewed.

6.2 Delivery of healthcare in police custody and prison

In NHS Fife, the Executive Lead is shared from prison healthcare – Director of HSCP and those in custody - Director of Acute Services.

Healthcare in custody is led by Acute Services in collaboration with police based locally whilst HSCP is involved in pathways on release from prison back to community which includes links to forensic service and there is involvement from Perth Prison on the Alcohol and Drugs Partnership Board.

We have a commissioned hospital liaison service and third sector provision, this includes Near Fatal Overdose service, Custody Navigation, and In-reach/Outreach peer mentoring service in prisons.

6.3 Implementation of MAT (Medication Assisted Treatment) Standards

The standards provide a framework to ensure that the system and services responsible for MAT delivery are sufficiently safe, effective, accessible and person centred to enable people to benefit from treatment and support for as long as they need. The Alcohol and Drugs Partnership is leading the multi-agency response and NHS Fife services are well engaged and represented in this work.

There are two ADP subgroups focused on

MAT 1 to 5 to be delivered in 2023/24:

1. All people accessing services have the option to start MAT from the same day of presentation
2. All people are supported to make an informed choice on what medication to use for MAT and the appropriate dose
3. All people at high risk of drug-related harm are proactively identified and offered support to commence or continue MAT
4. All people can access evidence-based harm reduction at the point of MAT delivery
5. All people receive support to remain in treatment for as long as requested

MAT 6 to 10 to be delivered in 2024/25:

6. The system that provides MAT is psychologically informed (tier 1); routinely delivers evidence-based low intensity psychosocial interventions (tier 2); and supports individuals to grow social connections
7. All people have the option of MAT shared with Primary Care
8. All people have access to independent advocacy as well as support for housing, welfare and income needs
9. All people with co-occurring drug use and mental health difficulties can receive mental health care at the point of MAT delivery
10. All people receive trauma informed care

All of the subgroup's report into the Alcohol and Drugs Partnership Committee at each meeting with quarterly reports that are submitted to Scottish Government.

Examples of work being progressed to support delivery of the MAT standards are:

- Enhanced Performance reporting including MAT standards and referral to treatment targets, this includes quarterly progress reports to the Scottish Government and compliance with the evidence submitted at the end of year assessment conducted by Public Health Scotland.
- Working towards evidencing of all 4 harm reduction service aspects to be available at the point of care, sustainably, across all 3 locations where NHS Addictions services are delivered.
- There is access to long-acting injectable buprenorphine across the full NHS Addictions Service.
- Established a same day prescribing one stop shop in Methil as a partnership between third sector, NHS Addictions Service, housing and foodbank partners, plans are underway to extend this into the Kirkcaldy and Cowdenbeath localities.
- The MAT 6 & 10 psychological interventions and trauma informed workforce development plan is complete with all services (NHS and third sector) committed to embedding decider skills and advanced motivational interviewing into their operation practice. This work will commence in 2023/24 and places Fife Alcohol and Drug Partnership ahead of its implementation plan for 2022/23 in addition mapping for MAT 10 work has been completed this year and a small subgroup is established to enhance coordination of recovery communities.
- For MAT 7, enhancing a MAT Standards compliant approach within primary care implementation group is in the planning phase. This will encompass locality-based work in specific areas of Fife where prevalence of harm and substance related deaths are highest and engagement and demand for treatment and support services is lower. Primary care is also currently involved in the planning of the one stop shops.
- An independent advocacy service has been commissioned in relation to MAT 8 and is in place with people with lived experience as part of the service workforce. This is linked to both the ADP lived experience panel and living experience group.
- Multi-agency work is being progressed to support people to remain in treatment and is a defined risk that we are working with the APD to mitigate.
- Further multi-agency work is ongoing with Mental Health Services including work to implement the four recommendations made by the Mental Welfare Commission on their “Ending the Exclusion” Report September 2022. The clinical director is chairing a group to support delivery of MAT 9.
- Fife ADP is now in the second year of supporting the delivery of the distribution of naloxone, through the peer-to-peer model, across Fife.
- We are embedding decider skills and advanced motivational interviewing into their operation practice to support trauma informed practice.

6.4 Delivery of the Women’s Health Plan

The aim of the Women’s Health Plan is to improve health outcomes and health services for all women and girls in Scotland. It is underpinned by the acknowledgement that women face particular health inequalities and, in some cases, disadvantages because they are women.

The HSCP (Associate Medical Director) is leading along with Public Health on reducing health inequalities on women’s general health.

The plan includes:

- Collaborating with acute colleagues in improving access to menopausal treatment. One of our sexual health doctors has completed British Menopausal training and is working with vulnerable populations and those with more complex menopausal needs due to co-morbidities. Over the next year we are planning to roll out training with the aim of having a lead GP in each locality.
- Training GPs to be more confident to initiate more complex HRT and therefore allow quicker access to treatment for women with menopausal symptoms and also decrease waiting times.
- Training to non-healthcare staff over the next year to allow them to have conversations with women about health and health care services available for them to access.
- Working with acute colleagues on early referral for patients with possible endometriosis.

Over the next year, work will be undertaken to scope what access there is in primary care teams to a Healthcare Professionals (HCPs) who have a specialist knowledge in menstrual health including awareness of the symptoms of PMS, PMDD, heavy menstrual bleeding, endometriosis and their treatment options. With a view to increase this overall and to identify any gaps which would require further training provision.

We are looking at improving women's heart health by providing more information on heart health to women via our media channels and also raising awareness in health professionals. We are planning to run education sessions for primary care. We are also seeking views on rehabilitation programmes from users to ensure women's views are taken into account.

6.5 Anchor strategic plan

As a large organisation connected to our local area and community, we recognise we can make a positive contribution to benefit the population of Fife, not only through service delivery but also by developing our Anchor ambitions.

We have worked with our third sector partner (Fife Voluntary Action) to establish a local website interface which aims to enhance community benefits within Fife. Fife Voluntary Action will support local community organisations to develop their community benefit need bids before they are uploaded to the national community benefit gateway. Working in this way we believe will improve the quality of bids and support organisations to access alternative funding if their needs do not fit with the community benefit gateway criteria. The local interface was launched in March 2023. FVA have been raising awareness of the portal with local organisations at locality funding events and are currently working with a number of community organisations with a target of reaching approximately a dozen bids uploaded to the national portal by the end of June 2023.

We have established an Anchor's Operational Group which will develop priority areas for inclusion in the Anchors Strategic plan by October 2023. The Operational group will agree milestones, and progress will be tracked through monthly meetings to measure against outcomes using self-assessment against the local progression framework.

The Anchor's Strategic Plan will align with NHS Population Health & Wellbeing Strategy, NHS Fife Medium Term Plan and Public Health Midterm Delivery Plan recovery drivers. The baseline focus will include:

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- Utilisation of land and assets to support communities
- Purchase locally to support social benefit
- Prioritise environmental sustainability
- Widen access to work

6.6 Transport needs

Plans are in place to

- Revise the Patient Information leaflet on claiming travel costs and will include:
 - Promotional Plan – via Primary Care, Localities, and NHS Acute
 - Monitoring and evaluation
- Deliver Poverty Awareness Training Post incorporating travel claims as part of health inequalities workforce training.

There is work ongoing with the 7 Localities groups to gather data and information on barriers to accessing service and health inequalities. For example, patients travel to other health board areas for treatment.

7. Innovation Adoption

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To improve staff
health and
wellbeing*

- *Collaborate with University of St Andrews to develop the ScotCOM medical school*

7.1 Working with (ANIA)2 partners

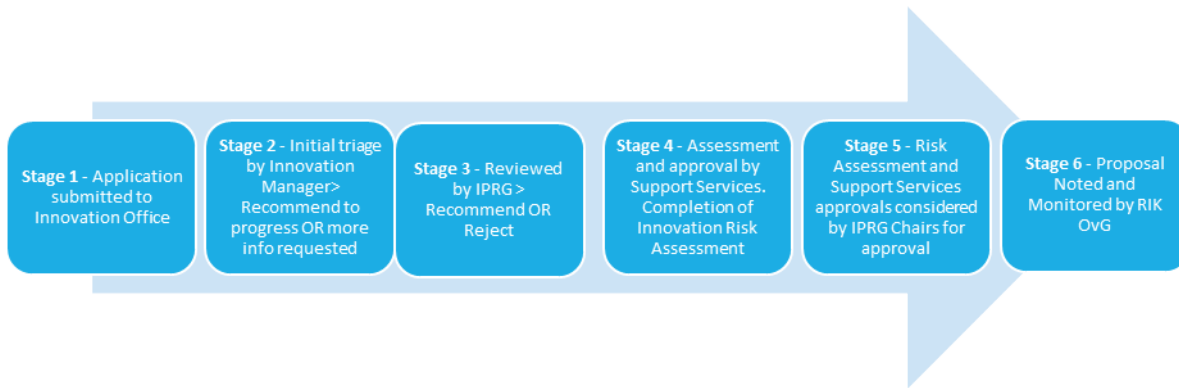
NHS Fife has invested in supporting innovation at a local level, with an Innovation Manager and Clinical Innovation Champion within Research, Innovation and Knowledge (RIK), and a Programme Manager, PMO, Innovation and Technical Design in Digital and Information (D&I). This resource also supports deeper engagement with the South East Innovation Test Bed (HISES), as one of the three member Boards (Fife, Lothian and Borders), providing stakeholder input, leadership and strategic input.

To facilitate fast tracking high impact innovations and to develop a sustainable and data driven approach to implementation locally, an Innovation Governance Framework has been developed and implemented. Within this framework an Innovation Project Review Group (IPRG) has been established. The IPRG will provide the forum and approval pathway for innovation projects and new developments that might merit advice and recommendations for development, investment, D&I support and/or surfacing to HISES. The IPRG will review Innovation submissions from multiple routes including, but not limited to, HISES, other NHS Boards, Scottish Health and Industry Partnership (SHIP), Scottish Government, Centre for Sustainable Delivery (CfSD) Accelerated National Innovation Adoption (ANIA) pathway or direct from Industry and Academic Partners.

Innovation challenges supported by SHIP as part of the Demand Signalling programme are generally aimed at Industry, encouraging partnership with the NHS and academia; widely called the 'Triple Helix' approach to innovation. In support of this approach NHS Fife is engaged locally with Fife Council, the business community, and the University of St Andrews in the promotion of SHIP activity and engagement with the South East Innovation Test Bed.

The IPRG will play a role in supporting a mechanism for the implementation of any potential approved solution, from whatever source, that requires a robust digital IT infrastructure and/or has clinical service delivery or resources impact. The IPRG will operate within a framework considering local, regional and national strategic priorities supporting transformation of health service delivery through innovation. The Innovation Manager will provide an update to the IPRG and NHS Fife Research, Innovation and Knowledge Oversight Group (RIK OvG) on high impact innovations progressing through the ANIA pathway.

Figure 1: Flow chart of projects through Innovation Governance Framework



7.2 Reducing the barriers to national innovation adoption

NHS Fife is a member Board of HISES and our processes have been designed to align with processes already established within the HISES governance framework. Innovation Projects supported by HISES, looking to test an innovation, will follow a robust governance process to manage innovation across the test bed, which is consistent with the governance structures across each of the partner Boards with from NHS Fife in the senior HISES team and governance structures and pathway. The HISES governance pathway does not include projects for adoption.

Innovation team within NHS Fife, works with and attends regular meetings with groups involved in the Scottish Innovation landscape including regional monthly meetings with CfSD, InnoScot Health, DataLoch and locally with Fife HSCP. NHS Fife is a contributing member of the HISES Network group and quarterly Oversight Group, SHIP and Scotland Innovates bi-monthly pipeline meeting, National Innovation Project Managers monthly meeting, and has engagement with the Scottish Health Technology Group (SHTG).

The ANIA Pathway is the mechanism for adoption of innovation for a small number of high impact innovations. The process for consideration and adoption of new innovations in NHS Fife from the ANIA pathway is under development. NHS Fife interacts with the ANIA team at regular meetings with the South East Test Bed and at the SHIP pipeline bi-monthly meeting.

It is planned that the NHS Fife Innovation team will communicate and update the RIK OvG on the current ANIA Pathway pipeline following feedback from the HISES representative on the Innovation Design Authority board. Awareness of the ANIA Pathway pipeline will allow for discussions and consideration of proposed national adoption innovations within NHS Fife in advance of the Stage Gate points when CEOs are informed or consulted.

7.3 Development of ScotCOM medical degree at University of St Andrews

University of St Andrews is developing a new five-year MBChB programme for medical students (ScotCOM), with NHS Fife as its partner Board. NHS Fife will develop suitable clinical placements to align with the St Andrews curriculum.

8. Workforce

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support the Implementation of the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation)*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

8.1 Develop a sustainable nursing and midwifery workforce

The nursing and midwifery workforce plays a vital role in the delivery of healthcare services and ensuring an adequate and well-supported nursing and midwifery workforce is essential for maintaining safe and high quality care.

This section explores the challenges faced by NHS Fife in terms of supply, retention, and vacancies, and provide trajectories for 2023, 2024 and 2025.

Supply Challenges

One of the key challenges is the supply of registered nurses (RNs). There is a growing demand for nursing professionals due to an aging population, increased prevalence of chronic diseases, and advancements in healthcare technology.

However, the supply of nurses has not kept pace with this demand. Factors contributing to this challenge include the aging nursing workforce, limited enrolment in nursing programmes, and competition from other sectors.

a) Age profile

The median age for nurses and midwives in NHS Fife is 44 years, however 20.2% of the nursing workforce is aged over 55 (NES Turas Data March 2023). This percentage is higher in specific services with district nursing, learning disability and mental health nursing demonstrating that over 25% of nurses are aged 55 or over.

b) Student Intake

The shortfall of new nursing students starting their degrees in 2022 means that there will be fewer newly qualified practitioners (NQPs) in 2025. This means that the gap between the number of registered nurses needed and those entering the workforce is set to widen. The significant reduction of 20% in student places that took place between 2010 and 2013 continues to impact workforce numbers. The increase in adult and mental health student places from 2013 – 2019 has returned to pre-2010 levels.

Student attrition rates continue to cause concern. The number of applicants for nursing courses in Scotland in 2023 is 24% down compared to the same point last year.

c) Newly Qualified Practitioners

We begin recruiting students, who are due to graduate from September, in February and March each year. In March 2022, we recruited 180 WTE students across Fife; this dropped to 155 in June, but with less than 145 WTE eventually joining us.

This year, we again recruited 180 WTE (this includes a rise of 10 WTE in midwifery). Of this 129 WTE were adult nurses, but this has already dropped to 112 WTE. There is concern that only 130 WTE will join us this year.

d) Vacancies

There are significant vacancy challenges. These vacancies arise due to retirements, resignations, and difficulties in attracting new nurses. Staff shortages can strain the remaining workforce, increase workload, and potentially compromise patient care.

The vacancy rate is part of the NES published data. The vacancy gap reported for Fife is 12.9% for March 2023 (data is embargoed until June 2023). The anticipated published figure assumes that the establishment equates to staff in post plus all advertised vacancies. This methodology loses its accuracy due to how we advertise posts (bulk recruitment, targeted recruitment, student recruitment etc).

We can calculate an approximation of vacancies using the WTEs from the financial system, noting these do not provide an actual representation of vacancies due to staff who do not generate a WTE, and other caveats related to translating financial information into workforce numbers. Nursing & Midwifery funded establishment in the ledger at March totals 4267, estimated vacancies based on difference between WTEs worked in March compared to the funded establishment is 424 WTE, approximately 10% of our nursing workforce.

There has been an agreement with Directors of Finance, Workforce and Nursing to use 10% as a realistic vacancy rate. NES data suggests 587 WTE vacancies. Work between Workforce and Finance describes 329 WTE RN vacancies of less than 3 months, 55.6 WTE between 3 and 6 months and 18.5 WTE over 6 months – a total of 403 WTE RN vacancies.

e) Turnover

Turnover rate has increased from December 2022 (10.8%) to 13.5% in March 2023 (based on NES data).

Supply Opportunities

a) International Recruitment

International recruitment is recognised as a contribution to the medium-long term solution with this being a positive experience to date for both the Board and the International Recruits, working in collaboration with Yeovil Hospitals Foundation Trust. The cost is £12k per nurse with funding from SG in Acute to date for 23 in 2021/22, 50 in 2022/23 and for 7 in HSCP making a total so far of 80 RNs.

There is no confirmation of continued funding by SG, but organisational agreement is required to maintain the potential pipeline. There is however a stop/start arrangement with Yeovil Trust disrupting a consistent flow. Currently, there are 28 RNs in post with 15 completing OSCEs (Objective Structured Clinical Examinations) for registration, however, this can take 4–6 months from arrival to registration.

There is now an International Recruitment Coordinator in post within the Workforce Directorate and a PPD Facilitator in post in order for OSCE prep to be all in-house.

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NHS Fife can support 8 IRs per month with limiting factors being accommodation and OSCE support. To do this we require confirmation of the additional funding required from SG.

b) Return to Practice

We have 5 applicants for programme to commence this year.

c) Open University

5 places have been made available to Fife - in discussion with Open University for additional places.

d) HNC Route

There have been 16 applicants for HNC with interviews planned in May 2023. This 2-year course allows entry to 2nd year of pre-reg nursing course.

e) Assistant Practitioners

The development of bands 2 to 4, particularly the role of the Assistant Practitioner, is being implemented to support a sustainable workforce.

- Cohort 1 (n=21) started PDA in April- should qualify January 2024
- Cohort 2 (n= 44) start PDA in August- should qualify May 2024
- Cohort 3 (n tbc) start PDA in January 2025

8.2 eRostering

Work is progressing on the implementation of eRostering, with plans for roll out to the next phase of services being agreed. Business as usual resource requirements are currently work in progress, with initial agreement for the Workforce Directorate to host eRostering in future once full implementation has been realised.

Implementing eRostering can bring numerous benefits to NHS Fife. Key advantages include:

1. **Efficient workforce management:** eRostering streamlines the process of creating, managing, and updating staff rotas. It allows for automated rostering, reducing the administrative burden on managers and ensuring optimal allocation of staff resources.
2. **Time and cost savings:** The automation of rostering processes saves time for both managers and staff. Manual rostering can be time-consuming and prone to errors, whereas the eRostering system can quickly generate rosters, taking into account various factors such as staff availability, skill mix, and workload requirements. By reducing the time spent on rostering, managers can focus on other critical tasks. Moreover, efficient rostering leads to better staff utilisation, minimising overtime costs and reducing the need for supplementary staff.
3. **Enhanced staff satisfaction:** the eRostering systems has an online app feature which allows staff members to indicate their availability, preferences, and requests for time off. Time spent requesting leave on paper forms and delays in manager's response is replaced with a simple, online solution.
4. **Improved patient safety:** Effective rostering plays a vital role in ensuring patient safety. With eRostering, managers can ensure appropriate staffing levels, skill mix, and continuity of care. By accurately matching staff to patient needs, the risk of errors and adverse events can be reduced. Additionally, as the system is implemented, including the Safecare model, the system can

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provide real-time visibility into staffing gaps or potential issues, enabling proactive adjustments to maintain patient safety standards.

5. Compliance with regulations: NHS Fife must comply with working time directives and contractual obligations. eRostering systems can help automate compliance monitoring by tracking staff working hours, rest breaks, and leave entitlements. This ensures that rostering practices align with legal and regulatory requirements, reducing the risk of non-compliance.
6. Data-driven decision making: eRostering can generate a wealth of data related to staffing patterns, workload distribution, and resource allocation. Analysing this data can provide valuable insights for workforce planning. Managers can identify trends, predict staffing needs, and make data-driven decisions to improve efficiency and resource allocation in the long term.

In summary, implementing eRostering will lead to efficient workforce management, time and cost savings, improved staff satisfaction, enhanced patient safety, compliance with regulations, and data-driven decision making. It will significantly transform the rostering process and contribute to the overall effectiveness and performance of NHS Fife.

8.3 Health & Care Staffing Act 2019 – Safe Staffing legislation

Work is progressing across professions in preparation for full implementation of the Health and Care (Staffing) (Scotland) Act 2019 on 1 April 2024. Teams are currently in testing Guidance chapters. Learning from the plans for implementation of the legislation across nursing, midwifery and other clinical professions, is being shared across the organisation.

8.4 Staff Health & Wellbeing

Supporting wellbeing and maximising attendance is a key focus of our recovery work. In addition, we continue to work on creating a culture of kindness, where employees look after each other. This is a shared commitment led by our Board and our Executive team working in partnership with our staff. “Well@Work” is the branding of NHS Fife’s employee Health and Wellbeing programme.

NHS Fife has a range of core staff wellbeing services in place as part of the tiered approach to wellbeing, starting at local level within teams / wards. This includes:

- Occupational Health Service
- Spiritual Care
- Peer Support
- Staff Listening Service and
- Psychology Staff Support

Our approach is focused on the Four Pillars of Wellbeing, as detailed in the diagram below, with each area of wellbeing being supported by:

- Workplace policies, processes, and guidance
- Internal wellbeing initiatives
- Resources available to those employees who need them
- Communications for all employees on wellbeing and how to access support



8.5 Recruitment & Retention of Staff

In addition to the work described above and in Section C below in relation to our Bank & Agency Programme, a number of other initiatives are ongoing within NHS Fife to support recruitment and retention of staff, including within our Medical & Dental and Pharmacy functions and through development of extended roles in terms of advanced practitioners, consideration of areas where Physicians Associates and other MAPs could be employed, skill mix and improved use of technology.

9. Digital

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



*To deliver value
and sustainability*

- *Develop the digital medicines programme*

9.1 Optimising M365

We will establish a secure baseline in the M365 products and national tenancy by October 2023 and implement federation with Local Authority by October 2023.

We will assess future options for maximisation of M365 products in line with current licence/capacity restrictions and the work of National Groups by December 2023.

9.2 National digital programmes

We are committed to strengthening the use of national and regional systems for delivery of key programmes in which economies of scale can be realised. We have committed to a number of programmes which will continue to be delivered over the medium term. These include:

- e-Rostering – NHS Fife have begun the rollout of the National rostering system which supports staff to deliver services. This will conclude during the medium-term plan period
- Community Health Index (CHI) – We are collaborating with the national team to deliver this programme.
- Child Health – This programme had a reset in 2022, therefore we continue to support whilst a new programme timeline is delivered.
- M365 – Maximising Benefits and federation – M365 was rolled out during the pandemic, there are a number of areas which still require to be maximised whilst also supporting more joined up utilisation across Health and Social Care.
- GP IT – To deliver a new GP IT system is currently being taken through governance within Fife and will be implemented within the medium term.
- HEPMA – NHS Fife has finalised a contract to deliver Hospital Electronic Prescribing and Medicines Administration across both acute and community areas.
- Laboratory Information Management System (LIMS) – NHS Fife are one of three early implementation boards and are working closely with other boards to deliver this programme locally, regionally and nationally.
- PACS – Fast Access to images, NHS Fife have undertaken several upgrades of the current PACS system implemented in Fife, following contract award, NHS Fife will consider the best approach to implementation and work with colleagues within Radiology to implement the new PACS system into NHS Fife.

- Vaccination and Immunisation – continue to support this work ongoing within this area.
- Radiology Information System (RIS) – Consideration to a new national approach to RIS is being undertaken if this is brought forward, NHS Fife will support the inclusion of this work within their plan.
- Digital Pathology – Has been implemented within NHS Fife we will continue to collaborate closely with teams to ensure safety standards continue to be met.

9.3 Organisational Digital Maturity Exercise

NHS Fife completed a digital maturity exercise in 2019 this will be repeated in 2023. The results of the previous Digital Maturity exercise helped to shape the priorities for NHS Fife. The 2023 study will be undertaken to ensure consistency with the delivery plan we are undertaking and ensuring that any emerging themes that have not already been considered are part of the key ambitions for our next digital strategy scheduled for delivery in 2024.

9.4 Leadership in digital

We will plan our delivery for both our service users and those who utilise digital but we will also focus internally to ensure that we continue to upskill in order to meet the demands of the workforce and ensure that leaders across health and care are equipped with the necessary skills, we are therefore committed to undertaking training locally and also highlighting to leaders across the board when digital programmes are offered, in the medium term example of the areas are:-

- Information Technology Infrastructure Library (ITIL) – Digital have committed to the continued support of ITIL for those working within the digital environment.
- Digital Leadership – An MSc Course is available and will be cascaded to relevant teams, with leaders within the organisation supported to undertake this qualification.
- Digital Mindset Masterclasses – We will support the cascading of these sessions to our senior leadership team in order to create a shared understanding of the challenges of digital delivery.
- KIND – Senior Leaders within digital are signed up to the KIND network and are committed to supporting and rolling out training which is identified within this programme to teams both internal to digital and externally where appropriate.

Roles and Pathways – Digital are in the process of creating a skills matrix which will support those interested in a career in digital in achieving their ambitions. In addition, NHS Fife digital are supporting modern and graduate apprenticeships to support the ongoing delivery of digital and show the benefits of a career in digital to young people within the local community.

9.5 Scottish Health Competent Authority

NHS Fife will undergo the NIS (Network and Information Systems) audit in July 2023. Following the completion of the report the NIS Action Plan will be created and presented to the Information Governance and Security Steering Group and the Digital and Information Board for awareness and assurance. Both groups will then

track the progress of the Action Plan in the normal manner. Items of note will also be escalated through the standing governance arrangements as required.

NHS Fife continues to seek confirmation of the strategy for the Cloud Centre of Excellence (CCoE) and its associated services. On identification of these then direct engagement, in relation to support of compliance with NIS will form part of the Action Plan. At present engagement with CCoE is based on their national role in informing threat intelligence and identification.

9.6 Paperlite project

The Paperlite project as it was known has been reshaped into an Electronic Patient Record programme, with key benefits beginning to be derived, which will be around 70% complete within the medium-term delivery timescale. The programme will focus on maximum utilisation of our key cornerstone systems, providing value to the NHS whilst also reducing the need for paper in delivery of clinical care. This focus will also be directly related to those system suppliers who have proven their ability to keep pace with the requirement for well design and rapid pace developments. This will support our clinical teams to deliver care, with information which is up to date at point of care, therefore improving clinical decision making and the patient experience.

This programme will also focus on how we interact with patients to improve their experience through the continued use and introduction of digital technology.

Examples of Key deliverables are:

- Our strategic programmes will ensure we maximise the use of existing systems through the extension of Electronic Patient Record programme, as the most appropriate way to support the design and deliver our services.
- The inclusion of innovation in our strategic framework will bridge the gap and support implementation of a true EPR for NHS Fife that is available to patient through a digital “doorway”, while recognising the need for alternatives in supporting those that find themselves excluded from the digital world.
- Near Me – The pandemic saw the introduction of Near Me within Fife for all Acute, Community and Mental Health services, this was further supported by the introduction of Near Me, Near You with specialised Near Me rooms in the community for those who do not have connectivity at home. In the medium-term NHS Fife will continue to support the use of Near Me for group consultation. NHS Fife are also aware of further work being undertaken within the HSCP to support the rollout of Near Me within Social Work services and will support this process by sharing lessons learned with teams.
- Digital Front Door – NHS Fife will extend its digital front door through the continued introduction a digital hub for patients, which supports patients to have key clinical information in relation to their care their engagement with services, and their ability to have access to staff and services through the use of digital exchange including modern telephony solutions. NHS Fife have also recently introduced ‘Elsie’ to support digital preassessment within orthopaedics, in the medium term there is an ambition to further expand the use of this technology. We will continue to commit to this both at a local level and with supporting the introduction of any recommendations which we receive from Scottish Government which will support this key area.

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- Digital Pathways – Through introduction of digital pathways for COPD, Heart Failure, Asthma, Monitoring at Home for Blood Pressure and platforms which support this care such as Inhealthcare, Lenus and the Right Decision Service. NHS Fife are concerned with the number of platforms which are in use across Scotland, but we will work to ensure that our community understands access points for delivery of their care.
- Digital Mental Health Support – Digital will work with Mental Health teams to ensure we support the ongoing work which is being undertaken as part of Care in the Digital Age.
- Digital Inclusion – Ensuring that access to services is equal for all, that no one is left behind in the move to a digital future, we will work closely with services to ensure that we meet their needs whilst also ensuring that we develop pathways and services which meet the needs of all service users especially those who are most vulnerable in our society.

9.7 Digital Scotland Service Standard

Previously known as Digital First, NHS Fife are committed to aligning our digital deliveries with this methodology to ensure services are based on the needs of users, are sustainable and continuously improving, secure and resilient, and that good technology choices made.

10. Climate

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To deliver value and sustainability

- *Implement actions to support climate emergency*

10.1 Decarbonise fleet

NHS Fife are to remove all fossil – fuelled small and light commercial vehicles in the NHS Fleet. We will also ensure all small and light commercial vehicles are powered by renewable alternatives by 2025 and no longer buy or lease large fossil fuelled vehicles by 2030. We are however reliant on larger vehicles, especially tail lift vehicles, becoming more financially viable. To support the transformation of our fleet, we will continue to install electric vehicle charging points throughout the NHS estate and collaborate across the public sector on charging infrastructure.

We are heavily reliant on the Transport Scotland grant funding and have submitted a 2023/24 bid to the 'Switched-on fleet' grant for 8 light commercial vehicles, increasing the percentage of light commercial EVs to approximately 60%. If our 2023/24 bid to the Switched-on Fleet Grant is successful, we will increase the charge point network by 8 double charge points increasing the total number of charge points across NHS Fife to 77.

10.2 Achieve waste targets

The new tenders for waste have within them a mandated data return for all 15 categories of waste. These new contracts will improve our data collection. We also use the data from invoices to augment the information on the current national data system (RIO), which is of limited use currently. We are investigating the installation of bulk scales to confirm some of the data produced by contractors.

An annual audit of the very basic "what is going in which bin" ensures that we are gradually improving the segregation of waste. This ensures that more is presented for recycling and less is seen as Domestic waste, which has reduced by 15%.

Our contractor for domestic waste collection is Fife Council. Fife Council continues to invest in processing which ensures the minimum of waste goes to landfill. We will be working with Fife Council to ensure that we can extract data from their system which evidence progress to the target, ensuring no more than 5% of domestic waste goes to landfill. We will also ensure that we can demonstrate our waste is treated to meet the target of 70% of domestic waste is composted or recycled in conjunction with Fife Council.

There will be continued investment in and increase the use of dewatering equipment to reduce the overall weight/volume of food waste disposed of. We will invest in the National Catering Information System to better control production waste and improve the timeliness of ordering. We will continue to follow/improve on SG direction in the withdrawal of some disposables and introduce Reverse vending.

We will also take part in trials of re-usable PPE, ensure laundering improvements to reduce the use of disposable curtains and mopheads and will pursue the installation

of a heat recovery system within laundry. The latter utilising hot water to be re-circulated and reduce gas consumption.

10.3 Reducing medical gas emissions

There is a commitment to ending the use of desflurane and will therefore promote Sevoflurane as the first-choice option within Anaesthetics. The use of Tiva will also be promoted and encouraging the use of regional or local anaesthetics to reduce the need for volatile gases.

Work is ongoing to decommission nitrous oxide manifolds across the estate. A nitrous oxide mitigation team will be formed then discuss and document our approach to eliminating piped nitrous oxide. By the end of 2023, these reductions will be incorporated as part of our annual reporting process.

10.4 Learning from the National Green Theatre Programme

Having already made great progress in implementing the National Green Theatres programme, our next steps will involve further development of the theatre action plan to align with the national green theatre programme. NHS Fife has learned through our Regional Group of the steps taken in the implementation of Green Theatres by NHS Lothian and are looking to incorporate these into our Action Plan which is being developed for 2023/24.

This year we will create a green theatres project group which will involve recording the progress that has already been made and then identifying areas that still need focused on to fully implement the national green theatre programme across NHS Fife. We have actioned 7 areas of the green theatre programme with all other areas being in progress. Using a tracking document to monitor our progress across the areas outlined in the 'bundles', we will create a timeline and plans for achieving the remaining targets.

10.5 Implementing of a building energy transition programme

To begin the implementation of a building energy transition programme, we have started the process of creating net zero road maps for all NHS Fife sites. Within these, they have provided an analysis of current energy consumption and created action plans on how to reduce emissions and meet targets.

To become a net-zero health service by 2040 we will have all 12 net-zero road maps completed by the end of year 1. Then, using the completed road maps we will identify the measures to take that will allow us to deliver a 75% reduction by 2030, compared to 1990. We will then outline the funding we are going to apply for in order to carry out these projects and curate a plan as to how they can be implemented as soon as possible. We will put in funding applications for some of the projects that need to take place and aim to deliver those over the next 7 years between now and 2030.

10.6 Implementing the Scottish Quality Respiratory Prescribing guide

Our quality improvement approach for implementation of the Scottish Quality Prescribing Guide includes:

- Implement recommendations from Respiratory Quality Prescribing Guide
- Review of local prescribing guidance following publication of the Respiratory Prescribing Guide and reflecting formulary choices, which have considered environmental factors

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- Further local communication and education
- Person-centred reviews (as above)
- Utilise ScriptSwitch® and other electronic prescribing systems to promote formulary choices and to highlight overuse of SABAs
- Respiratory prescribing will be reviewed through the Fife Prescribing Forum, utilising primary and secondary care prescribing data, benchmarking, and National Therapeutic Prescribing indicators

NHS Fife is one of three NHS Boards participating in redesign to transition from three separate formularies to a single East Regional Formulary (ERF). As part of this process, the Respiratory prescribing section was reviewed in October 2021 and released in December 2021.

The ERF group was tasked with reviewing inhaler choices based on the following criteria: Efficacy, Safety, Cost Effectiveness and Environmental impact. This represented the first time that Formulary Committee made a conscious effort to include environmental considerations in Formulary choices. To guide prescriber selection, a clear sign has been added to the inhaler poster to enable environmentally friendly choices of inhalers.

NHS Fife is currently awaiting publication of the Scottish Quality Respiratory Prescribing Guide (SQRPG), due April 2023. To pre-empt the SQRPG, ERF Committee is establishing an Expert Working Group of Clinicians and Respiratory Pharmacists to review how we utilise the current choices of formulary inhalers in order to assess how current choices affect the environment. A plan will then be developed to improve inhaler choices to reduce greenhouse gas emissions and limit detrimental effects on the climate. The ERF group will align discussions with the SQRPG.

10.7 Implementing an Environmental Management System

We have engaged with HDR to implement an Environmental Management System (EMS) across NHS Fife. They attended site in May to carry out an initial assessment of Victoria Hospital, with the intention of populating an EMS at this site first. We are aiming to populate an EMS at our largest site, Victoria first, with the intention of rolling out our EMS across all NHS Fife sites moving forward. Phase 1 of EMS implementation will involve Victoria Hospital, and this will be done in quarter 3 giving us 6+ months. Phase 2 will involve EMS implementation at all major sites and phase 3 will be EMS implementation at all sites. We also aim to have full implementation of an EMS at 2 sites by the end of quarter 4. By the end of quarter 1 we want to have a full plan written as to how we are going to progress with our EMS over the next year.

Section B: Finance and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To deliver value and sustainability

- *Deliver year one actions of the financial improvement and sustainability programme*

Medium-term Financial Plan

We have recently submitted our medium-term financial plan to Scottish Government which sets out the key risks to delivery of financial balance in-year and over the medium-term. Discussion is ongoing with Health Finance Directorate colleagues in relation to our key planning assumptions including:

- Ongoing distance from our NRAC share and the cumulative impact of this on the financial position
- Unsustainable levels of reliance on bank and agency staffing to support significant workforce availability challenges
- Requirement to maintain all surge capacity throughout the full year
- Significant cost pressure within our SLAs with other NHS and Independent Sector Providers
- Increasing cost pressure within SLAs for Mental Health and Learning Disability Services
- Inflationary pressures impacted by record global energy costs, across a number of areas, particularly PFI contracts which are directly linked to RPI
- Reduced levels of funding for planned care services
- Significant increasing costs across acute prescribing budgets

NHS Fife continues to operate outwith the agreed Board risk appetite in relation to delivering value and sustainability. The financial plan does however set out a realistic and credible plan to respond effectively to this over the medium-term. During 2023/24, we will continue to utilise the infrastructure we put in place previous year to help support delivery and identification financial and productive opportunities.

Establishment of Financial Improvement and Sustainability Programme

We are committed to supporting the Scottish Government's Sustainability and Value programme and have plans in place to deliver the 3% recurring savings target required by the programme.

We have established an executive led Financial Improvement and Sustainability (FIS) Programme which contains a range of activities to deliver increased capacity and productivity and to release cash efficiencies and cost reduction. During 2023/24 we have established 3 key cost improvement initiatives to reduce; bank and agency spend, surge capacity and corporate overheads. We also have a significant medicines optimisation plan and a range of initiatives to reduce property and asset management costs.

Section C: Workforce Planning and Sustainability

NHS Fife Corporate Objectives 2023/24 mapped to this Recovery Driver are:



To improve staff health and wellbeing

- *Develop and deliver an action plan to support the Implementation of the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation)*
- *Develop and deliver a sustainability plan for the nursing and midwifery workforce*
- *Deliver specific actions from the workforce strategy to support both patient care and staff wellbeing*

Workforce Plan

The Board's three-year Workforce Plan for 2022 to 2025 was published in November 2022 and gave a commitment to the development of Directorate/Service based Workforce Plans, which in turn would form the supporting action plan to achieve the commitments set out in the Workforce Plan.

As part of the Board's Strategic Planning & Resource Allocation process, all services were provided with and submitted documentation in support of meeting this commitment, which enabled workforce projections aligned to the Workforce Plan to be captured, alongside workforce commitments, priorities and risks aligned to service deliverables. This demonstrated our triangulated approach to Service, Finance and Workforce Planning.

The details submitted have been harvested and are in the process of being analysed, so that Directorate and Service based workforce plans can be completed by the end of quarter 2 of 2023/2024. This will allow us to map corporate priorities across to the SPRA submissions, identifying those submissions that may impact the future shape of the staffing complement, and highlight any sustainability pressures, included within the Workforce Plan for 2022 to 2025.

Through our joint work with Fife HSCP workforce colleagues, we have contributed to their Workforce Action Plan, reinforcing the linkages necessary in workforce terms with our partners, including Fife Council and the voluntary and third sectors.

Key Priorities

The key priorities in the Workforce Plan for 2023/24 are:

a) General Practice Sustainability

NHS Fife and Fife HSCP continue to experience significant clinical and managerial workforce challenges within Primary Care Services, which impact directly on safe and effective service delivery within 2C Board managed General Practices. NHS Fife initiated a tender process for external bids in early 2023, for three General Practices in this category, working towards an outcome of stability and resilience. The initial tender process has been agreed and will be implemented over 2023/24. This is part of a longer-term plan to ensure safe and effective service delivery and ongoing management of 2c General Practices. The aim being to develop resilience and enhance sustainability across Primary Care Services and anticipating future pressures on General Practice.

b) International Recruitment

This has been a positive experience for both NHS Fife and the candidates, and it is hoped that international recruitment will increase and expand to other professions over 2023/24. Unfortunately, it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 months.

c) Development of Assistant Practitioner and Healthcare Support Worker Roles

Our Band 2 to 4 workforce progression will focus on establishing a recruitment programme, career development from Band 2 through to post registration and support for managers and educators.

d) Youth Employment, Employability

Last year dedicated leadership on the Employability agenda supported NHS Fife is progressing our aims in this area which sit at the heart of the Employer commitments in our Anchor Organisation delivery plan. Lessons learned from our first-year delivery are now informing our intended planning for an increased capacity for our Modern Apprenticeship (MA) programme expansion. This work will also be informed by the Director of Workforce's role in the newly established NHS Scotland Anchors Workforce Strategic Group.

In 2023/24 we will grow our MA numbers in partnership with Fife College with initial focus on our Healthcare Support Worker workforce, aligning with the work being led by our Nursing & Midwifery Workforce Group to support Band 2-4 progression to address establishment gaps within this job family. As well as building numbers in Nursing & Midwifery we will develop plans to increase our MA provision across other professions and to integrate this work with Foundation Apprenticeship activity as we build our connections with local schools to open access to increased numbers of school leavers accessing health & social care career pathways.

As part of this initiative, links are being established with NHs Fife's Executive Directors with Head Teachers across the eighteen secondary schools in Fife.

e) Health & Wellbeing Framework

The NHS Staff Health & Wellbeing Framework was published in December 2022 and is aligned to the Population Health & Wellbeing Strategy. Given the importance of and continued focus on Staff Health and Wellbeing generally and in the context of the legacy of the pandemic, confirming our intentions was key. The Framework clearly sets out the ambitions, focus, structure and reporting arrangements for staff health and wellbeing activity within the Board and takes account of current and evolving work in this area.

In addition, the Framework aligns to the commitments set out in the three-year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the "Nurture" pillar of the five pillars of the workforce journey.

The infrastructure to support this has been enhanced this year by the opening of new Staff Hubs on several of NHS Fife sites, providing staff with bright, modern spaces to relax, refresh and recharge.

f) Implementation of Safe Staffing - The Health and Care (Staffing) (Scotland) Act 2019.

NHS Fife is working towards implementation of the Act in 2024 and will undertake Chapter Guidance testing, as part of the work commissioned by HIS and SG. This includes the establishment of a local reference group covering all clinical disciplines,

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actively using the current real-time staffing tools to identify risks to care arising due to staffing issues, ensuring staff are aware of these, and that relevant staff have appropriate training and time and resources to implement them. This is in advance of the implementation of eRostering, which will facilitate escalation and reporting once the “Safe Care” module is live.

g) Bank & Agency Programme

Work on delivering a more sustainable and cost-effective approach to the use of Bank and Agency staff is a high priority area for NHS Fife.

An existing commitment made by the Executive to create a consolidated single Staff Bank for the management of all supplementary staffing needs has now been expanded under a new Bank & Agency Programme led by the Director of Workforce which will aim to deliver a revised model to contribute to financial and workforce sustainability to meet current and future service needs.

The Programme will be to deliver the aims set out by the national Supplementary Staffing Task & Finish Group including the adoption of the National Principles for the Management of Agency Workforce Supply to NHS Scotland Health Boards. As the model is developed it will align with our broader work on staff recruitment and retention noted above and will reflect and work compatibly with the introduction of the new national e-Rostering solution and implementation of the Health and Care (Staffing) (Scotland) Act 2019.

Section D: Value Based Health and Care

The Realistic Medicine (RM) Plan is being rolled out to embed Realistic Medicine across Fife. Engagement meetings with stakeholders suggest that communication is the most important factor in embedding Realistic Medicine in Fife. A risk workshop was organised with the RM and NHS Fife Clinical Governance Teams to identify RM risks. A stakeholder analysis workshop was also undertaken, and Communications and Engagement Plan developed. A Benefits Workshop has been undertaken to identify benefits and enable benefits realisation. A workshop is being planned to support governance arrangements. Engagement meetings were held with the Realistic Prescribing steering group to identify areas of collaboration.

Process mapping exercises were undertaken with a Sexual Health Consultant and a Consultant Surgeon on their process of engaging with patients and sending letters to them. This was undertaken for the Organisational Learning Group (OLG). It helped to identify areas of efficiency and improvements in patient satisfaction.

The 'Questions that matter' (QTM) RM tool has been developed for use in Fife and has been rolled out to patients. The tool ensures that patients are able to reflect on questions to ask ahead of consultations. A one-page digital version and QR code have been developed with excellent feedback. The RM message has been embedded on Desktops in NHS Fife with fantastic feedback and request for more information from staff.

Engagement meetings have been undertaken with the NHS Fife Communication team to identify areas of collaboration, such as developing Communications Matrix (workshop). Information on Realistic Medicine are to be rolled out to staff on desktops, hospital screens and pop-up banners. Information Realistic Medicine is now on the NHS Fife Staff intranet (Blink). There has been engagement with RM network meetings and other NHS Boards (such as NHS Ayrshire and Arran) to share learning and practice. We plan to work with Realistic Prescribing and other teams to reduce waste and enable strategies for a greener, sustainable health care system.

We plan to align our work with the 5 strategic priorities of the Scottish Government. With regards to encouraging staff to access the RM Module on TURAS, we will engage with Directors and workforce committees and ensure that staff have easy access to the RM module on TURAS via the staff intranet (Blink). We will also engage with NHS Education for Scotland (NES) to ensure the TURAS module contents flow better.

There are plans to engage with the General Medical Council (GMC), GP clusters and staff and disseminate information about RM through grand rounds. With regards to encouraging patients and families to ask the BRAN (Benefits, Risks, Alternatives, Nothing) Questions, we plan to engage with the Patient Experience Team to embed RM principles, engage with patients and continue to roll out the QTM that contains BRAN questions. We plan to mainstream person centred stories and collaborate with communications and Information technology to ensure that information on BRAN questions is placed on patient and staff facing sides of NearMe (video conferencing) with prompts on IT systems on the BRAN questions.

With regards to evaluation of shared decision making from patients, we plan to undertake a variety of strategies including surveys, analysing data from care opinion and staff engaging with patients to fill feedback forms. With regards to supporting

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local teams work with the Centre for Sustainable Delivery (CfSD) to roll out the Active Clinical Referral Triage (ACRT), Patient Initiated Review (PIR) and Effective and Quality Intervention (EQUIP) Pathways, we plan to engage with local teams to facilitate RM sensitive pathways. Taking cognisance of encouraging local teams to engage with the CfSD to consider current and future Atlas of Variation, we plan to collaborate with colleagues at Public Health Scotland to facilitate better understanding and consideration of this with local teams in Fife.

Section E: Integration

In Fife we have embraced the legislation associated with the Public Bodies (Joint Working) (Scotland) Act 2014, which requires NHS Boards and local authorities to collaborate to integrate the provision of health and social care services known as ‘health and social care integration’.

This focuses not only what we do, but, also how we do it, developing our culture of Integration based on interagency parity and respect. We describe our collaborative approach to Integration as “Team Fife”, recognising integration across health services, joint working with the Health and Social Care Partnership (HSCP) and multi-agency working across local authority and third and independent sectors in line with our community planning aspirations described within the Plan for Fife. It is by working collegiately together towards a common purpose to improve outcomes for the people of Fife that we will make greatest impact in people’s lives and support our workforce.

Fife HSCP provides a wide range of delegated health and care services for NHS Fife and Fife Council. We have worked together to ensure close alignment between the Population Health and Wellbeing Strategy and Fife HSCP Strategic Plan, and we will work together to deliver and develop services for people in Fife.

Fife Health and Social Care Partnership has a three-year ‘Strategic Plan 2023 to 2026’ that sets out the future direction of all health and social care services across Fife. This includes how the nine National Health and Wellbeing Outcomes for Health and Social Care will be delivered locally, along with the six Public Health Priorities for Scotland.

The Partnership’s Strategic Plan is supported by transformational and business enabling strategies and delivery plans. The opportunity provided by being co-terminus is that we can evidence clear alignment to both the Integration Joint Board and NHS Fife statutory responsibilities.

Some key examples of joint working that can evidence “integration in action” in Fife are:

- Collegiate work to support capacity and flow supporting the use of the whole system OPEL tool enabling whole system response using common language and agreed action in response to service pressures and risk.
- The Primary Care Strategy is jointly commissioned through professional leads in NHS Fife and Fife IJB Chief Officer to enable the recovery, quality and sustainability of Primary Care
- The Prevention and Early Integration strategy and delivery plan is another example of strong joint working aligned to Public Health Priorities and galvanising a whole system response to promoting population health and wellbeing across the life span.
- The collective efforts to support prevention are also evidenced through joint working in relation to unscheduled care to support joint improvement actions to enable the right care, right place, first time.
- We are also joining up an enhancing our collective approach to communications, participation and engagement evidenced through strategy

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development and supporting us to engage meaningful with the people of Fife to inform our priorities.

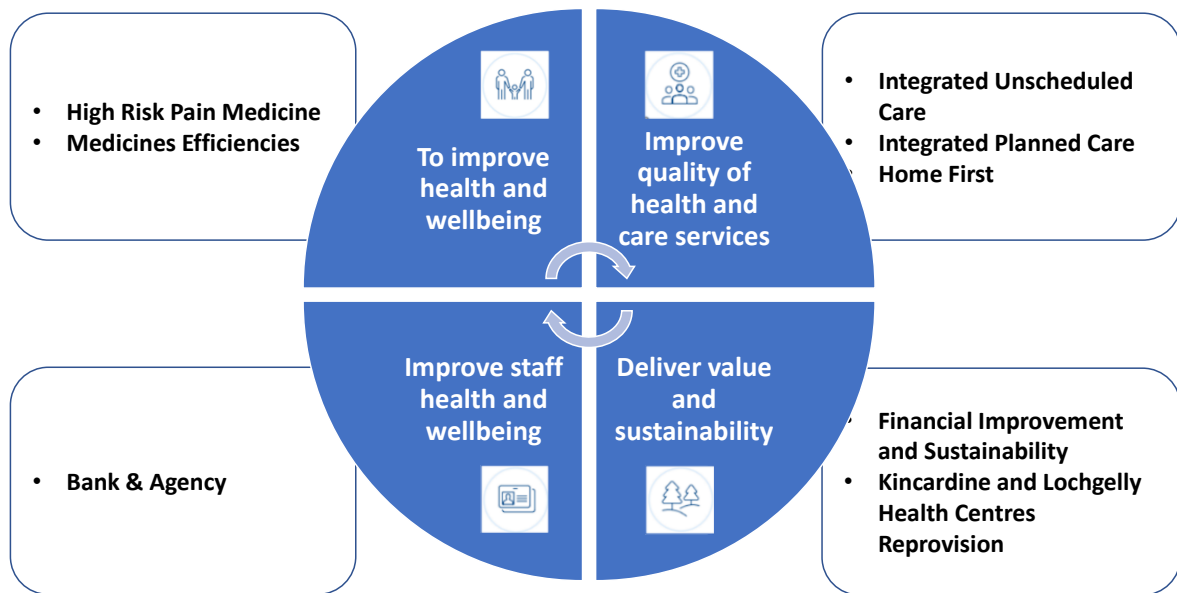
- Through our Community Planning Partnerships, we are supporting delivery against the Plan 4 Fife with the focus on place, people and community wealth building.

Section F: Improvement Programmes

NHS Fife and Fife Health and Social Care Partnership have established Programme Management Offices to manage and deliver the key strategic improvement programmes for the respective organisations.

We have high aspiration to support improvement and transformation of services in Fife. This is supported by a Programme Management Approach in both NHS Fife and the Health and Social Care Partnership which recognises the multi-agency integration of many programmes of work within the community. The examples below relate to the programmes aligned to NHS Fife services recognising there are a range of wider improvement programmes also aligned to Fife Council delegated services not listed within this plan.

The diagram below illustrates the programmes currently underway. A more detailed table with objectives and outcomes for each programme can be found in Appendix D.



Appendices

Appendix A: New Outpatient Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	7573	7372	7364	7565	7340	7432	7421	7432	7421	7436	7436	7436
All Specialties	Routine												
All Specialties	Urgent												
Anaesthetics	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Anaesthetics	Routine												
Anaesthetics	Urgent												
Cardiology	All Urgencies	130	130	130	130	130	130	130	130	130	130	130	130
Cardiology	Routine												
Cardiology	Urgent												
Dermatology	All Urgencies	843	642	642	843	642	642	642	642	642	642	642	642
Dermatology	Routine												
Dermatology	Urgent												
Diabetes/Endocrinology	All Urgencies	48	48	48	48	48	48	48	48	48	48	48	48
Diabetes/Endocrinology	Routine												
Diabetes/Endocrinology	Urgent												
ENT	All Urgencies	871	871	871	871	871	871	871	871	871	871	871	871
ENT	Routine												
ENT	Urgent												
Gastroenterology	All Urgencies	125	125	125	125	125	125	125	125	125	125	125	125
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Medicine	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
General Medicine	Routine												
General Medicine	Urgent												
General Surgery (inc Vascular)	All Urgencies	715	715	707	707	707	723	712	723	712	727	727	727
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	750	750	750	750	750	750	750	750	750	750	750	750
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies	233	233	233	233	233	233	233	233	233	233	233	233
Neurology	Routine												
Neurology	Urgent												
Neurosurgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Neurosurgery	Routine												
Neurosurgery	Urgent												
Ophthalmology	All Urgencies	518	518	518	518	518	553	553	553	553	553	553	553
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	169	169	169	169	169	210	210	210	210	210	210	210
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies	74	74	74	74	74	74	74	74	74	74	74	74
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	770	770	770	770	770	770	770	770	770	770	770	770
Other	Routine												
Other	Urgent												
Pain Management	All Urgencies	88	88	88	88	88	88	88	88	88	88	88	88
Pain Management	Routine												
Pain Management	Urgent												
Plastic Surgery	All Urgencies	49	49	49	49	49	49	49	49	49	49	49	49
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Respiratory Medicine	All Urgencies	192	192	192	192	192	192	192	192	192	192	192	192
Respiratory Medicine	Routine												
Respiratory Medicine	Urgent												
Restorative Dentistry	All Urgencies	0	0	0	0	0	0	0	0	0	0	0	0
Restorative Dentistry	Routine												
Restorative Dentistry	Urgent												
Rheumatology	All Urgencies	186	186	186	186	162	162	162	162	162	162	162	162
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316	1316
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	496	496	496	496	496	496	496	496	496	496	496	496
Urology	Routine												
Urology	Urgent												



Appendix B: TTG Capacity Projections by Specialty

Specialty	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Specialties	All Urgencies	1138	1139	1139	1144	1144	1145	1162	1162	1163	1164	1164	1164
All Specialties	Routine												
All Specialties	Urgent												
ENT	All Urgencies	90	90	90	90	90	90	90	90	90	90	90	90
ENT	Routine												
ENT	Urgent												
Gastroenterology/ Gastroenterology	All Urgencies												
Gastroenterology	Routine												
Gastroenterology	Urgent												
General Surgery (inc Vascular)	All Urgencies	190	190	190	190	190	190	190	190	190	190	190	190
General Surgery (inc Vascular)	Routine												
General Surgery (inc Vascular)	Urgent												
Gynaecology	All Urgencies	101	101	101	101	101	101	101	101	101	101	101	101
Gynaecology	Routine												
Gynaecology	Urgent												
Neurology	All Urgencies												
Neurology	Routine												
Neurology	Urgent												
Ophthalmology	All Urgencies	222	222	222	222	222	222	226	226	226	226	226	226
Ophthalmology	Routine												
Ophthalmology	Urgent												
Oral & Maxillofacial Surgery	All Urgencies	52	52	52	52	52	52	52	52	52	52	52	52
Oral & Maxillofacial Surgery	Routine												
Oral & Maxillofacial Surgery	Urgent												
Oral Surgery	All Urgencies												
Oral Surgery	Routine												
Oral Surgery	Urgent												
Orthodontics	All Urgencies												
Orthodontics	Routine												
Orthodontics	Urgent												
Other	All Urgencies	51	51	51	51	51	51	51	51	51	51	51	51
Other	Routine												
Other	Urgent												
Plastic Surgery	All Urgencies	30	30	30	30	30	30	30	30	30	30	30	30
Plastic Surgery	Routine												
Plastic Surgery	Urgent												
Rheumatology	All Urgencies												
Rheumatology	Routine												
Rheumatology	Urgent												
Trauma & Orthopaedics	All Urgencies	267	268	268	273	273	274	287	287	288	289	289	289
Trauma & Orthopaedics	Routine												
Trauma & Orthopaedics	Urgent												
Urology	All Urgencies	135	135	135	135	135	135	135	135	135	135	135	135
Urology	Routine												
Urology	Urgent												



Appendix C: Diagnostic Capacity Projections by Key Test

New Elective Diagnostic Test - Activity Projections	Urgency	April 2023 Planned	May 2023 Planned	June 2023 Planned	July 2023 Planned	August 2023 Planned	September 2023 Planned	October 2023 Planned	November 2023 Planned	December 2023 Planned	January 2024 Planned	February 2024 Planned	March 2024 Planned
All Endoscopy	All Urgencies	899	899	899	899	899	899	899	899	899	899	899	899
All Endoscopy	Routine												
All Endoscopy	Urgent												
All Endoscopy	Urgent Suspicion Cancer												
All Endoscopy	Bowel Screening												
Upper Endoscopy	All Urgencies	291	291	291	291	291	291	291	291	291	291	291	291
Upper Endoscopy	Routine												
Upper Endoscopy	Urgent												
Upper Endoscopy	Urgent Suspicion Cancer												
Lower Endoscopy (other than colonoscopy)	All Urgencies	131	131	131	131	131	131	131	131	131	131	131	131
Lower Endoscopy (other than colonoscopy)	Routine												
Lower Endoscopy (other than colonoscopy)	Urgent												
Lower Endoscopy (other than colonoscopy)	Urgent Suspicion Cancer												
Colonoscopy	All Urgencies	450	450	450	450	450	450	450	450	450	450	450	450
Colonoscopy	Routine												
Colonoscopy	Urgent												
Colonoscopy	Urgent Suspicion Cancer												
Colonoscopy	Bowel Screening												
Cystoscopy	All Urgencies	27	27	27	27	27	27	27	27	27	27	27	27
Cystoscopy	Routine												
Cystoscopy	Urgent												
Cystoscopy	Urgent Suspicion Cancer												
All Radiology	All Urgencies	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222	4222
All Radiology	Routine												
All Radiology	Urgent												
All Radiology	Urgent Suspicion Cancer												
Magnetic Resonance Imaging	All Urgencies	944	944	944	944	944	944	944	944	944	944	944	944
Magnetic Resonance Imaging	Routine												
Magnetic Resonance Imaging	Urgent												
Magnetic Resonance Imaging	Urgent Suspicion Cancer												
Computer Tomography	All Urgencies	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285	1285
Computer Tomography	Routine												
Computer Tomography	Urgent												
Computer Tomography	Urgent Suspicion Cancer												
Non-obstetric ultrasound	All Urgencies	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993	1993
Non-obstetric ultrasound	Routine												
Non-obstetric ultrasound	Urgent												
Non-obstetric ultrasound	Urgent Suspicion Cancer												
Barium Studies	All Urgencies												
Barium Studies	Routine												
Barium Studies	Urgent												
Barium Studies	Urgent Suspicion Cancer												

Appendix D: Improvement Programmes

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
 <p>To improve health and wellbeing</p>	<p>High Risk Pain Medicine</p>	<p>Develop a High Risk Pain Medicines Patient Safety Programme to:</p> <ol style="list-style-type: none"> Understand how pain is currently managed across Fife including examples of good practice, in order to increase: <ul style="list-style-type: none"> learning, educational opportunities and understanding with the people of Fife regarding the use of High Risk Pain Medicines; to enable more effective and safer pain management solutions options and the use of supported self-management solutions for pain management. Reduce the prescribing culture and use of High Risk Pain Medicines across all NHS Fife settings. 	<ul style="list-style-type: none"> Improved Quality of Life for Service Users / Patients Safe and effective use of HRPM medicines no matter what setting in NHS Fife Appropriate initiation, review and stopping of HRPM. Improved financial efficiency for NHS Fife in relation to HRPM.
	<p>Medicines Efficiencies</p>	<ol style="list-style-type: none"> Formulary Compliance – patients to be changed to formulary alternative medicines, where appropriate. Reducing Medicine Waste – reduce waste in patients own homes, hospitals and care homes Realistic Prescribing – ensure effective prescribing of medicines and to reduce polypharmacy 	<ul style="list-style-type: none"> Cost-effective, quality and appropriate prescribing for the population of Fife in line with change in demographics
 <p>Improve quality of</p>	<p>Unscheduled Care Programme, specifically supporting:</p> <ol style="list-style-type: none"> Care Closer to Home Redesign of Urgent 	<p>The guiding principles for all the work underway for Unscheduled Care to ensure the safety and wellbeing of patients and staff, and support the public to access the right care, at the right time, first time for urgent care.</p>	<ul style="list-style-type: none"> Improved and increased number of pathways that ensure that patients are directed to the right place across the whole system

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
health and care services	3. Discharge without Delay		<ul style="list-style-type: none"> • Increase in people directed to alternative pathways • Increase in scheduled appointments
	Planned Care Programme, specifically Remobilisation of Elective Programme	Implement CfSD tools and development of speciality specific improvement plans to improve service efficiency	<p>Timely: manage the reduction of flow of referrals coming through to secondary specialties and reducing waiting lists and waiting times.</p> <p>Person-Centred: Providing the right care by the right person at the right time, involved from the outset and to have information/guidance to make choices for next steps in the management of their symptoms/condition.</p> <p>Effective & Efficient: Clinicians can offer improved methods of access to service when systems are robust.</p> <p>Equitable: Implement pathways and sharing best practice across the nation that will promote less unwarranted variation.</p>
	Home First	<ol style="list-style-type: none"> 1. There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission. 2. Services will be redesigned/developed in an integrated manner, with a focus on prevention, anticipation and supported self-management. 3. Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions. 4. Services will be redesigned/developed so they are flexible to growing and changing demands, as well as being sustainable. 	<ul style="list-style-type: none"> • Reduction in admissions through interventions of a team (Data will demonstrate number of bed days avoided through community intervention) • Reduction of admissions from Care Homes • Number of 'At Risk' individuals avoidably Admitted (or re-admitted) to hospital • Reduction in Digital Summoning of Support (Telecare, Rapid Response, etc.) that rapidly meets / de-escalates need • Reduced number of "delayed days" (Total Number of Days in Delay)

Strategic Priorities	Programme	Objectives	Benefits / Outcomes
		5. Assessment and planning of treatment/care will be co-ordinated. 6. Data will lead the planning and commissioning of services.	
 Improve staff health and wellbeing	Bank / Agency Project	<ul style="list-style-type: none"> • Finance – to deliver a £10 million pounds reduction in bank and agency spend in 2023/24. • Workforce – To create a consolidated single Staff Bank for the management of all supplementary staffing needs. • To communicate the benefits of joining Staff Bank, the new rules around 'On Framework Agencies only' and offer consistent messaging around policies and processes to managers and staff 	<ul style="list-style-type: none"> • Delivery against the savings target • Improvements in Bank / Agency processes
 Deliver value and sustainability	FIS Programme	Overseeing the following work: <ul style="list-style-type: none"> • Bank/Agency Spend • Reduce Surge Capacity • Corporate Spend 	<ul style="list-style-type: none"> • Financial Control
	Kincardine and Lochgelly Health and Wellbeing Centres Provision	Progress the Full Business Case process in line with Scottish Government timelines and funding availability.	



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11 August 2023

Dear Carol

NHS FIFE : ANNUAL DELIVERY PLAN 2023/24

Thank you for submitting your Annual Delivery Plan (ADP), setting out your operational priorities and key actions for 2023/24. May I take this opportunity to thank you and your team for all the hard work that has gone into the preparation, and subsequent review, of the ADP over the last few months.

As set out in the Delivery Plan Guidance issued in February, this year's ADP process is intended to move us forward from the volatility of the last three years and make further progress along the path towards recovery and renewal as set out in *Re-mobilise, Recover, Re-design: the framework for NHS Scotland*. As such, the guidance was framed around 10 'drivers of recovery' and we welcome the considered way in which you have responded to these when developing your 2023/24 Plan.

Following discussions between our teams, I am now satisfied that your 23/24 Annual Delivery Plan broadly meets our requirements and provides a shared understanding between the Scottish Government and NHS Fife regarding what is to be delivered in 2023/24.

There are a small number of areas where some further detailed work is required and these have already been discussed with your team. Annex 1 sets out a summary of our agreed joint position on key milestones and deliverables for 2023/24.

In moving to focus on delivery of the Plan, we do this through strengthened engagement around the quarterly updates and the six-monthly joint Executive meetings – the next round of which is currently being scheduled for September/October.

My team will be in touch shortly to discuss your recently submitted Medium Term Plans (MTP), which provide the opportunity to set annual plans within a medium-term context. We wish to use these MTPs as the basis on which we can work in a collaborative way with Boards to ensure that they provide a robust foundation on which we can build stronger medium and long term planning capacity and capability both within Scottish Government and Boards.

Looking ahead, we will continue to build on the foundations of the annual planning process that have been laid here. In particular, we will work to ensure the ADP planning and reporting cycle is better integrated with financial and workforce planning, as well as enhanced regional and national planning. Our intention is also to bring forward the planning timetable for 2024/25, with the aim of finalising ADPs earlier in the year, and we look forward to working



with your Planning team on this to ensure we can meet this aim without placing undue pressure on Boards during busy periods.

One again, many thanks to you and all your colleagues, and we look forward to continuing to work with you as we plan and deliver the highest possible quality of care for patients, improve the experience of our staff and ensure the best possible value for citizens. If you have any questions about this letter, please contact Paula Speirs, Deputy Chief Operating Officer, in the first instance (paula.speirs@gov.scot).

Yours sincerely

A handwritten signature in black ink that reads "JCBurns". The signature is written in a cursive style with a long horizontal stroke at the bottom.

JOHN BURNS
NHS Scotland Chief Operating Officer

Annex 1 : Fife 2023/24 ADP Review Feedback and Responses

Primary & Community Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Comments
1.1	<p>Within your response, set out what you will deliver in terms of the scaling of the MDT approach by quarter and set out expected impact in terms of increased activity, extended hours.</p>	<p>ADP sets out a plan, through the Primary Care Strategy and Delivery Plan, to review the integration of Primary Care nursing teams and all primary care workforce, to aid more sustainable workforces but also equitable provision of Immunisation, CTAC and Chronic Disease Management.</p> <p>Detail is missing for FIF-PPCS-02 on specific milestones, targets and actions that will be progressed during 23/24 or narrative to explain challenges in providing this detail. This will help monitoring of actions against this deliverable.</p> <p>There is scope to mention the preventative role of public health nursing services e.g. Health Visitors, Family Nurses and School Nurses and how they might work across multidisciplinary teams in the community.</p>	<p>Additional milestones have been added to FIF-PPCS-02.</p> <p>As the prevention and early intervention strategy is implemented from Q3, scoping will identify opportunities to enhance integration of services including community children's services to maximise health and wellbeing for people in Fife applying a life course approach.</p>	<p>Content</p>
1.2	<p>Plans to deliver a sustainable Out of Hours service, utilising multi-disciplinary teams.</p>	<p>It is noted that the overall ambition is to develop plans for 24/7 'Urgent Care Hubs', interfacing between Primary and Secondary care, creating sustainable workforces across Urgent Care Services and create consistent Urgent Care support to Primary Care.</p> <p>It is encouraging to hear the Board's plans to expand their Urgent Care infrastructure and the continued development of urgent care pathways.</p> <p>We would ask that ADP2 (FIF-UUC-005 and FIF-PPCS-01) sets out further detail on key actions, milestones and associated risks in relation to this, reflecting the criticality of a</p>	<p>Within Fife, Urgent Care Services (USCF) – Fife's OOH Service – has a sustainable workforce model, with well-established MDT, supporting GPs as Senior Clinical Decisions Makers. Along with a well-developed MDT, UCSF host Fife's Flow Navigation Centre (FNC) and leadership team is integrated within our In-Hours Urgent Care team.</p> <p>The aims for 2023-2024 are to expand on this replicate and test our OOHs Urgent Care model in-hours, however this is reliant on additional funding given ongoing constraints with PCIP funding and the priorities directed by MOU2.</p>	<p>Content</p> <p>We are grateful for the Board's update, and note the milestones and dependency on factors mentioned.</p>

		more resilient service for this winter.	Additional milestones have been added to FIF-PPCS-01 within ADP2 but are dependent on funding and workforce availability. FIF-UUC-05 is now FIF-PPCS-23.	
1.3	Build and optimise existing primary care capacity to align with existing and emerging mental health and wellbeing resources with primary care resource – with the aim of providing early access to community-based services.	It is noted that there are plans to establish MHWPCS within GP clusters or localities, with three initial test sites have been identified and then roll out across the 7 localities of Fife. More detail around optimising primary care capacity could be included. Further detail is however requested in FIF-CCCS-13 on key actions, milestones and associated risks of delivery. Without the detail on quarterly milestones, it will be challenging to monitor progress against this plan. As requested in 1.3, we would also ask that you provide detail on plans to optimise primary care capacity within the project to establish MHWPCS.	Additional milestones have been added to FIF-CCCS-13.	Content
1.4	In 2023/24, set out plans and approaches for the early detection and improved management of the key cardiovascular risk factor conditions: diabetes, high blood pressure and high cholesterol.	RE T2DPF: no specific actions around type 2 diabetes prevention/ weight management services in relation to this action (1.4)	Section added to ADP1 and deliverable added to ADP2.	Content
1.5	In parallel with development of the national frailty programme, outline the approach of primary care to frailty and particularly managing those at most risk of admission. This should include the approach to progressing plans for Care Homes to have regular MDTs with appropriate professionals.	Mental Health Performance Build capacity of the existing MCN service to include an MCN for Frailty to ensure that people with frailty in the community can be cared for utilising recognised national approaches placed into a local framework. All Fife Care Home residents will have an anticipatory care plan in place. The ACP will be shared with MDT including GPs to anticipate any decompensation in long term condition and pro-	Noted	Content

		actively manage symptoms and offer support to avoid admission to hospital.		
1.6	Increase capacity for providing in-hours routine and urgent dental care for unregistered and deregistered dental patients.	<p>The Scottish Government recently advised NHS Boards of a further revision of the Scottish Dental Access Initiative (SDAI) capital scheme to include four areas in Fife which took effect from 26 April 2023. It is hoped that this initiative will attract interest from dental practices.</p> <p>The Board's accompanying narrative provides a good indication of the actions which it will undertake to support access, however these are not well defined in ADP2 milestones and mitigating controls. Workforce concerns are particularly highlighted as a key risk but mitigations are not articulated. There is no consideration of baseline metrics and stretch targets to improve.</p> <p>It would be helpful to understand how some actions will be taken forward, including further detail on the tests of change proposed from Q2.</p>	<p>Additional content added to ADP1 and deliverable FIF-PPCS-05 has been updated.</p> <p>National indicators include calls to dental advice line, number of patients seen in OOH dental services which are currently recorded by PDS to give baseline metrics.</p>	Content
1.7	<p>As part of the objective of delivering more services within the community, transition delivery of appropriate hospital-based eyecare into a primary care setting, starting with the phased introduction of a national Community Glaucoma Scheme Service.</p> <p>Within your response, please include forecast 2023/24 eyecare activity that will transition from hospital to primary care settings.</p>	The Scottish Government is of the understanding that NHS Fife had the capacity to potentially go live with the Community Glaucoma Service in 2023/24. Please can the Board explain why their aim is to go live in April 2024.	Noted	Content, noting that it has been agreed to follow up on go live timeline for Community Glaucoma service as part of ADP progress update
1.8	Review the provision of IPC support available to Primary Care, including general practice and dental practice	The Board has described its first steps to implementing the IPC workforce strategy in both the acute and primary care. An Oversight Board	Deliverable FIF-NURS-08 on ADP2 has been updated. Initially mapped to wrong deliverable.	Content

		<p>has been convened to develop a local integrated service delivery plan with the HAI exec lead and DoN working immediately on strengthening the HP, AMR and IPC workforce.</p> <p>More clarity is requested on timescales and addition of detail relating to IPC to GP, dental and primary care.</p>		
N/A	General Comment	<p>It is encouraging to see such a comprehensive set of deliverables relating to primary and community care. Although many of these are in addition to the set of areas requested in the Delivery Plan Guidance, it would be helpful to understand the scale of resource available to deliver on this wide set of actions.</p>	<p>Resource is either via current base lined budgets and/or non-recurring monies for specific programmes of work. Our workforce as our most valuable asset and resource are critical to success of the deliverables and any plans are anchored against our HSCP and NHS Fife workforce strategies. There is however known high level risks associated with workforce which is not specific to individual services but across all disciplines and finance and we have mitigating actions in place which are formally recorded and managed with robust oversight and governance of change activities. Digital capacity as a resource is also critical to achieving many of the deliverables within the plan and again, we are aligned with the digital strategy to seek opportunities for progression and completion</p>	Content

Unscheduled Care

No	Key Result Areas	Initial SG Feedback	Board Comments	SG Final Sign Off Comments
2.1	Boards are asked to set out plans to progress from the De Minimis Flow Navigation Centre (FNC) model to further optimise.	Although there are actions set out in relation to elements of the FNC, we would ask for confirmation of your commitment to meet the De Minimis Specification	<p>Planned work/actions to progress development of FNC</p> <p>Ability to carry out video consultations is in place but not currently being used, within the scope of the improvement plan for 2023/24 (NearMe).</p>	Content

			<p>Able to transfer patient record to receiving department / clinic but currently manual process. This is to be reviewed as part of Data & Digital workstream.</p> <p>Ability to capture process measures data within unscheduled care linked data is not in place. Adastra use needs to be reviewed and the outcomes / data being recorded. Work to be actioned by the operational team and then to be reviewed as part of Data & Digital workstream.</p> <p>Confirmation is required on what the standardised national referral process is. Referrals do come from other areas and accepted.</p> <p>Scoping work to be undertaken to identify what further work is required in relation to a Directory of Services that includes availability. Fife Referral Organisational Guidance (FROG) provides information on services and referral processes but not availability of appointment slots.</p> <p>Open access for all GP referrals 24/7 (SDEC) but scheduling processes still being built to allow visibility of appointment times / slots for Emergency and Ambulatory Care. To be reviewed as part of Data & Digital Workstream.</p> <p>Technically able to pass requests for transport to the appropriate provider (HB provider/SAS), where patient's need non-public transport, is not in place. This has not been identified as a requirement through FNC as a process is in place.</p>	
2.2	Extend the ability to 'schedule' unscheduled care by booking patients into slots which reduce	Although FIF-UUC-04 references scheduling of unscheduled care, further detail is required on	All people including children accessing and assessed as requiring clinical consultation via FNC are able to be booked into slots available	Content

	self-presentation and prevent over-crowding.	specific milestones, targets and delivery risks. There is potential to include School Nurses and Health Visitors in this work to improve outcomes for mothers, babies and young people.	dependant on their care need. Improvement work continues to seek opportunities for scheduling people for care across the wider system including ambulatory care pathways. Booking systems already are in place across other services including primary care and opportunities to enhance or develop scheduling across the health and social system are being explored as part of a programme of transformational change.	
2.3	Boards to outline plans for an integrated approach to all urgent care services including Primary Care OOH and community services to optimise their assets.	There are no clear plans on integrated approach to urgent care services involving OOHs and Community services.	OOH within Fife delivered by urgent care services (USCF) are well established with pathways available to support care navigation to the right place and right time across the system. A host of professional-to-professional lines and channels for communication are established. This includes but not withstanding community nursing, community pharmacy, mental health services, social work and social care, care homes and Scottish ambulance service. At present to support safety and as a contingency primary care services including primary medical services can access UCSF if necessary.	Content
2.4	Set out plans to implement and further develop OPAT, Respiratory and Hospital at Home pathways.	Although there is reference in FIF-COMC-07 to alternatives to inpatient care, further detail is required on specific actions and trajectories.	Also see FIF-EMER-03 in ADP2 Deliverable FIF-COMC-07 within ADP2 has been updated. The below KPIs will be monitored as part of Home First Programme. <ul style="list-style-type: none"> • Reduce the number of times that H@H Service reaches maximum capacity from 10 (baseline) to 5 by Oct-23 • Increase in the numbers of patients of 	Content

			<p>complex community care prevented from re-admission to hospital with exacerbations of chronic respiratory disease from 50 (baseline) to 60 by Oct-23</p> <ul style="list-style-type: none"> Increase in the numbers of patients with respiratory disease who are prevented from re-admission to hospital with exacerbations of their chronic condition from 15 (baseline) to 25 by Oct-23 	
2.5	Set out plans to introduce new pathways, including paediatrics and heart failure.	No detail provided in respect of this ask.	<p>Detail was provided in ADP1 section 2.2.2.</p> <p>Deliverables will be added to ADP2 when applicable.</p> <p>We will explore development of the Paediatric Rapid Review clinic, including options around Near-Me, for 'urgent' referrals and potentially to review children sent home from ED. Achievement of this deliverable will be dependent on stabilisation of Paediatric Middle-grade rota.</p> <p>Acute Cardiology Service scoping options to appoint Heart Failure nurse for front door in reach admission prevention.</p> <p>The below KPIs will be monitored as part of Home First Programme.</p> <ul style="list-style-type: none"> Increase in the numbers of patients with heart failure who are prevented from re-admission to hospital with exacerbations of their chronic condition from 56 	Content

			(baseline) to 68 by Oct-23	
2.6	Boards are asked to set out plan to increase assessment capacity (and/or footprint) to support early decision making and streaming to short stay pathways.	Although the ADP makes reference to various actions to reduce length of stay, further detail is required, as set out in 2.6, including milestones and targets on forecast length of stay reduction into short-stay wards and reduction in boarding.	<p>A short stay enhanced triage model (RTU) has been implemented. Target 60 patients per week with LoS for area less than 6 hrs with average <4 hrs, meeting target projection of 4hrs by Nov23.</p> <p>Medical Admissions Unit LoS to reduce from 24hrs to 18hrs by Nov23. Currently 19 hrs.</p> <p>Target of no boarding to Surgical Admissions Unit. But in the event, it occurs, numbers should not exceed 4 patients.</p> <p>Average boarding to Planned Care wards should not exceed average monthly figure of 25.</p>	Content
2.7	Set out plans to deliver effective discharge planning seven days a week, through adopting the 'Discharge without Delay' approach.	Although FIF-COMC-02 does include response to 2.7, further detail on specific actions and trajectories, by quarter, is required.	<p>Please also refer to ADP2 deliverable FIF-EMER-04</p> <p>Weekend planning will include Friday verification of ECD patients to ensure Criteria Led Discharge can be maintained over Saturday & Sunday. Increase flow through reduced opening occupancy on Saturday morning. The aim to increase Weekend discharges by 10% by August 2023 and 15% by December 2023 and maintain through to March 2023.</p> <p>ADP1 section 2.3.1 denotes goal to have no more than 44 standard delays across Acute and Community settings.</p> <p>The below KPIs will also be monitored as part of Home First Programme.</p> <ul style="list-style-type: none"> • Deliver a sustained reduction in delayed discharges in the acute setting so no patient is 	Content

			<p>waiting in delay by Dec-23</p> <ul style="list-style-type: none"> Increase the number of Planned Discharge Date (PDD) being met from 60% (baseline) to 90% by Dec-23 	
2.8	<p>Outline your approach to move towards full delivery of the Best Start Programme, as outlined in your Plan submitted to the Best Start Programme Board in Autumn 2022. This should include summary of the delivery and assurance structures in place including oversight at Board level.</p>	<p>Good description of governance. Although there is much description of risks and challenges, this needs to be balanced out with more detail on proposed actions and milestones for 2023/24.</p>	<p>Please refer to ADP2 deliverable FIF-WCCS-04</p>	<p>Content</p>
	<p>General comment</p>	<p>It is encouraging to see such a comprehensive set of deliverables, however, many of them are missing specifics on plans and trajectories beyond Q1. Reflecting the criticality of these actions on a more resilient service for this winter, we would ask that further detail on milestones and quarterly trajectories is provided for FIF-UUC-04, FIF-EMER-01, FIF-EMER-02, FIF-EMER-03, FIF-EMER-04, FIF-UUC-02, FIF-COMC-02, FIF-COMC-04, FIF-COMC07, FIF-COMC-08.</p>	<p>Deliverables have been reviewed and updated appropriately. Further milestones will be incorporated in due course as planning for winter progresses.</p>	<p>Content</p>

Mental Health

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
3.1	Build capacity in services to eliminate very long waits (over 52 weeks) for CAMHS and PT	<p>Mental Health Performance</p> <p>CAMHS</p> <p>Trajectories provided, in the required template, but as a pdf. Could we have the excel file please?</p> <p>Continue focus on initiatives to deliver, achieve and maintain the 18-week referral to treatment standard and increase capacity.</p> <p>The ADP lacks clarity on which initiatives, specifically Fife will focus on, and the impact these will have on overall performance.</p> <p>Project that the CAMHS standard will be achieved by March 2024.</p> <p>CAMHS will build capacity to deliver improved services underpinned by agreed standards and specifications for service delivery. Fife CAMHS will achieve the standards set within the National CAMHS Service Specification.</p> <p>CAMHS Early Intervention Service is in place to ensure the right support is delivered at the right time by the right services.</p> <p><u>Psychological Therapies</u></p> <p>Trajectories provided, in the required template, but as a pdf. Could we have the excel file please?</p> <p>NHS Fife project that they will meet the PT standard by December 2024.</p> <p>On-going recruitment activity is a key component of building capacity.</p> <p>Demand-capacity data is collated and interrogated routinely and is used to inform improvement actions. The service has a</p>	Noted	Content



		<p>detailed plan of improvement actions which relate to both the waiting times target and improving access to PTs.</p> <p>Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18-week referral to treatment waiting times standard. Fife Psychology Service will have capacity to meet demand, achieve & sustain the LDP access and waiting times standard for PTs.</p>		
3.2	Outline your plans to build capacity in services to deliver improved services underpinned by these agreed standards and specifications for service delivery.	<p>ADP sets out pathways to clinical services provided by CAMHS, informed by the CAMHS National Service Specification are in place or in development to ensure Mental Health support is accessible for those with the greatest need and are most vulnerable.</p> <p>Partners within Fife HSCP will continue to build capacity across services to achieve the standards set within the National Neurodevelopmental Specification for children and young people.</p> <p>Fife HSCP will achieve the standards set within the National Neurodevelopmental Specification.</p>	Noted	Content
3.3	Boards should report on the timetable to achieve full compliance with CAPTND data set and/or plans to improve quality as above which may include work to replace or enhance their systems to achieve compliance.	<p>Mental Health Performance</p> <p>Fife CAMHS have robust data collection processes in place that supports the delivery of local priorities and aligns to national standards.</p> <p>Engagement with CAPTND Clinical Reference Group and NHS Fife Information Services will ensure that Fife CAMHS systems for data collection have the capability to support and</p>	Noted	Content

		<p>adapt to future data collection requirements.</p> <p>The Psychology Service is currently working with NHS Fife Digital & Information team to introduce a new patient appointment system and also an electronic patient record system.</p> <p>Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development.</p> <p>Improve compliance with CAPTND dataset. Fife Psychology Service will have improved systems to support compliance with the CAPTND data set</p> <p>Timelines dictate that the service will be better placed to achieve full compliance with CAPTND data set during 2023/24.</p>		
3.4	<p>Boards are asked to set out their plans to increase mental health services spend to 10% of NHS frontline spend by 2026 and plans to increase the spend on the mental health of children and young people to 1%.</p>	<p>Although recognising the challenges in the Medium-Term Financial Plan and noting current discussions with Health Finance colleagues, we still require further detail on how NHS Fife plan to increase their MH services spend to the PfG commitment of 10% by 2026 and to increase the spend on the MH of C&YP to 1%.</p>	<p>Early discussions are being established with Chief Finance Officer and DoF to explore this situation. The Fife Mental Health Strategic Implementation Group has commissioned a needs assessment which will be available to inform local strategic improvements within 2023 calendar year. The outcomes from the Needs Assessment will inform the financial discussions.</p> <p>Mental Health spend will be reviewed to take into account the significant level of spend via SLAs elsewhere in Scotland and indeed cross border activity.</p>	<p>Content</p> <p>SG Lead will pick up with Board during routine engagement</p>

Planned Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
4.1	Identifying a dedicated planned care bed footprint and associated resource by Board/hospital to enable a “hospital within a hospital” approach in order to protect the delivery of planned care.	Although it is noted that protected planned care beds has been established for orthopaedics, via NTC-Fife and also that Ward 24 has been reconfigured to provide an increased bed base for elective activity. We would ask however for clarity if this is protected.	Ward 24 has 9 inpatient beds for elective and emergency activity for Gynaecology. In extremis there may be occasions where a female patient may be boarded into ward 24, but to date elective activity has been sustained and none cancelled as a result of bed capacity.	Content
4.2	Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	NHS Fife are creating a procedure room in day surgery facility at QMH to release theatre capacity to increase procedures which can be conducted under LA, noting it is due for completion June 2023. This will generate ten additional sessions per week and will allow transfer of lists from VHK to QMH, freeing up theatre capacity at VHK. We would ask for confirmation on plans to further extend day surgery and for 23-hour surgery.	Completion of Procedure room now delayed for early September due to issues with static flooring in procedure room. 5-6/10 sessions occupied within procedure room. Exploring demand for local cases with specialities. In terms of transfer of lists from VHK – General Surgery, ENT and OMFS will all transfer suitable lists to QMH.	Content
4.3	Set out plan for 2023/24 to reduce unwarranted variation, utilising the Atlas Maps of variation and working with CfSD and respective Specialty Delivery Groups (SDGs) and Clinical Networks.	Comprehensive set of actions on work with CfSD to reduce unwarranted variation aligning to ATLAS of variation. It is also noted that NHS Fife are participating and engaging with the national drive toward standard high volume same procedure lists such as Cataracts. Clinical engagement with CfSD SDGs is encouraged in support of the implementation of national pathways, including Endometriosis for Gynaecology and development of an NHS Fife sustainable model including training for local consultants. TTG and NOP Capacity Projections by Specialty provided and Same Day Knee and Hip Replacement Projections	We are currently focusing on the roll out of ACRT and PIR within national and local priority specialities but plan to develop our plans for the Atlas of Variation later in 2023/24. This will be reported through the Integrated PC Board, including any proposed trajectories. Ongoing work with ophthalmology to increase throughput. Meeting with IPCT 13/7 who support test of change. Plans to introduce/trial HIIT lists for hernias at QMH. Date TBC. Same day hip and knee projections will be unchanged, clinically seeing an increase in patients with multiple pathology and frailty. Increasing number of arthroplasty patients	Content

		provided, in line with BADS guidance. Further detail is requested in relation to forecast reductions as set out in 4.3.	deemed not fit for surgery at pre-assessment stage. Staffing gaps in pre-assessment resulting in reduced number of available patients assessed fit for surgery and impacting on theatre utilisation.	
4.4	Approach to validation of waiting lists for patients waiting over 52 weeks, including potential alternatives for treatment. Board responses should also outline level of engagement with the National Elective Co-ordination Unit (NECU) to support validation.	Engagement with NECU commenced early 2023 Adopt NECU process locally to improve current processes and moving from paper-based systems which have been in place for the past 2 years to implement NETCALL	None required	Content

Cancer Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
5.1	Set out actions to expand diagnostic capacity and workforce, including endoscopy and its new alternatives	<p>Reviewing efficiencies in service, with designated project manager(s), exploring tests of change, regular audits undertaken.</p> <p>For radiology - introduction of text reminder service, improve processes for utilisation of patient cancellations, monitor performance in utilisation of unused slots, weekend CT lists etc.</p> <p>Commitment to continue to prioritise USCs.</p> <p>Diagnostic capacity projections included (for endoscopy and radiology) from April 23 – March 24, forecasting a static position.</p> <p>Further detail is required, as requested, in the diagnostic plans as part of your 62 day improvement plan, by cancer type.</p>	<p>Please refer to deliverables on ADP2 relating to Endoscopy (FIF-PLAN-06) and Radiology (FIF-WCCS-03)</p> <p>Additional funding was unsuccessfully requested for Cancer WT therefore we have no additional capacity to offer.</p> <p>NHS Fife prioritise USC when vetting referrals to Radiology and will continue to do so.</p>	<p>Content</p> <p>Fife has developed a 62 day improvement plan which will be supported by expected levels of cancer waiting times funding (to be released Aug 23).</p>
5.2	Plan for continued roll out of RCDS's – both Board level and regional approaches will be required.	One of first RCDSs in Scotland and already expanded into UGI with consideration underway to open access to pathway up to pharmacy.	Noted	Content
5.3	Set out plans to achieve full adoption of Framework for Effective Cancer Management	Little detail on actions is provided to deliver the Framework, or immediate priorities, however performance trajectories have been provided - 85.4% at March 24 for 62 day and 94.5% by March 24 on 31	Please refer to ADP2 deliverable FIF-QGC-07, this has been updated since submission.	<p>Content</p> <p>Quarterly FECM returns will continue to be closely monitored by officials.</p>

		<p>day. We would ask that you reflect the actions that will be included within the quarterly returns summarising progress in delivering FECM.</p> <p>Officials will review these alongside the Board's 62 day improvements plan, mentioned above.</p>		
5.4	Outline plans to improve the quality of cancer staging data	NHS Fife have already identified areas for improvement locally which is to be welcomed, with staging data collection for Prostate to be further improved by ensuring that this information is provided for or at multidisciplinary team (MDT) meetings. For renal, consideration is given to include the staging field in the outcomes of the MDT. For bladder, record pathological T staging prior to each TURBT (Trans Urethral Resection of Bladder Tumour) procedure and pathological TNM staging prior to cystectomy.	Noted	Content
5.5	<p>Confirm you have:</p> <ul style="list-style-type: none"> Implemented or have plans to implement provision of single point of contact services for cancer patients Embed referral, where clinically appropriate, to Maggie's prehab service and use of national prehab website in cancer pathways Assurance of routine adherence to optimal diagnostic pathways and Scottish Cancer Network clinical management pathways Embed the Psychological Therapies and Support Framework 	<p>ADP covers all areas requested and confirmation of future engagement responded to. Good evidence of activities and target milestones.</p> <p>Single point of contact – established for USC, colorectal or urological and to be expanded to lung cancer also this year.</p> <p>Many services (4 mentioned) have a dedicated pathway navigator. Looking to expand this to include breast.</p> <p>Maggie's Prehabilitation – comprehensive with universal sessions for anyone with a cancer diagnosis.</p> <p>Adherence to Pathways - A project group has been set up to implement the Optimal Lung Cancer Pathway.</p> <p>Psychological framework – psychological support is already embedded. Looking to use the framework to ensure equitable access to psychological support across Fife and tumour groups, and identify areas for further development.</p> <p>Signposting and referrals – all patients diagnosed with cancer are referred to Macmillan Improved Cancer Journey (ICJ). Potential to reference CHAS and existing relationships for children</p>	Noted	Content

	<ul style="list-style-type: none"> • Signposting and referral to third sector cancer services embedded in all cancer pathways <p>In addition, Boards are asked to confirm that they will engage and support with future data requests and advice to deliver the upcoming National Oncology Transformation Programme.</p>	<p>who need to access palliative care</p> <p>Risk noted in relation to workforce and non-recurrent funding not secured.</p>		
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Health Inequalities

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
6.1	<p>Summarise local priorities for reducing health inequalities taking into account national strategies around Race, Women's Health Plan and any related actions within most recent Equality Mainstreaming Report</p>	<p>Specific action in FIF-WCCS-05 to target vaccination uptake amongst vulnerable populations (including minority ethnic people), and to capture uptake data</p> <p>Potential to provide further detail on how health services are identifying and supporting patients in poverty e.g. requirement for Health Visitors to support income maximisation and build links with LA Money Advice Services.</p> <p>No explicit reference to WHP in 6.1 but is well accounted for in 1.4 and 6.4.</p>	<p>In partnership with Fife Child poverty group and the tackling poverty, preventing crisis group, there will continue to be a focus in maximising household income through work with CARF in relation to Money talks and the embedding of the financial inclusion referral pathway which all midwives, health visitors and FNP have been trained in. The uptake and use will be monitored, and any improvements identified and implemented.</p>	Content
6.2	<p>Set out actions to strengthen the delivery of healthcare in police custody and prison; ensuring improvement in continuity of care when people are transferred into prison and from prison into the community. Boards are also asked to set out any associated challenges in delivering on the actions.</p> <p>This should include actions to allow primary care staff to have access to prisoner healthcare records and delivery against MAT Standards.</p>	<p>The Exec Level lead has been named although it seems the role is shared – more context on this approach would be welcomed.</p> <p>There is, however, no reference in ADP2 on plans, actions or milestones to deliver 6.2 in relation to strengthening delivery of healthcare in police custody and prison, including continuity of care or implementation of MAT Standards by 2025 in custody settings.</p>	<p>NHS Fife confirm that the executive lead for prison healthcare is the Director of Health and Social Care and those in custody is the Director of Acute Services.</p> <p>Detail added to ADP2 (FIF-CCCS-14) on how the organisation will ensure that the mental health needs of individuals in custody or leaving prison is effective and provided with equitable interventions aligned to rest of the Fife population.</p>	Content

	Boards are also asked to state their Executive Lead for prisons healthcare and those in custody, reflecting that the prisoner population is spread across all Board areas.	We welcome the commissioning of hospital liaison although it is not clear what this will do and how those in or leaving custody will benefit – we would ask for clearer outcome measurement of this in ADP2.		
6.3	Set out plan to deliver the National Mission on Drugs specifically the implementation of MAT Standards, delivery of the treatment target and increasing access to residential rehabilitation.	ADP includes examples of work being progressed to support delivery of MAT standards. Although ADP1 sets out specific timelines, this needs to be reflected in ADP2 FIF-CCCS-09.	FIF-CCCS-09 has been removed, please see FIF-BUSE-01, FIF-BUSE-02 and FIF-BUSE-03 in relation to MAT Standards.	Content
6.4	Establish a Women's Health Lead in every Board to drive change, share best practice and innovation, and delivery of the actions in the Women's Health Plan.	ADP reflects action to deliver on the WHP Plan, including appointment of lead and local priorities.	Noted	Content
6.5	Set out approach to developing an Anchors strategic plan by October 2023 which sets out governance and partnership arrangements to progress anchor activity; current and planned anchor activity and a clear baseline in relation to workforce; local procurement; and use or disposal of land and assets for the benefit of the community.	Comprehensive response.	Noted	Content
6.6	Outline how the Board will ensure Patients have access to all information on any relevant patient transport (including community transport) and travel reimbursement entitlement.	No reference to the Young Patients Family Fund either in ADP or embedded weblink.	Parents and families of infants and children cared for within the in-patient Paediatric and Neonatal services are signposted to the Young Patients family fund for assistance with travel and subsistence costs, with written information available in both areas.	Content

Innovation Adoption

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
7.1	Set out the approach and plans to work with ANIA partners (coordinated by CfSD) to adopt and scale all approved innovations coming through the ANIA pipeline. This should include an outline of Board resource to support the associated business change to realise the	Strong response noting that NHS Fife has invested in supporting innovation at a local level. This resource also supports deeper engagement with the South East Innovation Test Bed (HISES), as one	Noted	Content

	benefits, which could include collaborative approaches to adoption.	of the three member Boards (Fife, Lothian and Borders), providing stakeholder input, leadership and strategic input. A realistic approach is set out in local adoption of ANIA, noting that the process for consideration and adoption of new innovations in NHS Fife from the ANIA pathway is under development.		
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Workforce

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
8.1	<i>Support all patient-facing Boards to implement the delivery of eRostering across all workforce groups</i> Resources to be identified locally to support business change and roll out of e-Rostering/safer staffing too including optimal integration between substantive and flexible staff resource.	ADP1 provides a strong response to benefits of erostering and noted that plans for roll out to the next phase of services has been agreed. ADP2 however doesn't include any corresponding actions or milestones to progress implementation of the benefits set out in ADP1. This detail is requested to support monitoring of proposed milestones.	New deliverable added to ADP2 around BAU following implementation.	Content

Digital

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
9.1	Optimising M365 Boards to set out plans to maximise use and increase benefits of the Microsoft 365 product. Plans should consider collaborative (local/regional/national) to offer alternative options for the delivery of programme benefits. This should include: Outlining how you will develop and improve digital skills of the workforce to realise the full operational benefits of M365	NHS Fife will establish a secure baseline in the M365 products and national tenancy by October 2023 and implement federation with Local Authority by October 2023. NHS Fife will assess future options for maximisation of M365 products in line with current licence/capacity restrictions and the work of National Groups by December 2023.	NHS Fife has an existing M365 Programme Team that is able to support the approach to roll out of M365. These resources are currently working directly with the national team on the implementation of Infrastructure Readiness and Security and Compliance baselines in line with the Operational Delivery Group. These controls also support the safe and secure use of Teams, Sharepoint, OneDrive and	Content

		Lack of detail around what resources are being used to roll out M365, along with detailing the approach being used to deliver the business change.	Local Authority Federation. An assessment on future stages will be considered once the renegotiation with Microsoft is complete.	
9.2	Boards to provide high level plans for the adoption/implementation of the national digital programmes	NHS Fife are committed to strengthening the use of national and regional systems for delivery of key programmes in which economies of scale can be realised. We have committed to a number of programmes which will continue to be delivered over the medium term, which have been included in the ADP. The ADP lacks clarity around the high-level milestones for 23/24, issues/challenges around the implementation and any identified resource pressures.	The milestones are set by the NSS Programme teams leading CHI, GP IT etc. We await the SG delivery plan finalisation to be able to make the detail assessment requested. The local ADP can be made available to provide further detail on current status.	Content
9.3	Boards to complete the Organisational Digital Maturity Exercise to be issued in April 2023, as fully as possible and in collaboration with their respective Integrated Authority(ies).	Not applicable	Noted	Content
9.4	Boards should outline: <ul style="list-style-type: none"> Executive support and commitment to how you are optimising use of digital & data technologies in the delivery of health services and ongoing commitment to developing and maintaining digital skills across the whole workforce How candidates accepted on to the Digital Health and Care Transformational Leaders master's Programme are being supported and how learning is being shared across the organisation 	The Psychology Service is currently working with NHS Fife Digital & Information team to introduce a new patient appointment system and also an electronic patient record system. In order to support the full adoption of National Elective Co-ordination Unit (NECU) within NHS Fife, Digital & Information are procuring a digital solution (NETCALL) within patient hub. This will digitise the current paper process with benefits identified in service efficiencies within Health Records and improved patient experience through better communications with those experiencing long waiting times. Digital & Information will look to implement by the end of	Noted	Content

		2023 and will be engaging with NECU shortly.		
9.5	Boards to demonstrate progress against the level of compliance with the <u>Refreshed Public Sector Cyber Resilience Framework</u> via the independent audit process. Health Boards should outline processes in place for engaging with the Cyber Centre of Excellence (CCoE) as part of compliance with the NIS regulations.	Slight lack of detail on the training being offered	Noted	Content

Climate

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
10.1	Set out proposed action to decarbonise fleet in line with targets (2025 for cars / light commercial vehicles & 2032 for heavy vehicles at latest).	<p>Gives a high level overview of progress to date and future ambitions in-line with objectives.</p> <p>It would be useful to have further information on the type and size of current charging infrastructure, perhaps referencing the Board's Switched on Fleets funding bid.</p> <p>Reliance on the Switched on Fleets funding stream is noted and is consistent across NHSScotland Boards. However, it would be useful to know what work, if any, is being done outwith this funding stream.</p>	<p>We believe our 2023/24 bid for infrastructure funding will be successful and the additional work will mean that we have a total of 77 charging points across NHS Fife. This will mean that (subject to a little change in behaviours/routines) we will have sufficient charge points in place to service all of our small vehicle fleet as they are changed to EVs (excluding the Enterprise Pool Cars).</p> <p>Out with this funding stream, wherever funds allow we are routinely switching to EV leased vehicles.</p> <p>We are reviewing the overall number of vehicles required with a view to reducing numbers. This will have the effect of increasing our % of vehicles which are EV.</p>	<p>Content</p> <p>NHS Fife demonstrates a positive commitment and trajectory to 2025 targets and beyond.</p>
10.2	Set out plan to achieve waste targets set out in DL (2021) 38.	<p>The performance data provided does not align with data provided by the Board in the past 6 months as part of a national Roue Map project and we would ask this to be reviewed and clarified so both data sets align. Whilst we commend the commitment to the existing targets the route</p>	<p>NHS Fife have asked for clarification on what performance data is being referred to and are unable to provide a complete response at this time.</p> <p>Food waste We are about to start a pilot in North East Fife to strengthen what we do. Due to our style of food</p>	Content

		<p>map data shows that the health board has considerable work to do to achieve these targets ongoing.</p> <p>Continued investment in food waste equipment and in national catering system is noted and welcomed.</p> <p>No specific reference is made to supporting the circular economy, also referenced in DL (2021)38. Circular Economy activities.</p> <p>The significant work done by the WMO in NHS Fife to reduce waste is noted. Regular auditing, communication about good segregation and the involvement of the WMO in the green theatre programme locally has greatly helped to engage clinical staff.</p> <p>The comments around the national tool on reporting is concerning but consistent across NHS Scotland currently. The WMO has been very proactive in ensuring that waste data is still reported and has developed an individual reporting system to ensure consistency.</p> <p>There is no reference to a waste management group which would be useful to identify the objectives and forward plan for the Board.</p> <p>Given that there is still work to be done by the Board it would be useful to have a plan on how the Board intends to meet the targets in the 18 months until the deadline of 2025.</p>	<p>service at Victoria Hospital (VHK), Queen Margaret Hospital (QMH) and Cameron Hospital, we have no production waste. Traditionally this has only been directed at patient food waste - not the food that NHS Staff bring in for consumption - this has increased dramatically with COVID and closures of staff facilities. The figures I am using are only benchmarked from 2017 - using OLLECO collections, this captures all food that comes directly out of the kitchens. We introduced food waste processing prior to 2015.</p> <p>Circular economy: practical examples We have our own in-house version of Warp-it as we have recycled furniture for years. We are in the process of getting Warp-it set up for NHS Fife.</p> <p>We routinely recover/refurbish chairs to avoid buying them.</p> <p>We are currently re-using masses of Fife Council desks from buildings they are closing.</p> <p>We are currently re-using vaccine centre equipment.</p> <p>In addition, we are currently measuring the wood and metal at VHK.</p> <p>Waste Management Group There is a quarterly waste management group for NHS Fife that is chaired by the waste management officer.</p> <p>Targets Our Domestic waste contractor uses energy from waste technology. We are already in</p>	
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			<p>discussion with CIRECO however waste segregation is still measured in what we present rather than what they are working on which includes further segregation of waste. Re-launch of dry mixed recycling (DMR) following COVID (most wards or areas removed all of their bins and these have not been replaced). NHS assure are also getting up to 40% of all clinical orange bag waste recycled but this is reflected in NHS Scotland total clinical waste - not detailed down to health boards.</p> <p>PC waste is recycled through our eHealth colleagues and these figures are not recorded in the recycling process.</p> <p>We are counting DMR, cardboard and confidential waste as this is recycled following shredding.</p> <p>Next 18 months We will review our figures and the gathering thereof.</p> <p>We will roll out success of food waste pilot from North East Fife.</p>	
10.3	Set out plan to reduce medical gas emissions – N2O, Entonox and volatile gases – through implementation of national guidance.	<p>Medical gases is a high priority area, please be clear about timelines for each gas mitigation project.</p> <p>Would be helpful if the clinical leads are identified for each gas mitigation project.</p>	<p>ADP2 updated accordingly.</p> <p>A nitrous oxide mitigation group has been established. This group also includes the remit for Entonox. Our clinical lead for both Nitrous Oxide and Entonox is Katie Hunter, Consultant Anaesthetist.</p> <p>Phase one of Victoria hospital Kirkcaldy has decommissioned its Nitrous oxide Manifold. We hope to have Phase 3 at VHK Nitrous Oxide manifold decommissioned by the end of August.</p>	Content

			<p>QMH and phase 2- VHK have already been decommissioned. Leaving us with no Nitrous oxide manifolds hopefully by end of August.</p> <p>In relation to Entonox we are awaiting a SG document detailing ask of boards and then will be able to provide timelines.</p>	
10.4	Set out actions to adopt the learning from the National Green Theatre Programme; provide outline for greater adoption level.	HB has established group and has been tracking progress and will continue to do so. Appears limited to initial actions only and not on going work.	<p>The board are fully committed to delivering the green theatre agenda. We have developed a local agenda which outlines that there are 17 ongoing sustainability projects in theatres which are included as part of our local action plan. The green theatres action plan will be further developed in line with the bundles provided by the centre for sustainable delivery.</p> <p>The sustainability tracker document previously referenced has 2 sections: open and closed actions. Open actions refer to those that are ongoing and closed refers to actions that have been completed.</p>	Content
10.5	Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	Good high-level overview and clear reference to Energy Transition programme. Clear focus of year 1 to complete net zero roadmaps. Would clearly define whether Year 1 is 2023/24 or not. Where possible, add more clearer objectives on which (if any) decarbonisation measures that will be undertaken during 2023/24.	<p>ADP2 updated accordingly.</p> <p>We confirm that year one is 2023/24. We will have completed all 12 roadmaps by December 2023 and by March 2024 will have identified the measures we need to take to reach targets.</p> <p>We have already started the process of decarbonisation on many of our sites. Measures taking place during 2023/24, fund dependant include:</p> <ul style="list-style-type: none"> • Cameron Hospital steam decentralisation project which involves decentralising 	<p>Content</p> <p>Clear objectives highlighted for 2023/24.</p>

			<p>steam to ground source heat, design complete to RIBA 3 and now into next design stage with DNO.</p> <ul style="list-style-type: none"> • Laundry Heat Recovery Project • The installation of double-glazed windows at Whyteman's Brae is underway. • Decarbonising Dalgety Bay Health Centre - Route to net-zero through installing air source heat pumps, LED Lighting & solar PV • Decarbonisation of Fife College of Nursing - Route to net-zero through installing LED Lighting, new windows and building insulation 	
10.6	<p>Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant.</p>	<p>ADP includes NHS Fife's quality improvement approach for implementation of the Scottish Quality Prescribing Guide</p> <p>Good to see clear plan and incorporation of environmental issues within respiratory prescribing involving the multidisciplinary team in anticipation of the quality prescribing guide release.</p>	Noted	Content
10.7	<p>Outline plans to implement an approved Environmental Management System.</p>	<p>The Board worked with HDR, a consultancy, to implement an EMS across NHS Fife. A very high-level outline plan has been provided with soft timescales, phase 1 has commenced and while they have included that it would take 6 months to roll out, timescales for phases 2 and 3 are needed. Further clarity around the phases and implementation plan with timescales is needed.</p>	<p>We have created an 'NHS Fife EMS implementation Roadmap' which outlines exactly how we will implement an EMS across our estate. Focusing on Victoria Hospital as our Pilot site, we will use this document as a way of steering our EMS activities and ensuring we have an effective system in place. The roadmap outlines the steps we will take across the next 2 years. The first 3 phases</p>	Content

			<p>are expected to take circa 18 months.</p> <p>Phase 1 which will occur over the next 6 months will involve developing our EMS team before carrying out a legal review. This will involve focusing on legislation and identifying the aspects that need to be addressed immediately as a starting point as well as defining legislative responsibilities.</p> <p>Upon completion of phase 1, Phase 2 will take around 8 months and involve creating a full Environmental Policy defining NHS Fifes' Environmental commitments and developing full impacts and aspects register as well as defining NHS Fifes environmental objectives and targets and defining key roles and responsibilities in relation to EMS.</p> <p>Phase 4 will involve developing the correct EMS documentation, defining operational control over aspects of our operations that impact the environment and ensuring staff with EMS responsibilities have the correct training. At the end of this phase, we will have an effective EMS in place.</p>	
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Finance & Sustainability

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
1.1	Delivery of ADP / Financial Plan	<p>The financial information within the submitted ADP aligns to that presented in the Boards 2023-24 financial plan.</p> <p>We recognise the financial challenges presented by the Board and we will monitor its progress against the 2023-24 financial plan through the in-year financial performance return process, beginning with the Quarter One review.</p> <p>In addition, a revised financial plan is due to be submitted at the end of June 2023 that will provide an updated forecast for 2023-24 and further detail on expected delivery of savings.</p>	<p>Deliver year one actions of the financial improvement and sustainability programme.</p> <p>We are committed to supporting the Scottish Government's Sustainability and Value programme and have plans in place to deliver the 3% recurring savings target required by the programme.</p> <p>We have established an executive led Financial Improvement and Sustainability (FIS) Programme which contains a range of activities to deliver increased capacity and productivity and to release cash efficiencies and cost reduction. During 2023/24 we have established 3 key cost improvement initiatives to reduce; bank and agency spend, surge capacity and corporate overheads. We also have a significant medicines optimisation plan and a range of initiatives to reduce property and asset management costs.</p>	Content

Value Based Health Care

No	Key Result Areas	SG Review Feedback	Board Comments	SG Final Sign Off Review
1.1	Outline the executive sponsorship arrangements of the local Realistic Medicine Clinical Lead and Team.	<p>No mention of the exec sponsorship</p> <p>In line with the condition of funding set out would expect to see a clear link to the named exec sponsor of RM locally.</p>	The Executive Sponsor is the Medical Director the NHS Fife (Dr Chris McKenna)	Content
1.2	Indicate the connection to and overall approach of the local RM Action Plan, including the 5 key areas stipulated as conditions of funding.	<p>RM action plan to align our work with the 5 strategic priorities of the Scottish Government</p> <p>Links to local action plan highlighting the alignment of the 5 key areas to RM funding.</p>	Our RM plan, submitted to the RM team at SG in May 2023 has been explicitly aligned with the 5 strategic priorities which are implicit in ADP 1 and have been highlighted in bold in the RM plan (encouraging staff to access RM module on Turas, parents and	Content

			<p>families encouraged to ask BRAN questions, evaluation of shared decision making from patients' perspectives, supporting local teams work with centre for sustainable development roll out ACRT, PIR and EQUIP and encouraging local teams consider current and future atlas of variation).</p> <p>Notwithstanding, there were other related actions in the preceding action plan (2022/23) that have been rolled over into the new RM plan (2023/24) as are still relevant in embedding RM in NHS Fife. The 5 priorities are now embedded in updated version of ADP2.</p>	
1.3	Outline the governance arrangements for monitoring the delivery of the local RM Action Plan.	<p>A risk workshop was organised with the RM and NHS Fife Clinical Governance Teams to identify RM risks.</p> <p>More detail needed on how the local governance structure and how that is connected to the local RM team and how it will monitor delivery and impact.</p>	<p>The current RM programme team includes the Executive Sponsor, Associate director clinical governance, the RM leads and senior project manager. The Realistic Medicine Clinical Leads directly report to MD and the RM Senior Project Manager is line managed by the Associate Director of Quality & Clinical Governance who reports to the Medical Director.</p> <p>RM in NHS Fife sits within the wider Clinical Governance departmental team where team members provide support that enable mainstreaming RM to the different departments in Fife. RM is now embedded in the ADP, SPRA and different departments (such as cancer).</p> <p>Regular meetings with Associate Director of Quality & CG to ensure we are delivering against our action plan. There are regular monthly RM team meetings. RM is on agendas as standing item and instrumental in a number of strategies in Fife. There are also regular update meetings</p>	Content

			<p>with the clinical governance senior managers team.</p> <p>Links have been made within NHS Fife to CfSD champions and planning an Atlas of Variation presentation as a topic for discussion in global cafe at Governance Workshop billed for September 2023.</p> <p>Following the risk workshop, we are planning a Governance Workshop to discuss with other departments on the best governance arrangements for embedding RM in Fife and if there are better ways that can be implemented. From the Governance Workshop, the governance structures and reporting processes to NHS Board will be agreed and implemented.</p> <p>Delivery and impact are monitored through surveys, interviews, workshops and focus group discussions. Progress reports are currently shared through the ADP, MTP, SPRA and Snapshot reports (to Scottish Government, through the RM National Team).</p>	
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Meeting:	Staff Governance Committee
Meeting Date:	Thursday 14 September 2023
Title:	NHS Fife Three Year Workforce Plan 2022-2025 & H&SCP Workforce Strategy and Plan 2022-2025 Update
Responsible Executive:	David Miller, Director of Workforce and Nicky Connor, Director of H&SCP
Report Author:	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing and Roy Lawrence, Principal Lead for Organisational Development & Culture, H&SCP

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy / directive

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

- Safe, Effective and Person Centred

This report aligns to the following Strand of the Staff Governance Standard:

- Well informed
- Appropriately trained & developed
- 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

As previously reported to the Staff Governance Committee, the NHS Fife 3 Year Workforce Plan was published in late 2022, as was the H&SCP 3 Year Workforce Plan and Strategy (the Plans), both covering the period from 2022-2025. The purpose of this report is to provide Staff Governance Committee members with an update on workforce planning actions since the Plans were published and to take account of the commentary within the Annual Audit Report presented at the July 2023 Staff Governance Committee meeting.

2.2 Background

The Scottish Government workforce planning landscape is still lacking clarity, albeit the Scottish Government has now advised that there does not require to be a publication of a separate annual Interim Workforce Plan (Appendix 1) and that updates should be provided via the Annual Delivery Planning process. In addition, there has been no confirmation of a workforce projections exercise for 2023/2024, so this level of detail has been captured within the templates provided for service based Workforce Plans to be produced. Details of the process for this are set out below and a sample draft service report is attached at Appendix 3.

The process services are currently working through to produce their local plans includes detailing actions captured in the Strategic Planning and Resource Allocation (SPRA) process which are linked to Corporate Objectives; service based workforce projections, capturing proposed / expected changes to the composition of the local workforce – broken down into individual job sub families and band cluster and finally actions which are not linked to Corporate Objectives, but which include service sustainability pressures. Guidance has been provided to assist managers to complete the template, although other work will need to be progressed to capture current vacancies and Health Care and Staffing Act (HCSA) implications at a macro level.

The Annual Internal Audit Report had the following commentary in respect of the NHS Fife Workforce Plan:

“We concluded that whilst the plan represented an important and helpful first stage in the process and was developed broadly in line with the Scottish Government 5 Pillars approach, the next iteration, which will now be taken forward through the Annual Delivery Plan, requires further development to ensure that it contributions fully to the achievement of NHS Fife’s strategic objectives and operational sustainability, and the mitigation of the significant workforce risks facing NHS Fife.

Key issues identified were:

- It is not clear that the Workforce Plan is sufficient to mitigate the Workforce Risk to its planned target level which appears optimistic in the current circumstances.
- Given the challenges faced across the Health & Social Care Sector, further analysis is required to understand the gap between future staffing requirements and likely staff availability and how this will be filled.
- Future iterations through the Annual Delivery Plan should incorporate work being taken forward through the SPRA and there should be greater clarity around financial implications.
- The Workforce Plan covers staff in non-delegated functions and needs to be considered alongside the HSCP Workforce Strategy and Plan. Work should continue to develop the integrated workforce planning approach described in the national guidance which will ensure effective governance and assurance arrangements for NHS Fife staff covered by the IJB’s Workforce Plan.
- SMART actions and associated actions derived from the Workforce Action Plan need to be developed and fully reflected in the Annual Delivery Planning process.”

A summary of our current corporate actions describing the ongoing workforce planning activity in response to both the previous Scottish Government and the Annual Internal Audit report feedback is set out at Appendix 2.

Fife H&SCP has worked collaboratively with NHS Fife to ensure an integrated approach to delivering our Workforce Strategy 2022-2025 and Year 1 Workforce Action Plan 2022/2023. A Year 2 Plan 2023/2024 and Annual Report on Year 1 activity will be presented to the IJB and Committees in November 2023. The Workforce Strategy Group is overseeing the creation of the Year 2 Plan, which is being developed in consultation with operational portfolios, professional standards and business, enabling senior managers to align our actions for 2023/2024 to key strategies and the transformation agenda. Work is on-going to generate collective data that includes the third and independent sectors to understand the workforce challenges across the whole integrated system and develop actions that benefit the whole partnership. The Year 2 Plan continues to set out the workforce actions through the lens of the 'Five Pillars' to ensure alignment to the national approach and our local priorities in collaboration with NHS Fife.

The Partnership has recently had external auditors examine the Workforce Strategy and Plan and are awaiting feedback on this, which will further support the design and content of the Year 2 Plan 2023/2024.

2.3 Assessment

In terms of current NHS Fife workforce planning actions for this financial year, SPRA submissions have been reviewed and links with Corporate Objectives identified, along with confirmed or possible workforce sustainability impacts. This information has been used to populate the templates provided to the Operational Workforce Planning Group to gather Acute Services Division and Corporate functions data. The review of the actions from the SPRA submission has allowed us to ensure clear and specific actions on the impact on the workforce and why they are necessary. In addition, the measures listed were to be expanded to provide an indication of the success of any action, for example an additional Consultant in General Surgery will lead to a reduction in waiting times.

The H&SCP Workforce Strategy Group leads have been working closely with operational and professional leads for all areas of the Partnership to agree the key workforce actions for the year ahead, linked to the Partnership's Strategic Plan and Medium-Term Financial Strategy, ensuring actions support the future vision for health and social care and the requisite workforce capacity and capability. As with the Year 1 Workforce Plan, the Year 2 Plan will continue to describe the outcomes expected of any action and how that supports the strategic goal. There is on-going active collaboration and contribution within the respective NHS Fife and H&SCP Workforce Planning Groups.

2.3.1 Quality / Patient Care

Delivery of workforce planning across the organisation is a key enabler to successful implementation of the NHS Fife Population Health & Wellbeing Strategy. Underpinning this intent, delivery of robust workforce planning is supportive of enhanced patient care and quality standards and is a key element of the Annual Delivery and Medium Term Planning processes, which reflects our in-year and medium term service delivery commitments.

2.3.2 Workforce

The Three Year Workforce Plans for 2022-2025 identify our workforce commitments at local level, which complement the overall National Workforce Strategy for Health & Social Care in Scotland. The current workforce challenges and the actions being taken to mitigate these challenges and risks have been reported to Staff Governance Committee and are captured

within the Corporate Risk profile. The additional information being captured in lieu of workforce projections will assist with the understanding at a granular level and with expansion of the risk profile.

2.3.3 Financial

Aligned to the feedback set out above and attached, the commitments within the Plans will be subject to consideration through the Annual Delivery Plan Strategic Planning and Resource Allocation process and the equivalent process within H&SCP.

2.3.4 Risk Assessment / Management

NHS Fife's Workforce Plan 2022-2025 aims to address the key workforce risks for the organisation and reflects risks identified in the former Board Assurance Framework. These risks have been updated as part of the new NHS Fife Risk Management arrangements in 2022 and the service implications of our current workforce challenges are the subject of regular consideration at various levels within the Board.

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

The content and aspirations of the Workforce Plan are aligned to the merit of being an Anchor Institution.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

The approach to this paper has been discussed by NHS Fife's Operational Workforce Planning Group, the H&SCP Workforce Strategy Group and the NHS Fife Workforce Directorate Senior Leadership Team.

2.3.8 Route to the Meeting

The details within this paper have 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.

- H&SCP Workforce Strategy Group on 6 July 2023 and 31 August 2023
- NHS Fife Operational Workforce Planning Group on 27 July 2023
- Executive Directors Group on 7 September 2023

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and provides detailed updates on the respective workforce planning actions.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Scottish Government Letter – May 2023
- Appendix 2: NHS Fife Workforce Planning Action Plan
- Appendix 3: Sample service based draft Workforce Plan

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05/05/23

Dear Colleagues,

THREE YEAR WORKFORCE PLANS: DEVELOPING AN INTEGRATED PROCESS

Purpose

1. This letter highlights recent developments with regard to two practical workforce planning issues.
 - The first issue – requiring your action - is the **review of three year workforce plans** – covered in paragraphs 2-10 below.
 - The second issue – primarily for information at this stage - concerns **quantification of local workforce need**, and is covered at paragraphs 11-13 below.

Review of three year workforce plans

2. Scottish Government guidance to NHS Boards and HSCPs on three year workforce plans was set out on 1 April 2022 in DL 2022 (09) [DL\(2022\)09 - National Health and Social Care Workforce Strategy: Three Year Workforce Plans \(scot.nhs.uk\)](#)
3. Paragraph 10 of DL 2022 (09) asked NHS Boards and HSCPs:
 - to review and update their workforce plans annually in the years between publication of full three year plans, to reflect progress on actions and workforce planning assumptions; and
 - to submit annual revisions to the Scottish Government WFPPMO@gov.scot, with updated plans published on organisations' websites by the end of October each calendar year.
4. Colleagues in NHS Boards have sought clarification on these requirements, following Scottish Government guidance circulated in February 2023 on Annual and Medium Term Development Plans (ADPs). This guidance includes sections requiring responses from NHS Boards on local workforce planning issues.



5. To streamline reporting, and rather than separately submitting annual workforce plan revisions to the Scottish Government under the DL requirements above, NHS Boards are therefore asked to use the ADP process to update the Scottish Government on their workforce plans and to work with HSCPs to provide comprehensive updates on workforce planning.
6. The Health Workforce Planning and Strategy Unit will consider the ADP sections on workforce planning as part of the overall ADP process, responding as appropriate to NHS Boards and HSCPs on revisions to three year workforce plans.
7. This development is part of an ongoing process to evolve planning arrangements for service, finance and workforce so that they can be considered together within a more effective integrated context.
8. To sum up, we are therefore requesting that:
 - NHS Boards use the ADP process instead of the DL guidance to respond as they undertake the annual review of their workforce plans;
 - HSCPs undertake a collaborative approach, with the NHS Boards in their areas by feeding into their workforce plans.¹
9. In addition to what is asked within the ADP, we ask that NHS Boards and HSCPs set out in their ADP responses:
 - how they are measuring against their actions set out in their three year workforce plans;
 - what are the main/new and emerging challenges to their workforce and objectives of their three year workforce plans.
10. For the first point, Boards and HSCPs should outline progress toward the actions they advised they would take in their three year workforce plans. For the second point, Boards and HSCPs should advise of the main challenges as well as any unforeseen and emerging challenges they are facing that were not included in their three year workforce plans. We ask that answers to these two points are provided within the workforce section in the ADP which is **due for return 8 June 2023.**

Quantification of workforce supply/demand needs

11. Scottish Government feedback in 2022 to individual Boards on their three year workforce plans identified that further work would be required to accurately quantify levels of anticipated workforce need, particularly given continuing financial challenges. More quantified information will be key to informing future decisions on workforce planning, particularly where that involves investing in workforce capacity where it is most needed.
12. We believe Boards and HSCPs would welcome further support to undertake this quantification more effectively and consistently. We are working in partnership with

¹ The ADP guidance requires Delivery Plans to be developed in a complementary way, with clear reference to IJB Strategic Plans and priorities, including reference to workforce plans; and to demonstrate local partnership working across IJBs and Local Authority Partners, as well as joint deliverables.

colleagues in NES and the Centre for Workforce Supply to see how supply and demand challenges can be helpfully represented and modelled.

13. Good progress is being made in constructing a modelling tool which can be used both nationally and at local level. Prior to introducing this tool, further discussion, presentation and testing will be required first with regional and national groups with involvement in workforce planning. We are embarking on this process now.

Further guidance

14. As set out in this letter, we are striving toward a more integrated approach to reporting on workforce planning. We are considering this further with colleagues, and will update you in the Summer on future reporting processes.

Yours sincerely

Stephen Lea-Ross

Dr Stephen Lea-Ross
Deputy Director,
Health Workforce Planning and Development

Workforce Planning Action Plan 2023: Scottish Government Feedback Actions

Scottish Government Workforce Planning Data, Analytics & Insight Unit feedback received on 7 October 2022

The Scottish Government feedback recognised the considerable work undertaken by NHS Fife and its partners in the various stakeholder groups in developing the Workforce Plan during a challenging operating environment. Efforts to integrate Workforce Planning into a wider suite of strategic planning were also noted and welcomed. The SG used the guidance published under DL (2022)09, National Health & Social Care Workforce Strategy: Three Tear Workforce Plans, and the indicative content checklist contained in Appendix 1, as a baseline to frame the feedback.

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
Recruitment & Resourcing: Clearer articulation of actions being taken to mitigate recruitment challenges; building in projected number of candidate(s) sourced from various actions.	<ol style="list-style-type: none"> Enhance description of actions being taken to attract / retain employees into the workforce within Workforce Plan and within the Annual Delivery Plan, detailing the number of staff anticipated via each recruitment source. Measure anticipated numbers against projected retirements and projected workforce numbers within future Workforce Plan and Annual Delivery Plan. 	Ability to provide numerical value against various recruitment sources; provision of MI reports showing success of the recruitment sources to Strategic Workforce Planning Group and Staff Governance Committee.	Head of Workforce Resourcing and Relations / Workforce Planning Lead	March 2024	To be achieved through submission of service templates and regular reporting.
Workforce Projections: Increased emphasis on the projected short and medium term workforce numbers required; quantifying how projected workforce gap is to be addressed	<ol style="list-style-type: none"> Establish Service Level Workforce Planning template(s), linking SPRA submissions and Corporate Objectives to anticipated workforce developments in the short and medium term. Workforce Planning template built around SMART objectives, with Directorates continuously reviewing and updating actions based on progress against expected outcomes. Establishment of Workforce Planning (Workforce) Matrix to monitor anticipated changes against actual changes in workforce numbers / composition. 	Collated results of the service level Workforce Planning template(s), agreed as a Corporate Objective as part of the SPRA process, to be built into future 3 Year Workforce Plans / updates within Annual Delivery Plans and Medium Term Plan, projecting short and medium workforce requirements and specifying any workforce gap/s. Workforce Planning (Workforce) Matrix in use and providing detail for analysis / review.	Operational Workforce Planning Group / Workforce Planning Lead	March 2024	Workforce Planning Template circulated to members of Operational Workforce Planning Group (June 2023)

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
<p>Development of new roles: Clearer articulation of how new roles mitigate sustainability pressures; project expansion of new roles; and provide evidence of resourcing efficiencies.</p>	<ol style="list-style-type: none"> 1. Enhance description of new roles within Workforce Plan / Annual Delivery Plan / Medium Term Plan, detailing service benefits and outlining the projected expansion of new roles in the medium and long term. 2. Establishment of Workforce Planning (Workforce) Matrix to monitor anticipated changes against actual changes in workforce numbers / composition. 	<p>Greater articulation of service benefits associated with the introduction of new roles to be built into future 3 Year Workforce Plan and Annual Delivery Plan. Projected numbers to be included in Workforce Planning (Workforce) Matrix, with MI reports provided to Strategic Workforce Planning Group and Staff Governance Committee.</p> <p>Workforce Planning (Workforce) Matrix in use and providing detail for analysis / review.</p>	<p>Operational Workforce Planning Group / Workforce Planning Lead</p>	<p>March 2024</p>	
<p>Financial Planning: Enhanced reference to financial planning would have been welcomed to understand extent to which affordability factors were considered as part of the overall planning process.</p>	<ol style="list-style-type: none"> 1. Affordability of posts are considered during the Strategic Planning and Resource Allocation Process which leads to the development of the board's financial plan. Efficiencies required to support investment in workforce are identified in the financial plan and monitoring of delivery of efficiencies is reported to the board's Financial Improvement and Sustainability Programme Board monthly. 	<p>Financially sustainable Workforce Plan</p>	<p>Director of Finance</p>	<p>March 2024</p>	

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
<p>Service Planning & Sustainability: Clearer articulation of how changing population demographics will impact services, linking population changes > service sustainability > development of new roles / workforce composition.</p>	<ol style="list-style-type: none"> 1. Implementation of the ambitions of Population Health and Wellbeing Strategy (PHWS) for Fife reflecting population changes 2023-2028. This will include reporting to NHS Fife Board on agreed indicators throughout implementation. 2. Strategic Planning and Resource Allocation (SPRA) plans services changes and the impact on workforce redesign. 3. Corporate Objectives and Annual Delivery Plan deliverables are aligned and reported against the 4 strategic priorities including improving staff experience and wellbeing. 4. Closely work with Workforce and Finance to ensure all strategic plans include service, workforce and financial impacts. 	<p>Improve health and wellbeing of Fife population demonstrated through PHWS Annual Report.</p> <p>Providing health and care services that meet the needs of the population through robust planning.</p>	<p>Director of Public Health / Associate Director of Planning & Performance</p>	<p>TBC</p>	

Workforce Planning Action Plan 2023: Annual Internal Audit Report 2022/2023 Report No. B06/24

It was concluded that whilst the plan represented an important and helpful first stage in the process and was developed broadly in line with the Scottish Government 5 Pillars approach, further updates through the Annual Delivery Plan (ADP) process will support the achievement of NHS Fife's strategic objectives and operational sustainability and the mitigation of the significant workforce risks facing NHS Fife. A number of key issues were identified to mitigate the workforce risks facing NHS Fife, as detailed below.

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
1 - Risk Management: Ensure risk score for workforce sustainability is regularly reviewed, incorporating clear and effective mitigating action(s), and reflected within future iterations of the Workforce Plan.	<ol style="list-style-type: none"> Undertake a 'Deep Dive' strategic risk assessment of the Workforce Plan and associated risks. Ensure future iterations of the Workforce Plan will clearly identify short/ medium risks to areas such as staff approaching retirement age; establishment gap; funding uncertainty; skill mix along with mitigating actions. 	Risks will be better articulated in future iterations of the Workforce Plan. Map trajectory of workforce risk score in short, medium and longer term. Short and medium term risks will be clearly identified, along with associated actions to mitigate risk.	Director of Workforce / Head of Workforce Planning & Wellbeing	14. September 2023 2. For 2026-2029 Plan	Report to Staff Governance Committee on 14 September 2023. Workforce Directorate Risk session planned.
Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
2 - Gap Analysis to assess Capacity and Capability: Embed the output of the SPRA process into future iterations of the Workforce Plan, articulating the resources required to sustain services in short to medium term, associated financial implication and affordability.	<ol style="list-style-type: none"> Continue roll out of service level Workforce Plans to capture future staffing requirements, incorporate the following requirements: <ul style="list-style-type: none"> Gap analysis of projected workforce requirements to meet service need v's staff in post. Strengthen financial planning reference within Workforce Plan to better explain which affordability factors were considered as part of the planning process. Articulate the various risks associated with being unable to obtain the required staffing levels. 	Granular detail will be captured allowing enhanced understanding and analysis of the gaps and plans for mitigating risks where gaps in staffing levels affect service delivery.	Director of Workforce / Director of Finance	30/09/2023 for initial service level Workforce Plans being developed.	Workforce Planning Template circulated to members of Operational Workforce Planning Group (June 2023)

Subject	Action	Expected Outcome(s)	Responsible	Timescale	Progress
<p>3 – Scope of Workforce Plan: Appropriate arrangements to be made allowing Staff Governance Committee to receive assurance over the monitoring and oversight of HSCP Workforce Strategy and Plan and Action plan for delegated services.</p>	<ol style="list-style-type: none"> 1. Joint paper being prepared for submission to Staff Governance Committee on 14 September 2023, with an update on the HSCP Workforce Strategy and Plan and Action plan for delegated services. 2. Strategic Workforce Planning Group monitoring and oversight of activity within NHS Fife and Fife HSCP. 	<p>Staff Governance Committee assured of workforce planning arrangements for delegated services within HSCP, in addition to those within NHS Fife.</p>	<p>Head of Workforce Planning & Wellbeing / Principal Lead for Organisational Development & Culture, H&SCP</p>	<p>14 September 2023 for report to Staff Governance Committee and future quarterly updates scheduled within Committee Workplan.</p>	<p>Paper confirming intentions to Staff Governance Committee on 14 September 2023.</p>
<p>4 – Service Level Workforce Plans: Detailed actions arising from the Workforce Plan should contain SMART objectives enabling effective monitoring and oversight of progress, with assurance to Strategic Workforce Planning Group and Staff Governance Committee.</p>	<ol style="list-style-type: none"> 1. Continuation of development of service level Workforce Plans to capture future staffing requirements, incorporating SMART objectives and gap analysis of projected workforce requirements to meet service need v's staff in post and the various risks associated with being unable to obtain the required staffing levels. 	<p>Granular detail will be captured allowing enhanced understanding and analysis of the gaps and plans for mitigating risks where gaps in staffing levels affect service delivery.</p> <p>Workforce Planning (Workforce) Matrix in use.</p>	<p>Service Leads / General Managers</p>	<p>30/09/2023 for initial service level Workforce Plans being developed.</p>	<p>Workforce Planning Template circulated to members of Operational Workforce Planning Group (June 2023)</p>
<p>5 – Strategic Risk: The Terms of Reference (ToR) for the Staff Governance Committee to include oversight of Workforce Planning, delivery & risk, enabling appropriate scrutiny and monitoring of the implementation of the Workforce Plan and the impact on related strategic risks, with Strategic Workforce Planning delivery of associated workplan.</p>	<ol style="list-style-type: none"> 1. To update the Staff Governance Committee ToR to incorporate this change. 	<ol style="list-style-type: none"> 1. Clarity provided that the Staff Governance Committee will have appropriate scrutiny and monitoring of the implementation of the workforce plan and the impact on related strategic risks. 2. Regular reports provided to Staff Governance Committee as part of the annual workplan – quarterly from September 2023. 	<p>Head of Corporate Governance and Board Secretary</p> <p>Director of Workforce / Head of Workforce Planning and Staff Wellbeing</p>	<p>September 2023 and March 2024</p> <p>September 2023 and January 2024</p>	<p>Reference to change included within report to Staff Governance Committee in September 2023.</p> <p>To be undertaken when ToR next due for review in March 2024.</p>

Appendix 3: Sample Service Based Workforce Plan

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Laboratories							
Yes	WCCS003	Roll out of Digital Pathology will require increase in D&I staff.	<ol style="list-style-type: none"> 1. Recruitment, Mar-23 2. Integration of digital systems with LIMS/Labcentre (Clinisys; Jun-23 		To Improve Health and Wellbeing	Mar-24	
Yes	WCCS031	Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	<ol style="list-style-type: none"> 1. Agreement to proceed with new supplier 2. Testing and training of new system 3. Go live of accelerated product by April 23 4. Implementation of national product by April 24 		To Deliver Value & Sustainability	Mar-24	
Yes	WCCS035	Results reconciliation - full electronic reporting and switch off paper reports	<ol style="list-style-type: none"> 1. Significant improvement in governance of reporting of lab results. 2. Decrease in use of paper, envelopes and printers as well as reduction in confidential waste generated. 3. Saving in staff time both within the laboratory and within clinical areas. 		To Deliver Value & Sustainability	Mar-25	
Yes	WCCS036	Delivery of services to NTC for Labs	<ol style="list-style-type: none"> 1. Understand requirements of NTC for labs 		To Improve Quality of Health and Care Services	Mar-24	
No	WCCS034	Examine use of extended Biomedical scientist and Biomedical Support worker roles to address recruitment challenges across laboratory disciplines	<ol style="list-style-type: none"> 1. Agree potential extended BMS roles in conjunction with clinical lab staff. 2. Identify job descriptions for extended BMS and support worker roles 3. Identify appropriate funding where possible within existing budgets 4. Recruit to posts and monitor effectiveness 				

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Paediatrics							
No	WCCS002	<p>Paediatrics - Diabetes Service Pressure on the Paediatric Diabetes Service, and our comparative standing across NHSS paediatric population, necessitates further development to enhance support for children with diabetes and to improve health outcomes. Enhance specialist nursing input is required to improve performance on this outcome and reduce long-term health risks within the diabetic child population.</p>	<p>Milestones (i) Review of current workforce model and development of business case to strength resolve of Specialist Paediatric Diabetes Nursing Resource. (ii) Compliance with National Diabetes outcomes for Scotland with regards (HbA1c) blood marker check and subsequent targeted improvement programme. (iii) Monitor a range of Service Improvement indicators, on basis that improvements generate reduced renal impairment, retinopathy and cardiovascular disease; and therefore a reduction in long term health costs</p>	1. Business case unsuccessful in receiving funding approval. Further business case to be submitted Aug 2023	Children's Health and Wellbeing Strategy	Mar-24	
No	WCCS015	<p>Paediatrics - ADHD Service Continued excessive waiting times experienced within the Community Paediatric Service, specifically with regards to the NHS Fife ADHD service, requires rationalisation of Community Paediatric service and re-modelling service provision relating to children/young people with suspected/diagnosed ADHD</p>	<p>Milestones (i) Fife wide multi professional review of provision of services to children / young people with suspected / diagnosed ADHD (ii) Identification of workforce requirements to meet review recommendations (iii) Development of Business case and associated recruitment (iv) Monitor improved ADHD waiting times and overall patient satisfaction (v) Monitor increased capacity within wider CCH team, with regards to range of non-ADHD related Community Paediatric care</p>		Children's Health and Wellbeing Strategy	Jun-23	

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Paediatrics							
No	WCCS016	<p>Paediatrics - Consultant Workforce To meet increased service pressures, enhanced acute paediatric consultant workforce to ensure increased effectiveness and sustainability of a range of Paediatric Services (inc. Epilepsy / cardiology / child protection)</p>	<p>Milestones (i) Development of Business Case to expand Consultant workforce, with subsequent recruitment process. (ii) Introduce a workforce model increasing sustainability of General Paediatric, Paediatric Epilepsy, Paediatric Cardiology and Child Protection services (iii) Monitor improvements in waiting times for General Paediatrics & Epilepsy Services (iv) Monitor compliance with NICE Guidance for Paediatric Epilepsy Service reduction in range of waiting times across Paediatrics following appointment</p>	Business case successful and recruitment to additional consultant post complete.	<p>Children's Health and Wellbeing Strategy</p> <p>National Access and Waiting Times Standards</p>	Aug-23	Green
No	WCCS017	<p>Paediatrics - Middle Grade Rota Current model for service delivery is unsustainable and requires to be reviewed to minimise WTD compliance breaches and dependency on supplementary solutions including locum cover.</p>	<p>Milestones (i) Undertake service review to identify a sustainable workforce model (ii) Development of a business case for the recruitment to Speciality Doctor; ANNP and ANNP positions; (iii) Monitor reduction in supplementary staffing costs and WTD compliance (iv) Monitor improvements in staff wellbeing and Patient Safety (v) Monitor enhanced patient safety and increased capacity for increased in-reach to ED to optimise patient flow at hospital front door</p>	Business case unsuccessful. Proposal to be reconsidered.	<p>Children's Health and Wellbeing Strategy</p> <p>Staff Health and Wellbeing Strategy</p>	Mar-24	Yellow

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Paediatrics							
No	WCCS018	Paediatrics - Nursing Team Review of current workforce model in order to increase capacity and sustainability of the Specialty Paediatric nursing team (Paediatric Epilepsy/Neurology, Rheumatology, Respiratory, Endocrine, Allergy services)	Milestones (i) Undertake service review of Specialty Paediatric Nursing Team (ii) Development of a business case for the recruitment of a staff nurse and Clinical Support Worker position(s) (iii) Introduce succession planning for Specialist Nursing roles	Business case to be prepared	Childrens Health and Wellbeing Strategy Staff Health and Wellbeing Strategy	Sep-23	
Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Radiology							
Yes	WCCS019	Radiography Review of Computerised Tomography (CT) out of hours service is required to provide a more efficient and equitable service to patients, regardless of admission time, which maximises the capacity of CT scanner.	Milestones (i) Multi professional review of staffing model options, with due regard to safe staffing requirements, (ii) Identification and agreement for preferred staffing model, with subsequent recruitment and training programmes (iii) Embed new model, monitoring impact on patient care through review of capacity and waiting times.	No funding agreed. Project currently Identifying service delivery and staffing model options	Staff health and well being National diagnostic waiting times standards Trauma and stroke waiting times targets.	Mar-25	

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Radiology							
No	WCCS005 WCCS006 WCCS007 WCCS031	Radiology Review of equipment within Radiology, and potential introduction of new CT scanner, will support range of national commitments linked to National diagnostic waiting times; Cancer strategy framework; Reduced length and of stay and early discharge. Staffing implications of these developments to be established.	Milestones: (i) Participation with and representation on National Steering Group to review the collective need for additional capacity across Scotland.	Meeting with national imaging group took place in June, National steering group with NHS fife participation has been established to identify collective need for development equipment.	National diagnostic waiting times Cancer strategy framework Reduced length and of stay and early discharge	TBC	TBC
No	WCCS021	Capacity challenges requires development of an additional mammography unit					
No	WCCS023	Reinstate competency progression band 5-band 6 linked grade					

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Rehabilitation Services							
No	WCCS027 WCCS028 WCCS029 WCCS030	Review of Therapies and Rehabilitation services to (i) support reduction in delayed discharge by ensuring quality of weekend access to OT & PT resource across inpatient settings; (ii) Aid in recovery, remobilisation and redesign of outpatient services; (iii) ensure equity of service to Hospice Palliative / Elective Orthopaedic Services	<ol style="list-style-type: none"> 1. 5/6 day Test of change for Physio across medicine & respiratory by Nov 2023. 2. Refreshed SBAR with identified uplift requirements for progression to 5/7day working for OT and PT across inpatients by Oct 2023. 3. Continued evaluation of OP models and ensure they are efficient with maximum application of digital support with best fit skill mix which may include new roles; eg non registered Band 5s. 4. Streamline Community and Acute palliative therapists into Acute with 2 new part time Band 4 HCSWs by Oct 2023. 5. Robust and sustainable extended day Physio service to elective orthopaedics that impacts length of stay 				

Corporate Objective	SPRA Submission Reference #	Specific Objective	Measure	Attainable	Relevant	Time-Bound	RAG Status
		(S) What will you do, why and by when?	Key measures / milestones	Progress Against Measures / Milestones	Corporate Objective / Other		
Acute Services Division, Women & Children's Services, Women's Services							
Yes	WCCS012	Specialist Nursing Endometriosis nurse specialist to support women through their journey and improve the care and advice they receive	Milestones (i) Submission of business case, linking to WHP (ii) Approval to recruit with either funding agreed or an agreed cost pressure aligned to delivery of the WHP (iii) Monitor improved service performance with regards to pain management; peri-operative support to women; and improved collaboration with Primary Care & Pelvic Health Physio		Women's Health Plan	Mar-24	
No	WCCS024	Midwifery Review of training provision for Midwifery staff to ensure compliance with SG statutory requirement for all staff to complete emergency drill training in relation to NLS and CTG training.	Milestones (i) Determine the appropriate level of backfill and funding required to support Midwives in completion of training. (ii) Production of a business case to support the request (iii) Approval from SLT to recruit the required workforce to meet the SG requirement (iv) Recruitment process complete (v) Training undertaken to meet SG requirements	Development of business case estimates that training commitment for each midwife is 39 hours per annum.			

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 14 September 2023
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

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 & 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 June 2023, although there are some measures with a significant time lag and a few which are available up to the end of July 2023.

2.2 Background

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

We have now transitioned to the Annual Delivery Plan for 2023/2024. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines 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 2023/2024 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets are being devised for 2023/2024.

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 (6.61% in June)
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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Staff Governance extract of the June 2023 IPQR will be available for discussion at the meeting on 14 September 2023.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 17 August 2023 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

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

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

3. List of Appendices

None

Report Contact:

Bryan Archibald
Planning and Performance Manager
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Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

Produced in August 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.
- d. Assessment**
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**
 - f. 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) 2023/24, 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.

MARGO MCGURK
Director of Finance & Strategy
15 August 2023

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

a. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	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		

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

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.

Corporate Risk 3 - COVID 19 Pandemic - Risk Rating **Reduced**

Following review by the Public Health and Wellbeing Committee, the current rating of this risk is reduced from Moderate(12) to Moderate(9) in light of the continued effectiveness of vaccination and the reduced impact of illness in the population.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC	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	Jun-23	44	○	▼	▲	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%	Month	Jun-23	39.1%	●	▲	▼	●
	HSMR	N/A	Year Ending	Mar-23	0.96	●	—	—	●
	Inpatient Falls	6.91	Month	Jun-23	6.83	○	▼	▲	●
	Inpatient Falls with Harm	1.65	Month	Jun-23	1.52	○	▼	▼	●
	Pressure Ulcers	0.89	Month	Jun-23	1.05	○	▼	▲	●
	SAB - HAI/HCAI	18.8	Month	Jun-23	10.3	○	▲	▲	● QE Mar-22
	C Diff - HAI/HCAI	6.5	Month	Jun-23	17.2	○	▼	▼	● QE Mar-22
	ECB - HAI/HCAI	33.0	Month	Jun-23	17.2	○	▲	▲	● QE Mar-22
	S1 Complaints Closed in Month on Time	80%	Month	Jun-23	64.1%	●	▲	▲	● 2021/22
	S2 Complaints Closed in Month on Time	50%	Month	Jun-23	16.2%	○	▲	▲	● 2021/22
	S2 Complaints Due in Month and Closed On Time	N/A	Month	Jun-23	17.1%	●	▲	▲	●
Operational Performance	IVF Treatment Waiting Times	90%	Month	Mar-23	100.0%	●	↔	↔	●
	4-Hour Emergency Access (A&E)	95%	Month	Jul-23	76.0%	○	▼	▲	● Jun-23
	4-Hour Emergency Access (ED)	82.5%	Month	Jul-23	69.0%	●	▼	▲	● Jun-23
	Patient TTG % <= 12 Weeks	100%	Month	Jun-23	44.4%	●	▲	▼	● Mar-23
	New Outpatients % <= 12 Weeks	95%	Month	Jun-23	48.3%	●	▼	▼	● Mar-23
	Diagnostics % <= 6 Weeks	100%	Month	Jun-23	47.0%	●	▼	▼	● Mar-23
	Cancer 31-Day DTT	95%	Month	Jun-23	97.6%	○	▲	▼	● QE Mar-23
	Cancer 62-Day RTT	95%	Month	Jun-23	74.4%	○	▼	▼	● QE Mar-23
	Detect Cancer Early	29%	Year Ending	Dec-22	27.6%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%	Month	Jul-23	92.0%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jul-23	9.7%	●	▼	▲	● QE Dec-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jul-23	6.1%	○	▼	▲	● QE Dec-22
	Antenatal Access	80%	Month	Mar-23	86.1%	●	▲	▲	● CY 2022
	Finance	Revenue Resource Limit Performance	-	Month	Jul-23	(£10.98m)	●	—	—
Capital Resource Limit Performance		£11.17m	Month	Jul-23	£1.451m	●	—	—	●
Staff Governance	Sickness Absence	4.00%	Month	Jun-23	6.61%	○	▲	▼	● YE May-23
	Personal Development Plan & Review (PDPR)	80%	Month	Jul-23	40.4%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Mar-23	301	●	—	—	● YT Sep-22
	CAMHS Waiting Times	90%	Month	Jun-23	74.1%	○	▲	▲	● QE Mar-23
	Psychological Therapies Waiting Times	90%	Month	Jun-23	67.5%	○	▼	▼	● QE Mar-23
	Drugs & Alcohol Waiting Times	90%	Month	May-23	89.6%	●	▲	▼	● QE Mar-23
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Mar-23	92.5%	○	▼	▼	● QE Mar-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Mar-23	86.4%	○	▲	▼	● QE Mar-22

Performance Key

	on schedule to meet Standard/Delivery trajectory
	behind (but within 5% of) the Standard/Delivery trajectory
	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

		Month End				Quarter End	Quarter End	Quarter End
		Apr-23	May-23	Jun-23	Jun-23	Sep-23	Dec-23	Mar-24
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
ED 4-hour Performance (VHK only)	Projected	67.9%	69.1%	70.6%				
	Actual	64.7%	66.5%	71.3%				
	Variance	-3.2%	-2.6%	0.7%				
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	15,363	15,363	15,363
	Actual	4,166	4,393	4,207	12,766			
	Variance	-955	-728	-914	-2,597			
Elective Activity New Outpatients	Projected	7,573	7,372	7,364	22,309	22,337	22,274	22,308
	Actual	6,092	7,583	7,550	21,225			
	Variance	-1,481	211	186	-1,084			
Elective Activity TTG	Projected	1,138	1,139	1,139	3,416	3,433	3,487	3,492
	Actual	957	1,204	1,242	3,403			
	Variance	-181	65	103	-13			
Long Waits Diagnostics > 26 weeks	Projected	140	122	109	109	63	10	0
	Actual	164	171	171	171			
	Variance	24	49	62	62			
Long Waits New Outpatients > 104 weeks	Projected	0	0	0	0	74	212	352
	Actual	0	0	1	1			
	Variance	0	0	1	1			
Long Waits New Outpatients > 78 weeks	Projected	77	87	150	150	339	849	1358
	Actual	73	92	85	85			
	Variance	-4	5	-65	-65			
Long Waits TTG > 104 weeks	Projected	17	15	16	16	67	173	351
	Actual	14	15	20	20			
	Variance	-3	0	4	4			
Long Waits TTG > 78 weeks	Projected	99	128	159	159	305	547	893
	Actual	79	88	84	84			
	Variance	-20	-40	-75	-75			
Cataracts Average per 1/2 day session	Projected				4.5	4.5	4.5	4.5
	Actual							
	Variance				-4.5			
Arthroplasty 4 joint sessions	Projected				25.0%	25.0%	25.0%	25.0%
	Actual	6.0%	12.0%	12.0%	10.0%			
	Variance				-15.0%			
Same Day Procedures Knee Arthroplasty	Projected				1.9%	1.9%	1.9%	1.9%
	Actual							
	Variance				-1.9%			
Same Day Procedures Hip Arthroplasty	Projected				4.3%	4.3%	4.3%	4.3%
	Actual							
	Variance				-4.3%			
Cancer Waiting Times 31-Day	Projected				93.8%	94.1%	94.3%	94.5%
	Actual	97.9%	94.5%	97.6%	96.5%			
	Variance				2.7%			
Cancer Waiting Times 62-Day	Projected				81.9%	82.8%	85.0%	85.4%
	Actual	84.4%	75.3%	74.4%	77.5%			
	Variance				-4.4%			
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	85.0%				
	Actual	85.3%	84.8%	76.2%				
	Variance	0.3%	-0.2%	-8.8%				
CAMHS Waiting List <= 18 weeks	Projected	213	209	216	216	228	235	200
	Actual	249	268	244	244			
	Variance	36	59	28	28			
CAMHS Waiting List > 18 weeks	Projected	71	89	116	116	98	42	0
	Actual	43	48	70	70			
	Variance	-28	-41	-46	-46			
CAMHS Waiting List > 52 weeks	Projected	0	0	0	0	0	0	0
	Actual	0	0	0	0			
	Variance	0	0	0	0			
Psychological Therapies 18 Weeks RTT	Projected	67.5%	69.4%	66.1%				
	Actual	56.2%	58.5%	55.5%				
	Variance	-11.3%	-10.9%	-10.6%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888
	Actual	1448	1602	1460	1460			
	Variance	560	714	572	572			
Psychological Therapies Waiting List > 18 weeks	Projected	1394	1575	1660	1660	1569	1680	1604
	Actual	1128	1136	1173	1173			
	Variance	-266	-439	-487	-487			
Psychological Therapies Waiting List > 52 weeks	Projected	255	237	219	219	165	111	57
	Actual	248	286	273	273			
	Variance	-7	49	54	54			

d. Assessment

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

	Target	Current
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Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

6.61%

Sickness absence has reduced from 6.83% in May to 6.61% in June, just above average of 6.43% for display 24-month period, with long-term absence reducing 0.25%.

All Directorates/Divisions saw reduction in absence rate apart from Corporate Services (increase to 5.70%) and WCCS (minor increase to 6.09%).

Most sickness absence episodes and hours lost related to mental health issues.

The refreshed Attendance Management training programme is now being delivered in partnership to groups of managers within NHS Fife to complement the Turas LEARN NHS Scotland Attendance eLearning module. Responding to the data analysis of our absence trends, this refreshed programme incorporates a range of support packages available to help support staff's mental health, including resources available on the Healthy Working Lives website, plus the Live Positive - Stress Management Toolkit. Further training initiatives continue to be considered, including rolling out short learning bites. Attendance Review Panels are scheduled across NHS Fife with discussion on attendance cases, providing opportunities for shared learning and assurance on consistency of approach and best practice. The Promoting Attendance Panel process is currently being reviewed and a multifactorial review in relation to attendance led by Lisa Cooper, General Manager of Primary & Preventative Services, is taking place within HSCP. The Occupational Health & Wellbeing Service will progress correlation of the number of management referrals with episodes of long term absences relating to MSK and Mental Health, which will result in targeted support.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

40.4%

There has been an increase of 0.1% during July meaning that compliance has increased to 40.4%. Though small, this is still the highest engagement figure reported in over 13 months. However, the upward trajectory seen previously has plateaued and the rate of increase will need to increase to ensure the target compliance percentage of 80% remains achievable. Directorate / Divisional level changes ranged from a decrease of 1.7% in Acute Services Planned Care to a 2.2% increase in HSCP Community Care Services.

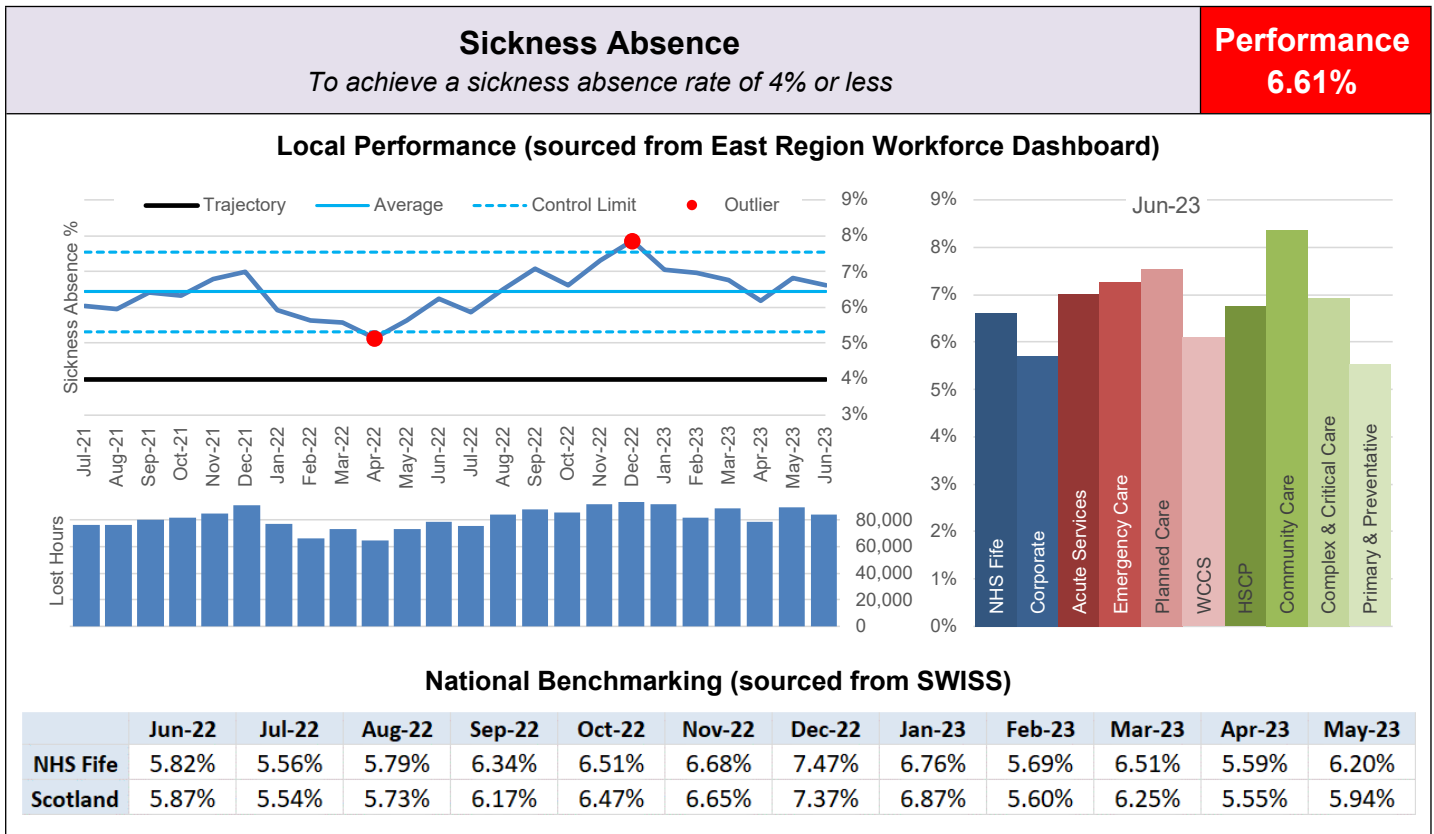
The number of reviews held in the last period (251) is notably lower than the previous month (324). As noted above, levels of activity will need to increase in the next few months in order that the required monthly engagement target is reached and subsequently maintained throughout the rest of this review year to ensure that the target compliance percentage of 80% is achieved.

Although there has been an increase in the compliance figure, the monthly engagement figure continues to show a decline. To return to a level trajectory and achieve the 80% compliance target by 31st March 2024, a minimum of 5% (approximately 500) PDPRs per month are required.

The enhanced communications and encouragement from Senior Managers and Executives needs to be a key feature throughout 2023/24 in order to reach and maintain the required momentum. To support managers locally, updated PDPR reports showing compliance as at 31st August 2023 will be distributed at the beginning of September 2023. New dates for Turas Appraisal Lunchtime Bytes have been issued with the launch of a Turas Appraisal eLearning module planned for week commencing 4th September 2023.

To support managers locally, updated PDPR reports showing compliance as at 31st August 2023 will be distributed at the beginning of September 2023. New dates for Turas Appraisal Lunchtime Bytes have been issued with the launch of a Turas Appraisal eLearning module planned for week commencing 4th September 2023.

e. Performance Exception Reports



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025					Mar-25
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group				Oct-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Area Partnership Forum				Oct-23
	Draft Staff Wellbeing action plan to be considered by NHS Fife Staff Governance Committee				Nov-23
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities				Mar-24
	Review of Action Plan to inform development of 24/25 aims				Mar-24
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support.					Jan-24
Key Milestones	Review and retention of bank and admin fixed term contracts				Jun-23
	Review of OH provision as part of Directorate service change proposals completed				Jan-24
	Examine the effects of diversification of service provision and implications on OH Team resources				Mar-24

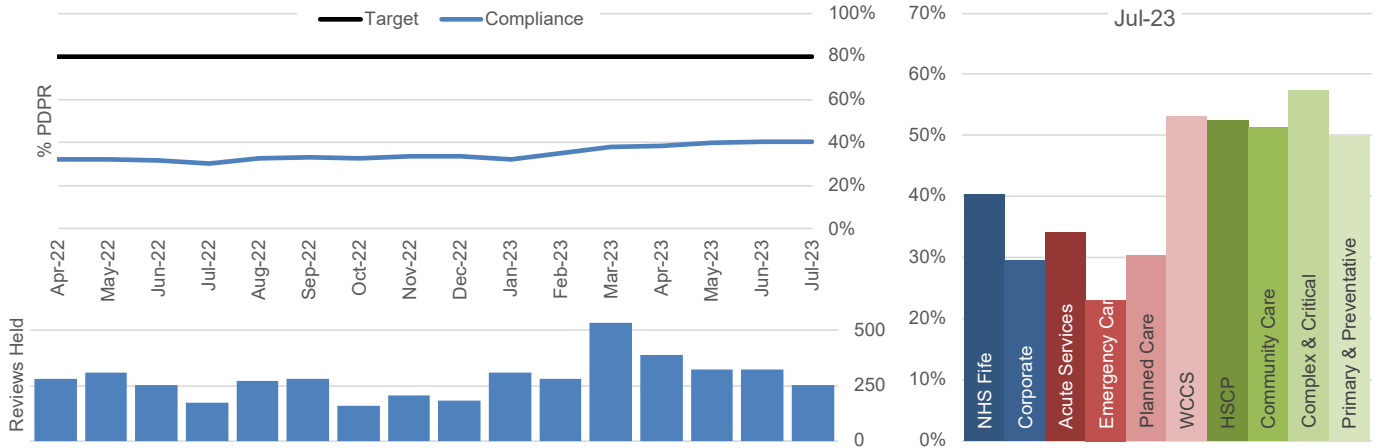
STAFF GOVERNANCE

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance
40.4%

Local Performance



	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23
NHS Fife	32.4%	33.3%	32.5%	33.6%	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%
Corp.	25.7%	26.7%	26.6%	26.2%	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%
Acute	33.9%	35.9%	34.7%	36.7%	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%
HSCP	35.6%	35.3%	34.4%	35.5%	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%

Key Deliverable

End Date

Off track

At risk

On track

Complete

Suspended

Proposed

Create and Nurture a Culture of Person-Centred Care

Mar-26

Key Milestones

Development of Leadership Development framework completed

Jul-23

Review of OD function delivery as part of Directorate service change proposals completed

Sep-23

Stakeholder Engagement on the development of a behavioural framework completed

Dec-23

Proposals developed for a programme to embed a behavioural framework delivered

Mar-24

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 14 September 2023
Title:	iMatter Process 2023
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Kevin Reith, Deputy Director of Workforce Jackie Millen, Workforce Development and Engagement Officer (KSF)

1. Purpose

This report is presented for:

- Awareness

This report relates to:

- Government policy / directive
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Effective
- Person Centred

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

- Well Informed
- Involved in Decisions
- Treated fairly and consistently, with dignity and respect in an environment where diversity is valued

2. Report Summary

2.1 Situation

The purpose of this report is to update the Staff Governance Committee of the NHS Fife iMatter 2023 questionnaire outcomes and on-going activities.

2.2 Background

iMatter is the staff experience continuous improvement tool designed to engage employees in a way that feels right for every level, offering the facility to measure, understand, improve and evidence staff experience at team and organisational level. The National Health and Wellbeing Outcomes, which sets out the framework for delivering services, outlines a commitment to developing a health organisational culture through staff engagement.

The iMatter questionnaire consists of 29 questions focussing on three key areas, including how the member of staff feels about their team, their line manager and NHS Fife / Health & Social Care Partnership (HSCP). The 2023/2024 questionnaire invite was issued to all NHS Fife and the HSCP employees on Monday 19 June 2023 and ran for 3-weeks, ending on Monday 10 July 2023.

On Tuesday 11 July 2023, Directorates who had engaged in the questionnaire via fully electronic methods (email or SMS) received their team and Directorate reports. All remaining Directorates received their reports on Monday 24 July 2023.

NHS Fife and the HSCP are nearing the end of the 8-week Action Planning phase of the survey which ends on 18 September 2023. Although team action plans can be recorded at any time prior to the commencement of the next iMatter survey period, only action plans recorded within the 8-week deadline will be used to inform the annual national iMatter report produced by Scottish Government, which we would anticipate being published in November 2023 in line with the usual national reporting cycle.

2.3 Assessment

For the second consecutive year, NHS Fife and HSCP engagement has exceeded that of the national outcome. In 2022, we overtook the national figure by 5% achieving 60% engagement in Fife and 55% nationally. This year, we have increased this again showing a 7% difference in outcomes. NHS Fife and the HSCP achieved 66% this year, with the national engagement reported as 59%.

In considering the questionnaire outcomes for 2023 in more detail, the following points are noted:

- A total of 11,603 individuals were invited to participate in the questionnaire this year – 7,712 responded to the invite and submitted their questionnaire.
- From the 11,603 questionnaires issued, 11,016 were via email, 261 via SMS and 326 via paper. Responses returned were recorded as 7,536 via email, 104 via SMS and 72 via paper.
- 257 teams recorded a 100% team response rate with only 38 teams recording less than 25% engagement. 7 teams who recorded less than 25% included one or more team members who had the paper-based questionnaire as their preferred response method.
- The employee engagement index for 2023 is 77 – an increase of 2 points compared to 2022.
- Overall Experience of working for Team Fife is 7.0 – up 0.2 from 2022.
- There are currently 213 teams with 4 team members or less. 93 of these teams did not receive individual team reports this year due failing to meet the 100% response requirement. This equates to 10% of the teams registered this year.
- EEI numbers for all 944 teams show that:
 - 752 teams are in the Strive and Celebrate category.
 - 88 teams are in the Monitor to Further Improve category.
 - 9 teams are in the Improve to Monitor category.
 - 2 teams are in the Focus to Improve category.

The full report for 2023 is available in Appendix 1.

As action planning is the stage where teams can identify improvements that can be made, it should be considered as the most important stage of the iMatter survey. Every effort must be made to improve engagement in this area and improve staff experience as a result.

To support Team Action Planning with the aim to improve engagement in this key stage, a number of actions have been identified:

- The provision of online MS Team-based information sessions to support managers during the Team Action Planning process.
- Continued promotion of iMatter and the Team Action Plan requirements via all available forums including NHS Fife Stafflink and the appropriate HSCP platform, email messages direct to managers, presence at appropriate meetings (ASD&CS / HSCP LPF, APF, etc) or promotion from others where the opportunity arises.
- Service specific communications to encourage, and support, areas where action planning has not been previously recorded on a service-wide basis.
- Redistribution of the iMatter manager support pack to all managers raising awareness of key documents to support Team Action Planning:
 - Managers Guidance – Team reports and action planning.
 - iMatter Team Managers Manual (to support use of iMatter website)
 - NHSScotland iMatter FAQ
 - iMatter staff FAQ leaflet (for distribution in teams)
 - Examples of Team Stories from 2022/23 to promote outcomes from successful engagement.
- Motivational videos from Directors promoting the value of Action Planning and the impact on individual teams, services and the wider organisation.

As of 31 August 2023, 304 Action Plans have been recorded across NHS Fife and HSCP. This equates to 32% of teams and is currently only 10% less than achieved by the end of the 2022 8-week Action Planning phase. It is anticipated that NHS Fife and HSCP will meet, or exceed, this figure when the Action Planning stage ends on 18 September 2023.

2.3.1 Quality / Patient Care

Providing quality care will be enhanced by a motivated and valued workforce who are encouraged to actively improve services in their areas.

2.3.2 Workforce

There is strong evidence of the positive impact of high employee engagement on both staff and service users experience, including:

- Higher staff morale and motivation
- A greater sense of well-being, which can lead to less absenteeism and stress
- A workforce that is more likely to be satisfied with their work
- Greater efficiency, productivity and effectiveness

2.3.3 Financial

A minimal budget of <£500 was required to cover the costs of updating resources for this campaign which has been absorbed within the Workforce Directorate budget.

2.3.4 Risk Assessment / Management

N/A

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

The iMatter programme directly supports delivery of the Staff Governance Standard, particularly in the Well Informed and Involved in Decision Making strands. By engaging staff in this process, the aim is to support our employer ambitions as an Anchor Institution. In terms of Equality & Diversity, iMatter supports giving all staff a voice and is informed by national work overseen by the Scottish Workforce & Staff Governance (SWAG) group.

2.3.6 Climate Emergency & Sustainability Impact

The move to predominantly electronic delivery has had a positive impact in reducing paper and mailing resources in support of the sustainability agenda.

2.3.7 Communication, involvement, engagement and consultation

As noted above, this paper has been developed through partnership engagement on the Short Life Working Group.

2.3.8 Route to the Meeting

iMatter has been reported through Executive Directors Group, Area Partnership Forum and the Staff Governance Committee as part of the current cycle and has informed the approach to our 2023/2024 programme.

2.4 Recommendation

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

- **Note** the proposals for the 2023/2024 iMatter programme.

3. List of appendices

The following appendices are included with this report:

- Appendix 1 –2023 Board Reports

Report Contact:

Kevin Reith

Deputy Director of Workforce

Email kevin.reith@nhs.scot

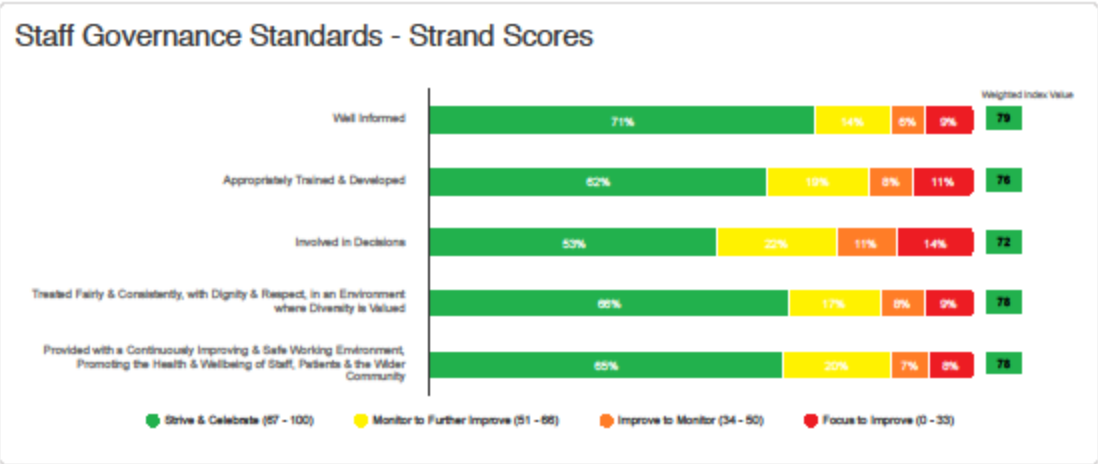
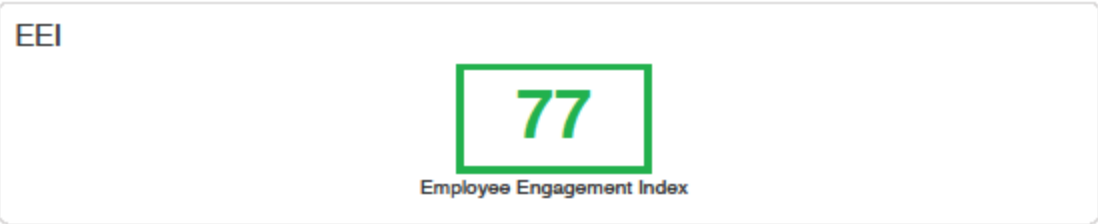
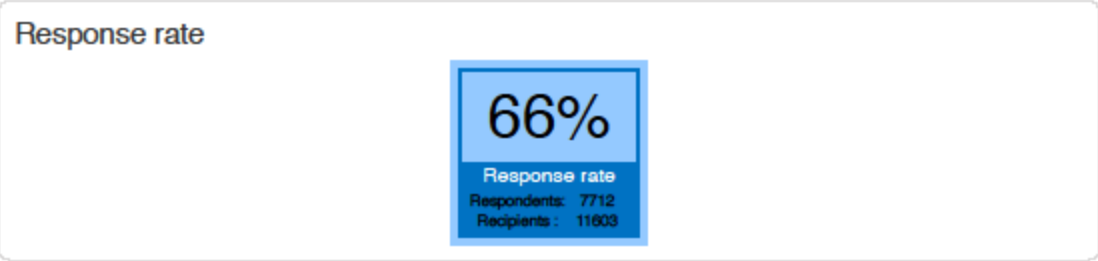
Appendix 1 –2023 Board Reports



Board Report 2023

NHS Fife

Total number of respondents: 7710



Calculating the Average Score

The number of responses for each score on the scale (Strongly Agree - Strongly Disagree) is multiplied by the number value (1-5) (see right). These responses are then added together and divided by the overall number of responses to the question.

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

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

Number of respondents: 7710



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

Number of respondents: 7710



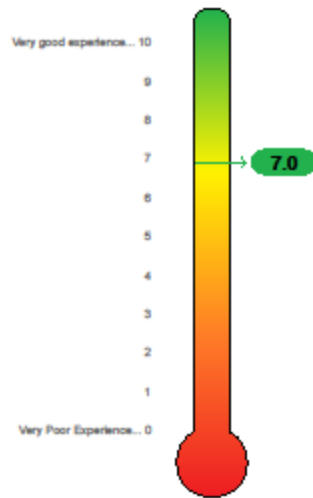
Thinking of your experience in the last 12 months please tell us if you agree or disagree with the following statements relating to your Organisation:

Number of respondents: 7710



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

Number of respondents: 7710



EEl number for teams in the same Board

EEl Threshold	(87-100)	(81-86)	(74-80)	(67-73)	No report	Total
Number of Teams	752	88	9	2	93	944
Percentage of Teams	79.7%	9.3%	1.0%	0.2%	10%	100%



NHS Fife Acute Services Division and Corporate Directorates Local Partnership Forum

Annual Report 2022/2023



Contents

1.	Message from the Chairs of the Local Partnership Forum
2.	Local Partnership Forum Constitution and Values
3.	Corporate Communications Activity in Support of Acute Services Division
4.	Health and Wellbeing
5.	Promoting Attendance
6.	Training and Development
7.	Health and Safety
8.	Equality and Diversity
9.	Capital Report
10.	Service Achievements and Developments
11.	Summary

1. Message from the Chairs of the Local Partnership Forum

We would like to welcome you to the third annual report of the Acute Services Division and Corporate Directorates Local Partnership Forum (LPF).

The report covers the time period from April 2022 to March 2023, highlighting the key work undertaken by the LPF as well as highlighting the amazing work that individuals, teams and services undertake each and every day.

The main areas of focus for the Acute Services Division and Corporate Directorates Local Partnership Forum are:

1. To promote opportunities for staff to be involved in local decision making on the planning and delivery of services.
2. To act as a focal and communication point for staff across the Acute Services Division and Corporate Directorates to enable staff to contribute to the business of that part of the organisation.
3. To provide input to the Acute Services Division and Corporate Directorates to ensure that the Staff Governance standard is implemented locally.

Highlights from our Acute Services Division and Corporate Directorates Local Partnership Forum meetings are presented to the Area Partnership Forum together with any issues which require further escalation.



Claire Dobson
LPF Co-Chair

Director of Acute Services NHS Fife



Andrew Verrecchia
LPF Co-chair (Staff Side)

2. Local Partnership Forum Constitution and Values

The LPF is made up of representatives from within the Acute Services Division and Corporate Directorates as well as accredited Trade Union Stewards. Where a Trade Union does not have a local representative, the Union can appoint a representative from another area to be a member of the Local Partnership Forum.

Regular Members and Attendees at Local Partnership Forum

NAME	ROLE
Claire Dobson	Director of Acute Services (LPF Co-Chair)
Andrew Verrecchia	LPF Co-Chair (Staff Side)
Paul Bishop	Head of Estates
Sue Blair	British Medical Association
Norma Beveridge	Director of Nursing (Acute)
Murray Cross	General Manager - Planned Care
Kevin Egan	UNITE
Donna Galloway	General Manager - Women Children & Clinical Services
Conn Gillespie	UNISON
Mary Ann Gillan	Royal College of Midwives
Neil Groat	Society of Radiographers
Ben Hannan	Director of Pharmacy and Medicines
Sally Tyson	Head of Pharmacy – Development and Innovation
Neil McCormick	Director of Property and Asset Management
Joy Johnstone	Federation of Clinical Scientists
Belinda Morgan	General Manager - Emergency Care
Louise Noble	UNISON
Caroline Somerville	UNISON
Miriam Watts	General Manager - Emergency Care
Susan Young	Human Resources Team Leader
William Nixon	Health and Safety Manager

Meeting Dates

The Local Partnership Forum meets every 2 months, but this can be varied by the Co-Chairs.

The Local Partnership Forum met on the following dates (from April 2022 to March 2023):

- 28 April 2022
- 18 August 2022
- 27 October 2022
- 22 December 2022
- 16 February 2023 (Meeting Cancelled)

Meeting Agendas

Agenda topics are agreed ahead of each meeting by the co-chairs. The meeting structure reflects the Staff Governance Standards and is developed through a mix of set agenda items discussed at every meeting as well as topical, responsive agenda items depending on priorities at that time. The co-chairs lead the meeting on a rotational basis.

LPF Agenda Format

- Well Informed
- Appropriately Trained
- Involved in Decisions which affect them
- Treated Fairly and Consistently
- Provided with an Improved and Safe Working Environment
- Issues from Staff side

3. Corporate Communications Activity in Support of Acute Services Division

Accident and Emergency Redesign

Work is underway to redesign signage and key messaging in and around our Accident and Emergency Department (A&E). Corporate Communications are working closely with clinical and estates colleagues to modernise and update what is currently displayed and where it is displayed to ensure patients are kept informed, updated, and assured about their A&E journey. This work is being complemented by refreshed website content and accompanying social media activity.

Social Media

NHS Fife's social media activity has increased significantly over the last few years, as has our audience (with almost 200,000 followers on Facebook alone), and it now forms a central pillar of how the organisation communicates and engages with the communities it serves. Social media regularly proves our most dynamic and responsive tool in getting effective, shareable messaging out quickly to a sizeable audience. Social media has been used as a medium to support our Acute Services Division in several areas recently, including A&E messaging, targeted recruitment campaigns, service celebration via links with Care Opinion, and work showcasing our new National Treatment Centre – Fife Orthopaedics.

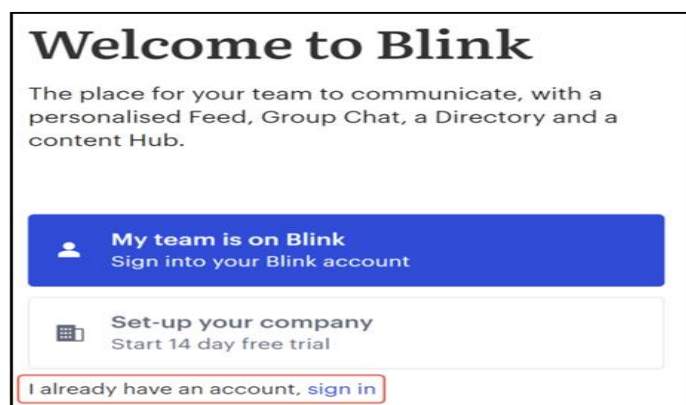
Elected Member's Update

As part of a move into formalising some of the organisation's public affair's activity, corporate communications produce a regular standing update to local MPs, MSPs and councillors – the Elected Members Update. This update contains organisational news and activities, as well as highlighting active campaigns and staff achievement. The organisation often asks for the support of elected members to raise awareness of

campaigns and messages that impact upon our Acute Services Division by sharing them in their own networks. In the recent past this has included encouragement to share messaging to reduce the pressure on our A&E and urging constituents to take up the option of COVID-19 vaccination.

StaffLink

StaffLink remains the core internal communications channel – providing the latest organisational and #TeamNHSFife news alongside access to documents and guidance. Over the last year, we have worked extensively with services and departments, supporting them to review and revise content. This work continues on an ongoing basis. Alongside this, a wide range of developments have been undertaken to enhance and support the user experience including single sign-on, an improved search function, the introduction of a news carousel to increase visibility of key news items, and user reactions to support and encourage staff engagement with newsfeed content. In addition, a number of backend enhancements have provided further support to admins across the organisation, whilst improved analytics are assisting in the evaluation of campaigns etc. We continue to work closely with Blink to take forward a range of other development to support our users.



Weekly and TEAM Updates

The Weekly Update provides a useful summary of key news content and internal campaigns published on StaffLink over the previous week. Alongside this the TEAM update provides a monthly strategic update from the Chief Executive and also focuses on key staff information and internal campaigns. Both updates are published on StaffLink and are also sent as an all-staff email.



StaffLink User Area

The StaffLink User Area is now live. Staff will have access to a variety of super helpful user guides that cover topics like:

- Accessing StaffLink and Turning on Single-Sign-On
- Overviews on Key StaffLink Features
- StaffLink Contact Information
- Advice for StaffLink Admins
- Helpful StaffLink User Hints and Tips

LPF Walkabout Programme

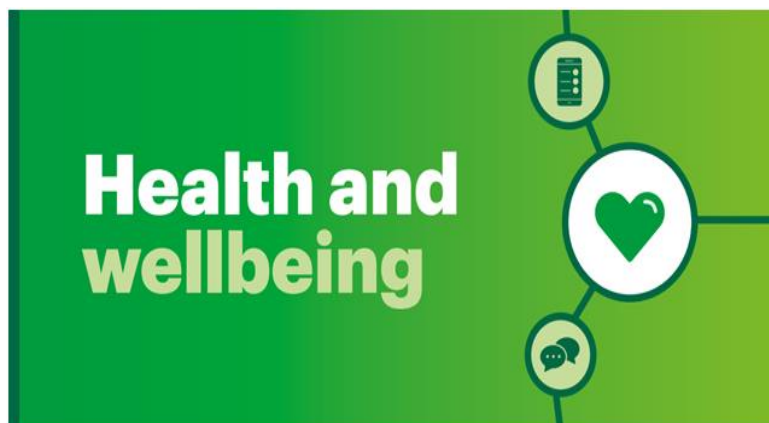
Our Local Partnership Forum Co-Chairs continue with their regular walkabout programme.

Acute Services Division

We have a regular series of Acute Senior Leadership Team pop-up briefings which are advertised in StaffLink.

Once a quarter our Acute Directorate Performance Reviews are held face-to-face in different areas taking to staff first-hand about issues and challenges.

4. Health and Wellbeing

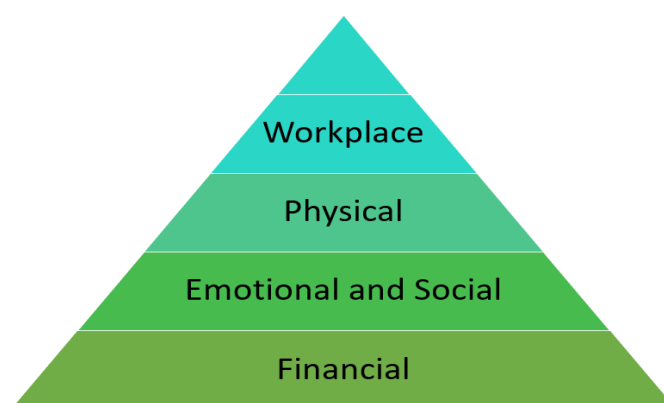


Wellbeing Interventions

During 2022/2023, we have continued to work alongside the NHS, Fife Council and the Third and Independent Sectors to support the delivery of wellbeing interventions. Successes in 2022/2023 include:

- The development and approval of the NHS Fife Staff Health & Wellbeing Framework.

The approach is focused on the Four Pillars of Wellbeing as detailed in the diagram below:



with each area of wellbeing being supported by:

- Workforce policies, processes and guidance.
- Internal wellbeing resources, such as our Occupational Health Service, Health & Safety, Pastoral and Spiritual Care, Psychology Staff Support, Staff Listening Service, Peer Support and access to Counselling and Physiotherapy.
- Resources are available to those staff who need them.
- Communication for all staff on wellbeing and for managers and staff how to access support.

The key resources and services available to support employees include Mindfulness activities and training aimed at enabling employees to manage their own stress levels and improve their overall sense of wellbeing; embedding the Good Conversations approach to shift conversations away from a focus on 'What's wrong with you' to 'What is important to you' and enabling employees to access both internal and external resources, including those on the PROMiS National Platform, to make the best of their life circumstances.



The full range of initiatives, and the “menu” of support options, including access to Occupational Health Services; Counselling; Staff Listening Service; Physiotherapy; Peer Support; Spiritual Care and Staff Psychology Support, available to employees and teams and our wellbeing course offers, are detailed within StaffLink.

Our Staff Hubs on the main Acute and Community Hospital sites provide spaces for recharge, relaxation and refreshment. New, modern Hubs were opened in 2022 and

into early 2023 at Adamson, Glenrothes, Queen Margaret, Randolph Wemyss Memorial Hospital (RWMH) and St Andrews Community Hospitals. Work is progressing on other sites.







Promotion of a wide range of communications which support staff and signpost them to the resources available, e.g., through the Monthly Team Update, and NHS Fife StaffLink, including new Financial Wellbeing and Menopause guidance.

Menopause Drop-in Sessions for staff started in Autumn 2022 and have proved very popular, are being expanded to Queen Margaret in April 2023. A dedicated Menopause Support section has been created on StaffLink highlighting a range of resources and support, as well as providing further information for colleagues and managers.



In recognition of the Cost-of-Living crisis and the impacting on staff, providing additional financial wellbeing signposting, including the “Boost Your Income” campaign, funded by Fife Health Charity:



-  Text BOOST to 0759 858 1042
-  01592 765 431
-  Boostyourincome@carfonline.org.uk
-  www.cabfife.org.uk

Listening support continues to be available via the NHS Fife Spiritual Care Team's Staff Listening Service and Fife Council's Mental First Aiders network and the Occupational Health Counselling provision.

Mindfulness Sessions as part of NHS Fife's 'Going Beyond Gold' approach.

A range of supports are available for Line Managers, signposted through the Access Therapies Fife website, alongside information sharing sessions to discuss the resources and supports available to support both wellbeing and absence.

A range of interventions to support whole person health – physiotherapy, information sessions, learning and development resources including Mental Health Awareness and Good Conversations.

All of these services were complemented by a range of time limited wrap-around wellbeing activities, including access a trial of Fife Sports & Leisure Trust passes and courses for self-care and compassion, outdoor wellbeing sessions, Wellbeing Champion's courses, Wellbeing Retreats, spaces for listening and access to Values Based Reflective Practice® sessions for individuals and teams, which were part funded by the Fife Charity Going Beyond Gold monies and the Scottish Government funding. We have also benefitted from compassionate connected and effective teams' workshops for managers and fuel poverty awareness sessions.

Values Based Reflective Practice® has been one of the successes of the past year and the snapshot below gives a brief overview of the very positive feedback from staff:



Recent expansion in the NHS Fife Occupational Health Team has allowed development of two new areas of service delivery designed to provide additional support to staff in the context of the legacy of the pandemic and in recognition of the prevalence of Mental Health related reasons for absence:

1) Occupational Therapy Fatigue Management

This service focuses primarily on those who have experienced COVID-19 and consequently had symptoms of fatigue impacting on return or functioning at work and the service continues to evolve.

2) Mental Health Occupational Health Nurse

This service provides short light touch interventions for those experiencing deteriorating mental wellbeing, usually over 3-4 sessions and there is good feedback from those who have accessed this service.

NHS Fife Stress Management Risk Assessment Steering Group

A complementary approach is being taken within NHS Fife, with consideration being given to the format of risk assessments to be undertaken to identify where additional work can be undertaken to alleviate stress in the workplace, taking account of the legal duty on NHS Fife to protect employees from stress at work by doing a risk assessment and acting on it.

Sample stress risk assessment templates have been provided by the Health and Safety Executive (HSE) and an NHS Scotland Talking Toolkit has been agreed locally as an appropriate way of engaging with staff to determine what the key risks are in terms of stress in the workplace and any potential solutions. The template documentation produced should help to communicate and manage the risks in our organisation.

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

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

Contribution to National Groups

In April 2020, the National Wellbeing Champions network was established by the Scottish Government. Three staff were appointed to the roles of Wellbeing Champion for NHS Fife, Fife HSCP and Fife Council respectively and worked together to provide information for the Fife section of the national wellbeing hub website. The network has met regularly since to share learning and inform national offers.

Strategic Priorities for Staff Wellbeing for 2022-23

- Implement the NHS Fife Staff Health & Wellbeing Framework aligned to the three-year workforce plans and the Population Health & Wellbeing Strategy.
- Implement the staff health and wellbeing actions within the Workforce Strategy and Plan.
- Implementing the Scottish Government's strategy Improving Wellbeing and Workforce Cultures Strategy for the Health, Social Care and Social Work Workforce.

- Increasing the organisational appetite for a culture of kindness and to support resilience across the workforce, towards improving recruitment and retention.

Priority actions in line with these include:

- Providing information and guidance relevant to the above.
- Addressing the needs of staff who may struggle to seek help, including the areas of workforce with limited, or no access to technology.
- Implementing agreed approaches to support compassionate and trauma informed leadership.
- Increasing and embedding peer support options.
- Identifying and mitigating areas of work-related stress.
- Continue to promote and facilitate staff to access the range of options, including occupational health support and access to counselling services and physiotherapy.

Training for Managers and Employees organised with colleagues in NHS Fife

Training titled Compassionate Teams was set up in discussion with Dr Sharon Docherty, HSCP, with more than 45 managers attending. Attendance is voluntary and courses ongoing to meet need.

Know Who to Talk To

Our *Know who to talk to* campaign encourages colleagues to speak up, speak out and, if necessary, seek support. Encouraging colleagues to speak up reflects an organisation that is open, an organisation which wants to learn from concerns and issues and, importantly, values the opportunity to address them. It's also important to know that there are many resources to support you. From knowing how to find a confidential contact or a relevant policy, to seeking the support you might need for your physical, emotional, and mental wellbeing, the new dedicated *Know who to talk to* section on StaffLink provides a range of information.



Staff Pantry

A new initiative will shortly be launching aimed at supporting colleagues to access free food and essentials – and we're looking for #TeamNHSFife's support to make this a success.

We know that times are tough, and many hardworking colleagues may be experiencing particular challenges, but together we can support each other. The Staff Pantry initiative aims to provide colleagues with a place to access free food and personal care essentials. Whether you've left your card/cash at home, run out of money or there's been an unexpected change to your working day, you can access what you need at the Staff Pantry.

Staff Pantries will be piloted at the Staff Health and Wellbeing Hubs at Victoria Hospital and Queen Margaret Hospital and colleagues will be able to easily access what they need, no questions asked.

If you are able to, we are asking colleagues to consider making a contribution to help stock the Staff Pantries and keep them running smoothly. Whether it's a tin of soup, some cereal, pasta or toothpaste every little bit helps.

If you would like to make a donation, please leave your donation in the Staff Health and Wellbeing hubs at Victoria Hospital and Queen Margaret Hospital under the Staff Pantry sign at any time and our helpful volunteers will help to manage donations.



Safe Harbour Service 🙋

NHS Credit Union has launched a new confidential service, called the Safe Harbour Service, to all members to help those experiencing economic abuse take back control of their money.

Economic abuse is when a partner, former partner or anyone else controls how you spend your money, or other areas of your life such as housing, food and employment. If you are experiencing economic abuse, you are not alone and support is available to help you reach safety and regain control of your finances. You can find out more about the support available including:

- Domestic abuse support
- Financial support helpline
- Debt solutions
- Grants

You can also make the credit union aware if you are experiencing economic abuse by using their chat service and mentioning Safe Harbour or using this hand emoji 🙋 Further information is available on the NHS Credit Union website here: <https://www.nhscreditunion.com/safe-harbour/>



Spiritual Care

Putting people at the heart of health and care



The Department of Spiritual Care provides confidential and impartial support services to all staff across health and social care in Fife.

The support offered can help staff who may be experiencing stress as a result of either their personal or professional lives, by providing a safe space to talk, reflect on experiences, and voice their fears and hopes, worries and dreams.

We offer:

One to One Support

Staff Listening Service

**Reflective practice including:
1:1 Pastoral Supervision and
Values Based Reflective
Practice (VBRP®)**

**Group / Team Support
sessions (ward, departments,
GP Practices)**

Staff Listening Service

This service offers a safe space to reflect on your experience and consider how the current situation may be affecting you, both personally and professionally.

It offers a tender and brave space where you can voice your fears and concerns, your worries and your hopes.

The service is confidential and staff can self-refer by simply texting your name to:

07813 340137

or emailing:

Fife.SpiritualCare@nhs.scot

We will contact you by phone or email within one working day to offer you support.

You can contact the Duty Chaplain by email on:

Fife.SpiritualCare@nhs.scot

or via main switchboard.



[@FifeSpiritual](https://twitter.com/FifeSpiritual)

WE ARE OPEN

WORKING TOGETHER TO BETTER SUPPORT PEOPLE
TO ACHIEVE WHAT MATTERS TO THEM

THE WELL

HEALTH AND SOCIAL CARE INFORMATION AND SUPPORT

at Victoria Hospital (near Costa cafe)
Hayfield Road, Kirkcaldy, KY2 5AH

from 8th March 2023
every Wednesday and Friday
10am to 12noon

Receive help, advice and information from health & social care and other local organisations
Do you have concerns about your or a family members health & wellbeing?

Talk to us:

- If you are feeling lonely or isolated?
- If you are caring for a family member and need some advice and support?
 - If you are anxious about going out?
 - If you are worried about financial issues?
 - About mental health and wellbeing?
 - How to stay active?
- About bereavement advice and information
- and anything that matters to you



<https://www.fifehealthandsocialcare.org/the-well>

03451 551500
thewell@fife.gov.uk



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

5.

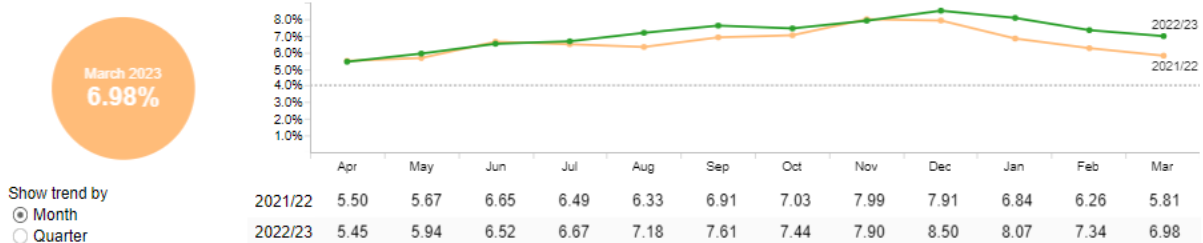
Promoting Attendance

The NHS Scotland Local Delivery Plan (LDP) Standards for sickness absence rates for all NHS Scotland Boards is 4% or less. Attendance is a standing agenda item at the Acute Services Division and Corporate Services Directorates Local Partnership Forum, with regular reporting and discussion of the data and management actions.

The average sickness absence figure for NHS Fife in 2022/2023 was 6.59%. In comparative terms the Acute Services Division average sickness absence figure in 2022/2023 was 7.13%, which is an increase from 6.62% in 2021/2022. The average sickness absence figure for Corporate Services Division in 2022/23 was 6.13% which is an increase from 5.26% in 2021/2022. The March 2023 sickness absence figure was lower than the average in the year for Acute Services Division and higher than the average in the year for Corporate Services.

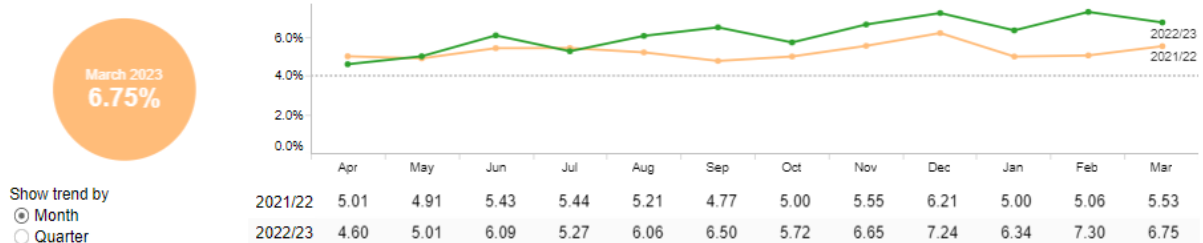
Acute Services Division Overall Sickness Absence

Sickness Absence Rate



Corporate Services

Sickness Absence Rate



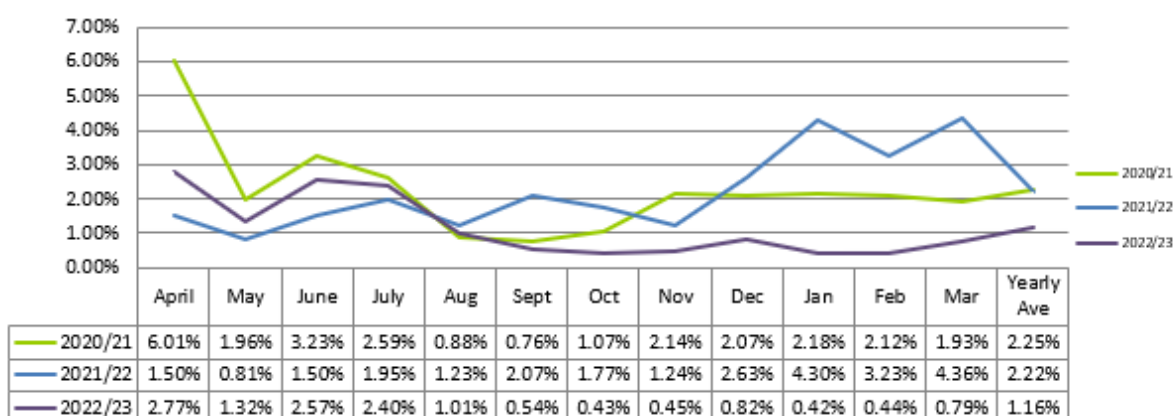
In addition to sickness absence reporting and discussion on sickness absence issues, COVID-19 absence is reported at each LPF with discussion on this topic. From 31 August 2022 COVID-19 related absence has no longer continued to be recorded as special leave, except for the infection control period following a positive COVID-19 test.

The average COVID-19 special leave absence figure for Acute Services Division in 2022/2023 was 1.16% which is a decrease from 2.22% in 2021/2022. The average COVID-19 special leave absence figure for Corporate Services in 2022/2023 was 0.83% which is a decrease from 1.53% in 2021/2022.

Acute Services Division Covid-19 Related Special Leave – April 2020 to March 2023

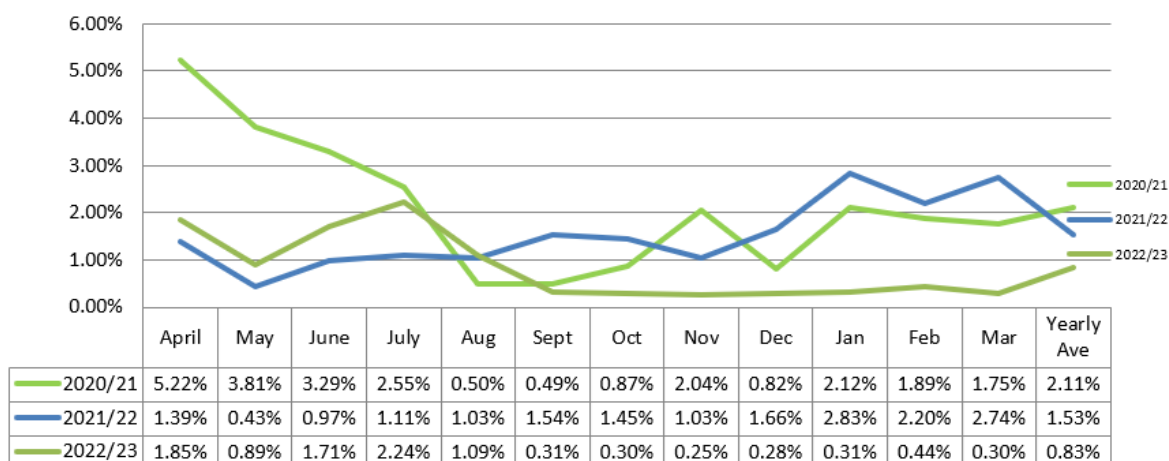
Acute Services Division Covid-19 Absence

2020/2021, 2021/2022 and 2022/2023



Corporate Directorates Covid-19 Absence

2020/2021, 2021/2022 and 2022/2023



Of the larger areas within Acute Services Division, Emergency Care sickness absence was highest during the reporting period at 8.78%, followed by Women, Children & Clinical Services rate which was 6.36%, Planned Care & Surgery was 6.32%.

Acute Services Division Sickness Absence Rate by Financial Street – April 2022 to March 2023

Absence Rate by Financial Structure		<ul style="list-style-type: none"> ○ Absence Rate ● Short Term Absence Rate ● Long Term Absence Rate ● Hours Lost 												
Hover over column titles and click [-] or [+] to contract or expand the financial structure														
Select the measure you would like to view the table by from the list to the right														
Health Board	Division	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Total
NHS Fife	Acute Nursing Directorate	0.00	9.65	6.48	2.34	3.18	0.81	0.00	0.00	7.28	0.00	0.00	1.05	2.65
	Director Of Acute Services	0.25	14.83	11.65	10.80	6.36	4.34	2.41	1.97	4.76	7.13	0.39	9.22	6.12
	Emergency Care & Medicine	6.99	7.77	7.80	8.26	8.70	9.26	9.78	10.09	10.35	9.39	9.39	7.61	8.78
	Planned Care & Surgery	5.47	5.50	6.02	5.95	6.06	6.35	6.62	6.60	7.26	6.89	6.05	6.92	6.32
	Women, Children + Clinical Ser	3.81	4.07	5.53	5.68	6.89	7.46	6.03	7.30	8.06	8.20	6.89	6.34	6.36
Total		5.45	5.94	6.52	6.67	7.18	7.61	7.44	7.90	8.50	8.07	7.34	6.98	7.14

Corporate Services Absence Rates by Financial Structure – April 2022 to March 2023

Of the areas broken down by financial structure within Corporate Services, Health & Safety was highest over the year at 16.24%, followed by Facilities which was 8.69%, then Nurse Directorate at 8.37% with the other Corporate Services Directorates ranging between 2.9% and 5.73%. The average of all Corporate Services was 4.55%.

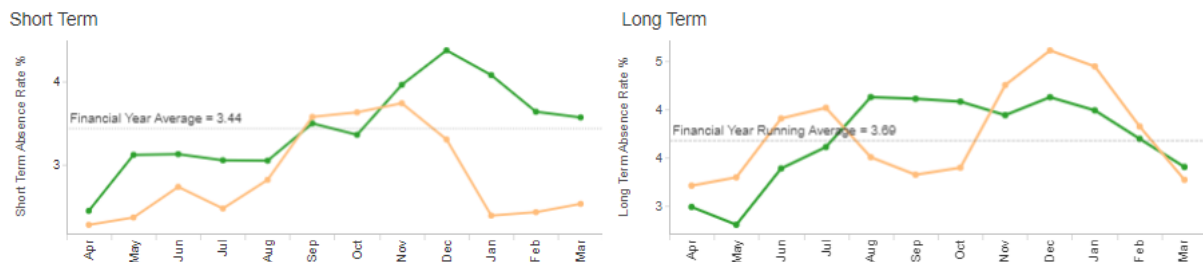
Absence Rate by Financial Structure		<ul style="list-style-type: none"> ○ Absence Rate ● Short Term Absence Rate ● Long Term Absence Rate ● Hours Lost 												
Hover over column titles and click [-] or [+] to contract or expand the financial structure														
Select the measure you would like to view the table by from the list to the right														
Health Board	Division	Apr 22	May 22	Jun 22	Jul 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	Total
NHS Fife	Corporate Services	3.18	3.50	4.21	3.52	4.29	4.86	4.14	5.22	5.34	5.07	6.11	5.48	4.55
	Estates Directorate	3.63	2.33	4.72	6.08	5.93	5.11	5.72	4.00	5.90	4.30	6.66	5.70	5.00
	Facilities Directorate	7.02	7.85	9.18	7.77	8.76	9.27	8.04	9.27	10.32	8.70	9.19	8.97	8.69
	Fe Health And Safety	14.69	20.91	25.45	22.58	20.95	20.48	24.39	20.53	16.56	6.33	11.36	0.00	16.24
Total		4.60	5.01	6.09	5.27	6.06	6.50	5.72	6.65	7.24	6.34	7.30	6.75	6.11

Corporate Services	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Total
Pharmacy Services	1.80	3.60	4.00	2.39	3.92	4.98	4.03	5.14	5.47	6.79	7.98	5.40	4.63
NHS Fife Workforce Directorate	1.52	1.85	2.07	2.56	3.30	8.93	8.94	7.77	5.78	6.96	7.22	5.24	5.18
NHS Fife Public Health	4.86	5.51	5.48	6.16	6.13	6.05	3.84	6.48	6.10	3.37	7.50	7.22	5.73
NHS Fife Nurse Director	7.39	5.07	10.77	8.64	7.71	6.15	6.82	8.15	10.19	11.85	8.76	8.95	8.37
NHS Fife Medical Director	2.46	2.94	5.71	3.52	3.47	2.76	1.97	2.51	2.91	1.12	4.27	5.37	3.25
NHS Fife Finance Director	3.20	2.34	1.88	1.55	1.09	3.54	2.76	3.97	4.02	3.39	3.34	3.70	2.90
Digital + Information	2.85	2.86	3.24	3.23	4.80	4.02	3.66	4.83	4.81	3.61	4.68	4.98	3.96

Acute Services Division Absence Rates Short Term v Long Term – March 2023

During the reporting period both short-term and long-term sickness absence was higher than the previous year within Acute Services Division.

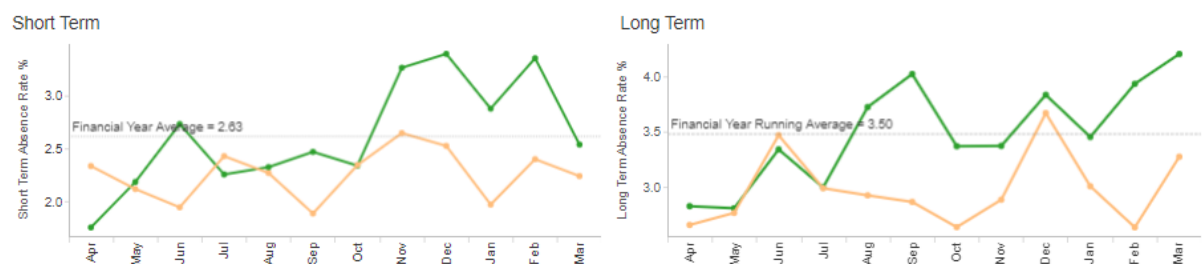
Sickness Absence Rate Short Term vs. Long Term



Corporate Services Absence Rates Short Term v Long Term – March 2023

During the reporting period both short-term and long-term sickness absence was higher than the previous year within Corporate Services Directorates.

Sickness Absence Rate Short Term vs. Long Term



Key Priorities for 2023/24

- Given on-ongoing workforce pressures and service challenges, the target set in relation to NHS Circular PCS(AFC)20199/2 was not achieved. We await further NHSScotland guidance on sickness absence targets, which is expected to reflect the circumstances of the last three years.
- Work towards improvement in long-term sickness absence relating to mental health, using Occupational Health and other support services and interventions.
- To continue early Occupational Health (OH) Intervention for staff absent from work due to a mental health related reason, drawing on the specialist expertise from the OH Mental Health Nurse.
- To refresh review and improvement/promoting attendance panels.
- To finalise and issue the attendance balance scorecard as a support tool for managers when managing attendance issues in their operational areas.
- To continue to roll out the Wellness Action Plan as a support tool for staff experiencing mental health related absences.
- To continue to roll out the recently refreshed attendance management training offered within the Board, alongside promotion of the TURAS Learn module to managers and staff.
- To continue to provide core HR, OH and staff wellbeing support to assist with achieving a reduction in sickness absence in line with the Local Delivery Plan standard.
- To continue to promote the Once for Scotland Attendance Policy and supporting documents to managers.
- To continue to provide attendance data and discuss attendance management issues at LPF meetings.

6. Training and Development

Training & Development

Classroom-based training opportunities are beginning to return to pre-pandemic levels for some learning topics however MSTeams will continue to be used where appropriate as many employees still value this opportunity. The range of both classroom and MSTeams-based learning opportunities continues to increase with learner engagement reflecting a rising level of demand.



Following the move to TURAS Learn for the provision of all eLearning resources, NHS Fife are now implementing the Course Booking functionality for Classroom and MS Teams-based training opportunities. This will enable learners to self-manage their learning by directly booking their own classroom/Teams delivered learning without the requirement to contact training departments to secure their places.

This will support the aim to provide clearer guidance on role-specific training and training refresh requirements to employees. As part of this project, we will also facilitate the manager functionality which will provide managers with access to training reports for their teams in order that Core Skills and role-specific learning compliance can be confirmed.

Once for Scotland eLearning is also hosted on TURAS Learn to support managers and staff in understanding the following policies:

- Attendance
- Bullying and Harassment
- Grievance

The learning can be accessed [here](#).

Aspiring Managers is a newly developed training programme, launched in January 2023, and is targeted to those who are considering making a move into their first supervisory or management role. Places are available to all Health and Social Care staff in Fife who have previously expressed a clear interest in managing others during their PDP Review/Appraisal and have demonstrated an aptitude for taking online management responsibilities in the future.

The 3-day programme combines theory with practical activities and the course objectives include making a successful transition from colleague to manager, exploring different management styles and approaches and the key roles and responsibilities of a manager.

Demand for places has been high and feedback received from previous participants has been very positive. Based on evaluations received, the course has been very helpful not only to aspiring managers, but also to new managers who wish to reflect on their own experience and to work on improving future management practice.

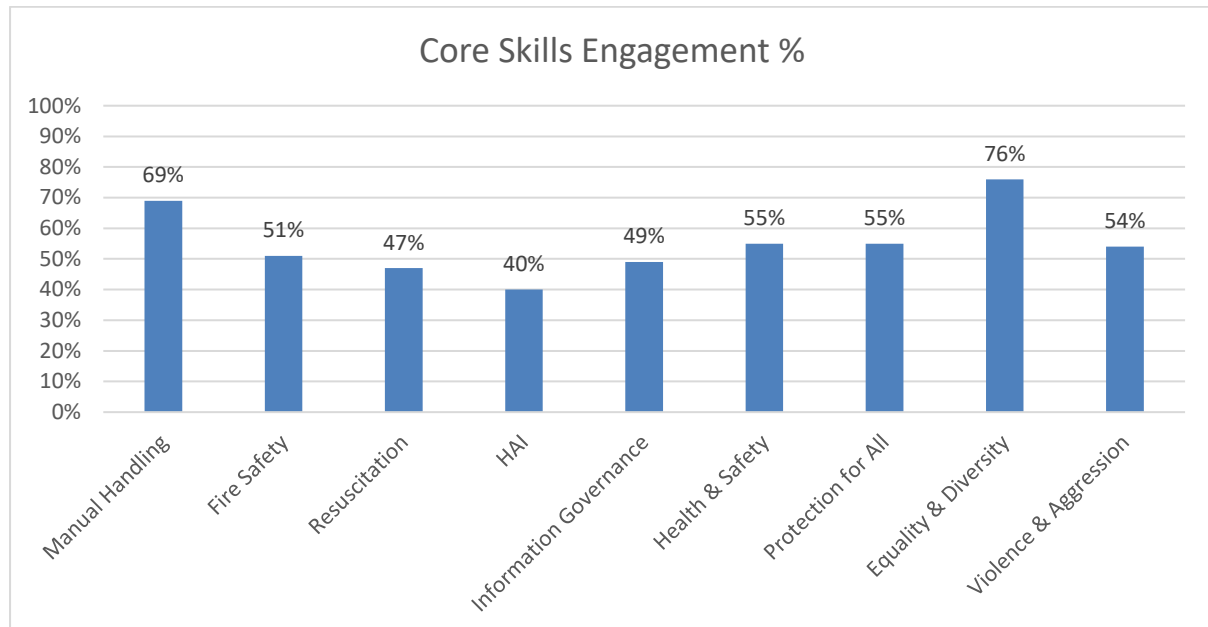
The course has been scheduled to run throughout 2023 with 6 members of staff from Acute Services Division engaging in this programme between January and April 2023.

Core Skills Compliance

Core Skills training continues to be monitored at local levels in accordance with organisational policy and statutory requirements. In the first 3 months of employment, all 9 core topics (shown below) must be completed, and then updated at appropriate intervals. We acknowledge that it is unrealistic to expect full participation of all employees as some members of staff will not be able to meet the core requirements due to long-term absences. It is important to note that following a recent decline in engagement due to other service demands, efforts continue to improve compliance levels across all core topics.

Core Skills Training Guidance is updated regularly to ensure accuracy and efforts are being made to provide all managers with compliance data regarding their teams, as well as some supporting guidance materials, to enable them to identify outstanding Core Training for each member of their staff.

Below is a table illustrating the Core Skills Engagement within the Acute Directorate at 30 April 2023:



Induction

The Corporate Induction eLearning designed to provide a welcome and orientation package for new members of staff provides a consistent and structured approach to their initial learning and development needs. This learning ensures that our staff are appropriately trained to deliver a quality service to patients in line with organisational requirements from the moment they commence in post. The package has been warmly

welcomed and 260 new employees from the Acute Division have now completed this induction.

The Career Conversation Lite (CCL) provides staff an opportunity to explore their career to date and define the most appropriate development for them going forward. Working in partnership with a facilitator, staff have a focused conversation based on outputs generated by a Self-Assessment Questionnaire (SAQ) and a User Preparation Document.

The SAQ assesses on ability, insight, values and ambition and the User Preparation Document focuses on career history, current role and future career aspirations. Facilitators are staff members that are skilled in one-to-one developmental sessions. They may be a qualified coach, psychometric or 360 facilitators. All CCL facilitators have been trained in using the CCL tool and are competent to take part in these types of conversations.

CCL information is not shared; however, participants are encouraged to discuss their report with their manager to gain support for a development plan that supports them progressing using the feedback generated.

If staff would like to complete a CCL, they should contact Workforce Development for more information.

National Whistleblowing Standards



New National Whistleblowing Standards for the NHS in Scotland came into force from 1 April 2021. This changed how whistleblowing concerns are dealt within the NHS. The Standards are underpinned by legislation and cover all NHS providers.

The key aim is to ensure everyone can speak out and to raise concerns when they see harm or wrongdoing putting patient safety at risk or become aware of any other forms of wrongdoing.

The whistleblowing suite of eLearning has been updated on TURAS Learn and now includes a shorter programme for line managers. This new programme is aimed at middle managers without responsibilities for investigating stage 2 concerns, or involvement in reporting to the board. Confidential contacts and anyone else who receives concerns in their day-to-day role should also find the material relevant. Access to the training can be found [here](#).

Health & Safety Manager

There have been a several significant changes within the Health & Safety Department this year, one being a change in the management of the department.

Having previously held the post of Health & Safety Advisor with NHS Fife, Billy Nixon re-joined the department in August 2022 as the Health & Safety Manager.

Manual Handling

The second significant and one of the biggest challenges faced, was the depletion in the Manual Handling team due to the retirement of both Manual Handling Co-ordinators in the last quarter of 2022. This had a major impact on the amount of training that could be provided, however, the team continued to carry out Induction Training and Manual Handling Competency updates. A record manual was created to record those who still required training, which was accessed and proved helpful, once our new recruits were in post.

During this challenging time, the efforts from the new Manual Handling team helped us achieve 64% compliance in mandatory training which was an increase on the previous year of 50% compliance.

Violence & Aggression

The third significant challenge we faced was the retirement of the Violence & Aggression (V&A) Advisor in June 2022. This left an unfilled gap in the department until December 2022 when we recruited the replacement V&A Advisor who has been carrying out training for both Mental Health and Acute Services Division across Fife.

The V&A Advisor has identified areas of training that can be improved, and he is working alongside the Health & Safety Administrator to identify how best to develop and advertise the training.

Improvements will include annual updates for those who require it and potentially different levels of training such as de-escalation for those who now find they are becoming more exposed to unwanted behaviours.

Violence & Aggression continues to be the highest reported incident on DATIX for NHS Fife.

RIDDOR (Reporting of Injuries, Diseased and Dangerous Occurrences, Regulations)

There were 21 RIDDOR reportable incidents over the past 12 months, 3 more than recorded the previous year.

The Health & Safety Team came to the decision that it would be better if they took responsibility for the reporting of reportable incidents and discussed this at Health &

Safety Sub-Committee meetings for feedback or concerns from the group, however, this was generally met with positivity.

Key Priorities 2023/2024

Manual Handling continues to be a main focus in the department. We will be looking to improve on the compliance figure of 64% and ensure those members of staff identified who require updates are offered training.

We are also looking to continue with an Audit Programme to identify gaps in Health & Safety compliance and offer assistance, where necessary.

Our aim and objective for 2023/2024 is to continue our relationship with the ASD & CD LPF to enhance and promote safety, transparency and collaborative working to ensure the safety of our staff within NHS Fife.

8. Equality and Diversity

NHS Fife Equality and Inclusion

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services. We know that many people experience discrimination through social exclusion and harassment because of their Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion and Belief, Sex and Sexual Orientation. At NHS Fife we recognise our responsibility to challenge and change this to achieve the highest standards in equality. We are committed to being a proactive agent for change and that is why we see equality and diversity at the heart of everything we do.

By investing in equality and diversity NHS Fife aims to improve services and patient care.

- Ensure that our staff and service users are in a safe, inclusive, and accessible environment.
- Ensure that our services are accessible to all communities across Fife.
- Promote health and well-being for all people.
- Attract, train, promote and support a workforce that is diverse and representative of general society.

At NHS Fife we continually measure and monitor our Equality and Human Rights performance, ensuring we meet the obligations set out in the Equality Act 2010 and the Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012. Our workforce consists of over 8,500 employees over a large geographical area and wide range of skills. We want our organisation to be open and welcoming to all and we take steps to ensure that we do not underrepresent any particular group in society in our employment and recruitment process. Fundamental to our success is identifying developments which promote Equality & Diversity within the workplace, improve

representation of minority groups and enable a culture where equality is valued and actively promoted.

Wear it with Pride Campaign

NHS Fife encourages staff to make a pledge and demonstrate a commitment to and awareness of the issues that LGBTQ+ people can face when accessing healthcare. That is why we are supporting NHSScotland's Pride Pledge and badge. After signing the pledge staff will be eligible to wear the new NHSScotland Pride Badge, to signify that those NHS Staff who wear the badge are aware of the issues that LGBTQ+ people can face and help to make a positive difference by promoting a message of inclusion.



The following links will take you to a video which provides an overview of the NHSScotland Pride Badge:

- [Vimeo](#)
- [YouTube](#)

Staff who want to sign up to the wearing the badge, will be provided with access to resources and information that outlines the challenges that LGBTQ+ people can face and how to offer support and understanding.

When an individual signs up to wear a badge, they acknowledge why the project is needed, and what their responsibility involves including:

- They are aware of and considered the impact of the issues faced by LGBTQ+ people accessing care.
- being a safe person to talk / disclose to.
- someone who is prepared to listen.
- someone who uses inclusive language; and
- someone who respects identity.

International Recruitment

NHS Fife continues to welcome International Recruits and has now exceeded the initial agreement of 40 nurses and 3 radiographers and is on course to attain the Scottish Government target of 73 nurses and radiographers (included the initial agreement).

NHS Fife has a section on International Recruitment on our website: [International Recruitment | NHS Fife](#). NHS Fife Chief Executive Carol Potter extends a warm welcome to our International Recruits on behalf of EDG: [Welcome to Fife | NHS Fife](#)

A one-year anniversary celebration is arranged to take place in early 2023 to celebrate the success of the NHS Fife International Recruitment programme.



Staff Training

6724 staff are compliant with equality diversion and inclusion training with 1,855 staff updated compliance with Equality Diversity and Human Rights via TURAS Learn. The 'BAME' network and this has been rebranded to The Diverse Ethnicity Network - The DEN with a Coffee Connect session arranged in early 2023.

Workforce Policies

We have reviewed Workforce Policies that support Equality and Diversity in the Workplace. These include Menopause in the Workplace Policy, Retirement Policy and Flexible Working Policy. The 'Once for Scotland' Workforce Policies Programme was paused until April 2022, and this had an impact on us reviewing other policies. This work will recommence in 2022-2023. LPF members continue to contribute to this work.

9.

Capital Report

Capital

In financial year 2022/23, capital expenditure amounted to £28.3m. This was enhanced significantly from our core capital allocation to account for completion of the National Treatment Centre (NTC) and additional capital funding allocated by Scottish Government in year.

NHS Fife's £33m NTC opened on 20 March 2023 providing state of the art facilities for Orthopaedic Care and offering an excellent environment for our patients and staff.



Separately, designs were fully developed for our proposed new Health Centres in Lochgelly and Kincardine.

Of the balance:

- £6.7m was spent on backlog maintenance.
- £0.5m on clinical priorities in year.
- £4,2m on digital projects.
- £3.9m on equipment.

A lot of effort was also allocated to continuing with our Staff Hub Programme with new facilities opening in Adamson Hospital, Glenrothes Hospital, Queen Margaret Hospital (QMH), Randolph Wemyss Memorial Hospital (RWMH), St Andrews Community Hospital and Victoria Hospital (VHK).

For financial year 2023/24, capital expenditure is more constrained with an initial budget of £7.7m - this figure may be enhanced as the year progresses.

One of the highlights of the year will be the completion of the Queen Margaret Hospital Theatre Project where reconfiguration works will help to increase throughput whilst enhancing the patient experience - these works are due for completion in July 2023.

Within Acute Services Division a further £0.7m has been allocated to help enhance our existing estate with a priority area being identified within Phase 1 at VHK.

Of the balance:

- An additional £0.75m has been budgeted to assist with clinical priority projects arising through the year.
- From the balance, £0.7m has been allocated to equipment.
- £1.4m has been allocated to digital where the Hospital Electronic Prescribing and Medicine Administration (HEPMA) and Laboratory Information Management System (LIMS) projects continue to be progressed.
- £1m has been reserved to help improve the existing mental health estate focussing on risk reduction and patient & staff environmental enhancements.
- £1.5m has been budgeted to assist with managing our backlog maintenance across our estate portfolio.

Over and beyond the above, our colleagues within Estates, Facilities and Capital Planning continue to assist with the delivery of:

- Charity initiatives.
- Zero carbon projects.
- Primary Care refurbishments.

All of which are funded out with our conventional capital allocation.

10. Service Achievements and Developments

Service Achievements and Developments

Robotics

In relation to robotics, we have now completed 322 cases (up to the end of April 2023). There continues to be good engagement with clinical colleagues, Intuitive, theatre staff who meet fortnightly to review the theatre schedule to ensure limited 'down days'. This appears to be working really well.

We have increased our number of Surgical First Assistant's from one to two, with a third in training and plans for a further two to commence training in the next 6 months. This has given Theatre Practitioners an opportunity to apply for promoted posts out with management.

Fife continues to be used by Intuitive as an example of successful ways of working with our multi-speciality approach, there are ongoing discussions of making Fife a Flagship centre by the company.



National Treatment Centre

During the period April 2022 to March 2023, NHS Fife was reaching the final stages of the national Treatment centre project – Fife orthopaedics. This journey started in 2017, when an options appraisal was developed to look at replacing the Phase II orthopaedic theatres. The project progressed through this phase, with a decision to commit to the construction of a dedicated orthopaedic facility, with capacity to manage orthopaedic outpatient, theatre and ward activity. Funding was secured through the

Scottish Government Capital Investment Group in 2019. We then moved into the design, planning and construction phase. Over the last 12 months we concluded the construction and entered the handover phase to NHS Fife. On the 20 March 2023, the first orthopaedic patient was treated within the NTC. The project was completed on time and on budget. This is a very significant success story for NHS Fife.

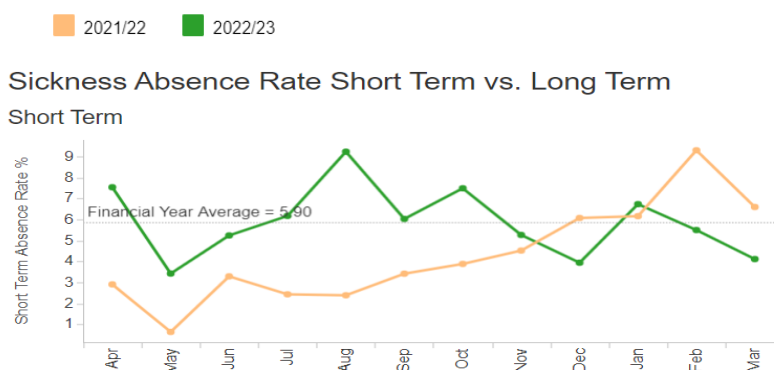
Since opening the NTC – Fife orthopaedics, 307 patients have been treated within NTC theatre/ward. NTC Fife has received positive feedback from patients through care opinion and currently collating patient feedback around specific aspects of the NTC.

As we embed our staff and pathways within the NTC we are looking to develop efficiencies within our core orthopaedic service delivery. We aim to establish a 4-year strategy, engaging with the wider MDT to develop and support our vision. We will be receiving patients from other boards who have significant waiting times and working toward the first patient being operated over the next 4 months.



Gynaecology

One of the key priorities for Women’s Services was the reconfiguration of the Victoria Hospital footprint to accommodate a dedicated gynaecology ward. Building work commenced in January 2023 and was completed in April 2023 with the creation of a 9 bedded inpatient area and emergency/triage facility. During the work, the inpatient and assessment areas were co-located on Ward 54, but between March 2020 and January 2023 they were in 2 separate areas. The impact of this on staff health and wellbeing was significant as can be seen from the absence data below. Figures climbed steadily throughout 2021-2022 and remained high through much of 2022-2023. However, as we move into 2023/2024 and the dedicated Gynaecology Ward is now open, absence rates and morale have already started to show signs of improving. Attrition rates were also high with the gynaecology ward situation frequently cited in reasons for leaving. The staff are enthusiastic about the new area and morale has soared.



Women's Health Plan (WHP)

The Women's Health Plan (WHP) was published in late 2021 with key priorities to be achieved by end 2024. The plan encompasses women's health and wellbeing from puberty through to the menopause and beyond with responsibility across all strands of health and social care. Whilst the Acute Services Division has taken overarching responsibility, Primary Care, H&SCP, Sexual and Reproductive Health (SRH) and Public Health have been co-opted to the various subgroups. With 51% of the population being women and 74% of these working in the NHS (WHP data), all improvements and developments achieved will support both the patient population and the workforce.

Key achievements:

- The menopause group have focused on training for GPs, GPSTs, Pharmacists and Nurses, along with increasing clinic capacity and resources for staff.
- The Termination of Pregnancy (TOP) Group are in the process of establishing an online, self-referral tool, have increased their Telemed appointments and are working in collaboration with SRH regarding post TOP contraception.
- Post-natal contraception is now provided for 6 months not 3 months at the point of discharge from Midwifery services
- Key achievements for the Early Pregnancy Care (EPC) team were having funding approved for the provision of soundproof doors to be fitted in consultant led unit (CLU) to create a separate bereavement suite and the provision of Nurse led referrals after 2 losses instead of waiting until the 3rd loss
- The breastfeeding and mental wellbeing team ensure that all breast-feeding women receive a phone call within 48 hours of discharge with additional support available from the Infant Feeding Advisor.



- The post-partum mental wellbeing team (PPMW) have support from maternal and neonatal Psychology and birth trauma training is in development following funding being secured.
- The Women's General Health Group is a recently formed group led by Public Health.

Acute Services Division Key Priorities for 2023/24

- Review of Outpatient Gynaecology footprint at Queen Margaret Hospital. Improvements are required to support the client group and provide a suitable ergonomic working environment for staff.
- Support to the harder to reach women for menopause guidance, such as those in the blood born virus service.

- Completion of the online TOP self-referral.
- Development of and training to deliver of the long-acting reversible contraception (LARC) in the postnatal period.
- Roll out of the birth trauma training.
- Near me for Endometriosis.
- Review of nurse staffing to support Endometriosis.

11.

Summary

Wednesday 5th July 2023 marks the 75th Anniversary of the NHS in Scotland. Over its 75 years, the NHS has continually adapted and responded in order to meet the health and care needs of the people of Scotland.



It has been another challenging year for our workforce, for services and for NHS Fife. Our workforce has worked tirelessly to ensure that our patients are cared for and supported.

We would like to take this opportunity to again say thank you to all of our staff and to underline our commitment to working in partnership to ensure that staff are safe, well and supported at work.





Occupational Health and Wellbeing Service

Annual Report

2022 / 2023

Edition 01: 31 August 2023

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Introduction

The report describes the comprehensive Occupational Health and Wellbeing (OH) Service provided to NHS Fife and its employees.

Post Covid-19 pandemic, our Occupational Health Services have now reset to meet the demands and requirements of NHS Fife to provide robust mechanisms to support staff and organisational resilience as outlined in the Workforce Plan 2022-2025, Staff Health and Wellbeing Framework 2022-2025 and the Population Health and Wellbeing Strategy 2023-2028.

The Occupational Health and Wellbeing Service also delivers a range of services under Service Level or 'Consortium' Agreements, to employees in Fife General Practice (GPOH Service); Dental Practices; Fife based Independent Pharmacies; Scottish Ambulance Service employees, as well as external contractual agreements with St Andrews University and Fife College for medical and health care students.

Covid-19 activity continues; however this has reduced and is now incorporated into core Occupational Health functions. The service continues to provide advice and support to meet the needs and demands of the Board, focussing on quality of core services and service improvement.

This has been particularly key in the current circumstances of supporting the organisation through extreme staffing pressures. The service continues to develop integration of services with the organisation through attendance at key senior operational and strategic meetings, participating in mass nurse recruitment activities and exploring all options for staff returning to work at the earliest opportunity or being supported to remain at work.

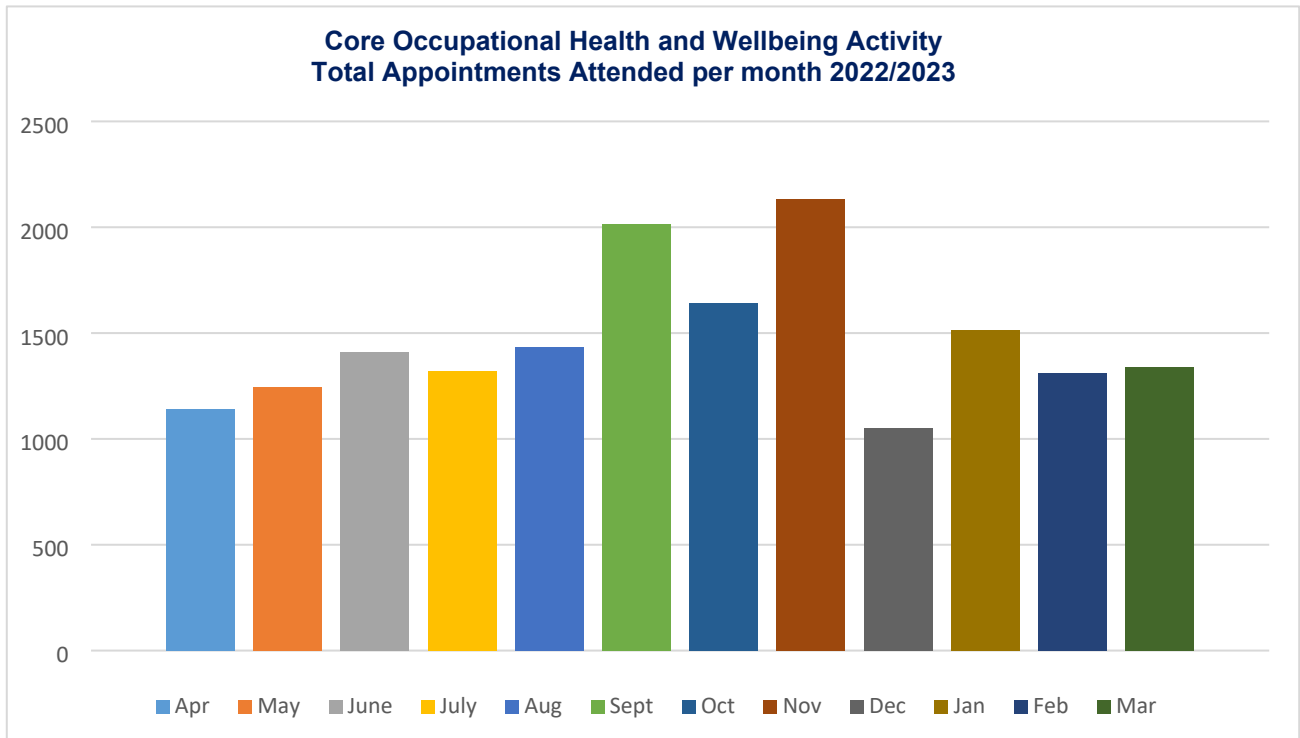
Appendix 1 provides further details of the full range of Services provided by the OH Service. The data presented within **Appendices 2 and 3** relate only to the Service delivered to NHS Fife employees, excluding the work / activity undertaken for the other organisations outlined above.

Appendix 4 details the activity data of all other organisations the Service delivers OH support to under agreed external contractual arrangements.

Occupational Health and Wellbeing Activity

The Service offers an average of 1,462 appointments per month with Management Referral, Pre-Placement and Communicable Disease Screening featuring as the main core activities. The levels of appointment attended activity for 2022/2023 has increased from that of the previous year (8,474 compared to 7,266 in 2021/2022, as detailed in Appendix 1) demonstrating an increase of 17% in overall activity with some monthly fluctuations, as detailed in the Graph 1 below:

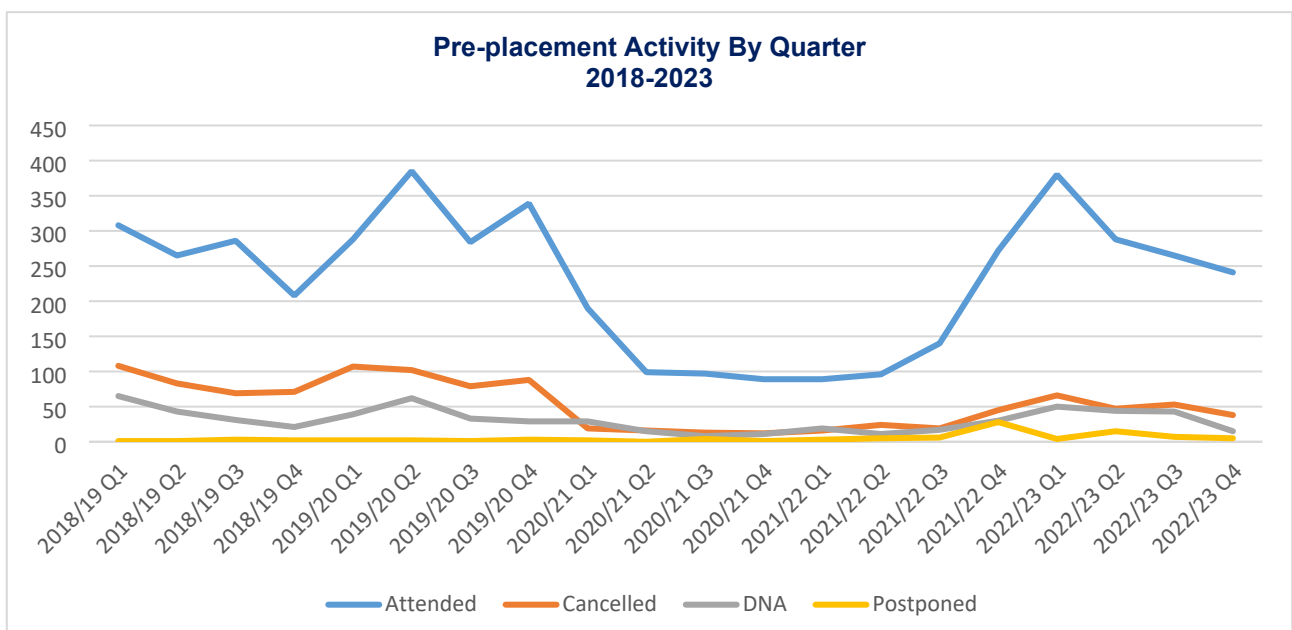
Graph 1: Core Occupational Health & Wellbeing Activity



Pre-placement Activity

The data highlights a spike in activity at the start of the pandemic which then plateaued during 2020/2021. However, this has risen sharply in Quarter 1 2022/2023 and is potentially a reflection on the organisational drive for recruitment. The volume of appointments attended during 2022/2023 via face to face, near me and telephone consultations has risen significantly by 97% (1,174 compared to 597 in 2021/2022) as detailed in Graph 2 below:

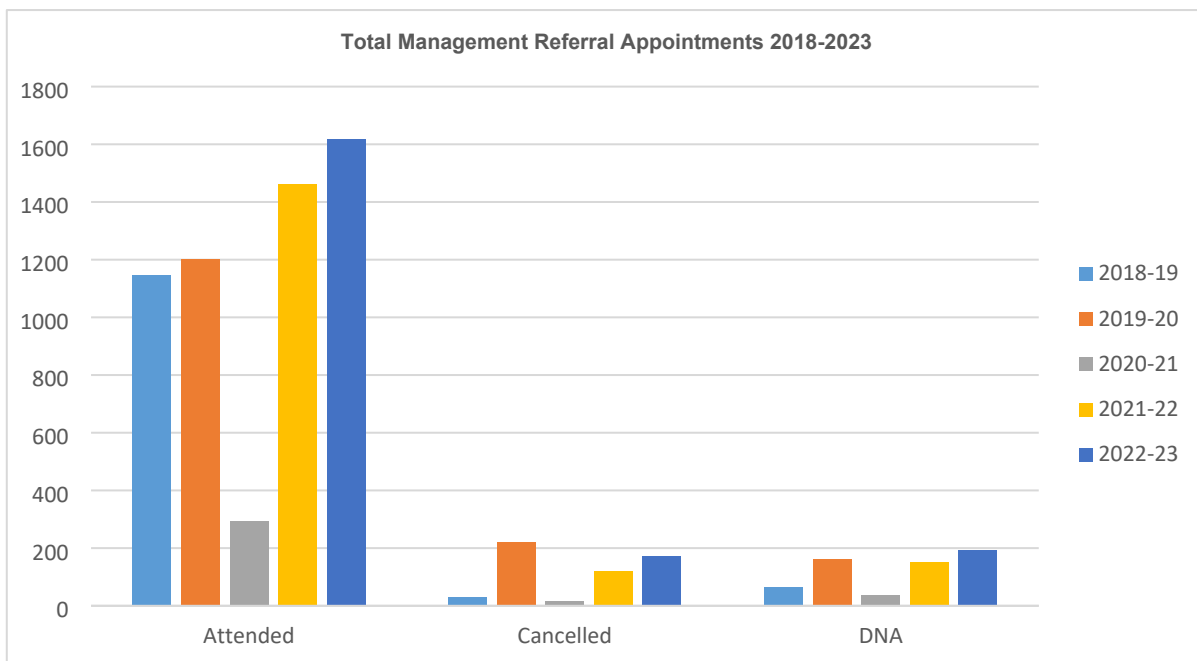
Graph 2: Pre-placement Activity 2018-2023 by Quarter



Management Referral / Staff Support

Management referral activity accounts for 15% of Occupational Health & Wellbeing activity. Referrals by month with annual year on year comparison shows that since last year there has been a 14% increase in management referrals with an overall 60% rise when compared to pre-pandemic figures in 2018-2019, which is perhaps reflective of the increased demands on the OH Service and increasing complexity of cases, as detailed within Graph 3 below:

Graph 3: Total Management Referral Appointments 2018-2023



Top Reasons for Referral

NHS Fife absence data highlights that long-term absence due to mental ill health accounted for 817 absence episodes (from a total of 1,603 absence episodes during 2022/2023) and combined reasons of musculoskeletal (MSK) complaints accounted for 493 absence episodes of long-term absence (from a total of 1,495 absence episodes). Analysis of management referrals for occupational health for the same period shows that 48% of management referrals are for mental ill-health and 28% are for MSK complaints.

It should be noted that mental health reasons have been combined to include mental psychosis, neurosis and dependency and musculoskeletal reasons to include back, neck, lower limb and upper limb complaints.

The anticipated demand for mental health supports post pandemic continues and the team has identified referral cases as more complex, requiring increased multidisciplinary approaches, utilising the skills and expertise of nursing, medical and allied health professionals to fully support staff and optimise outcomes. The demand for external independent counselling has exceeded capacity and is being addressed through expansion of the pool of available independent counsellors to increase availability.

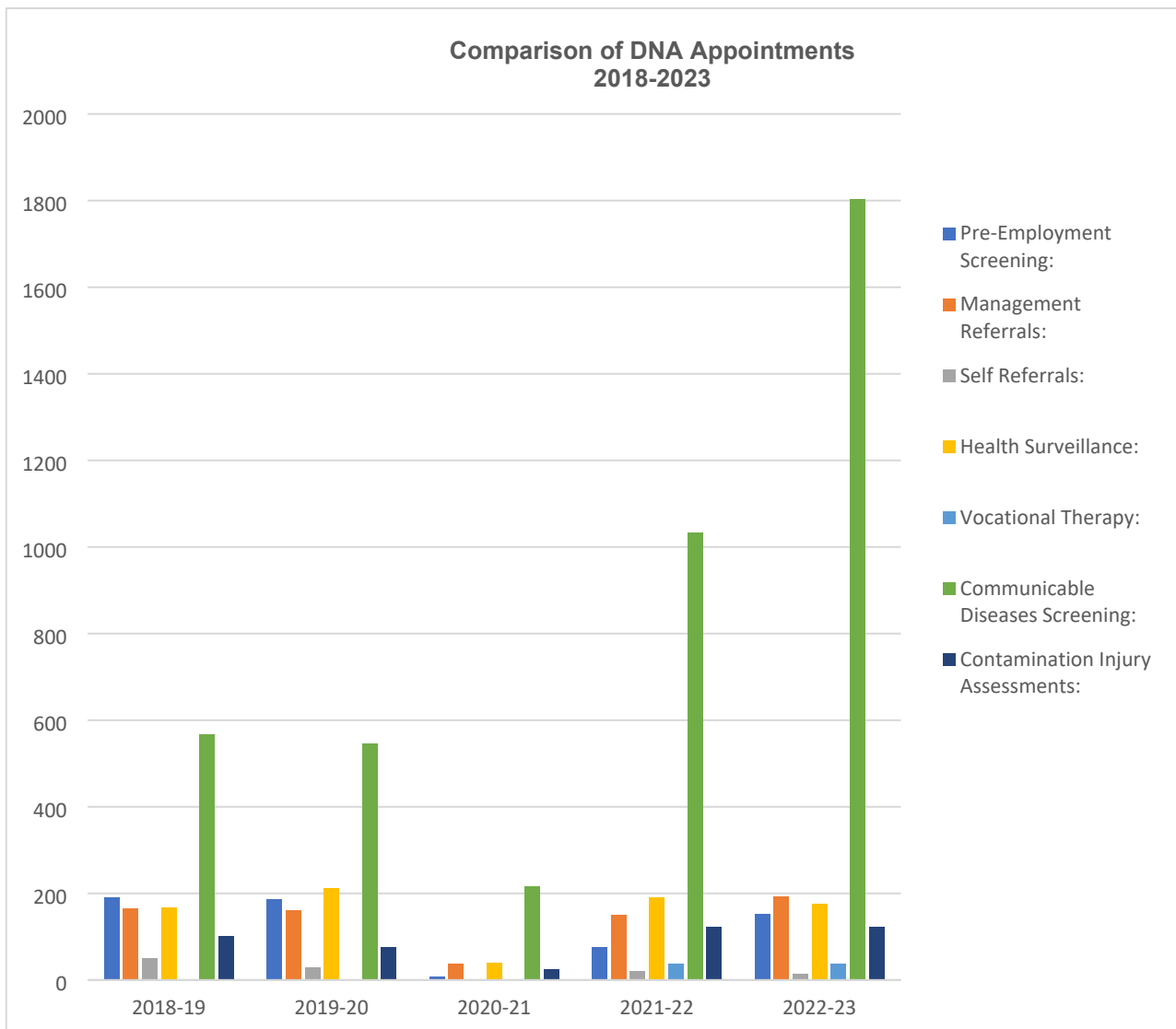
Cancellations / Did Not Attend (DNAs)

The year has been challenging with a significant rise in 'Did Not Attend' (DNAs) appointments compared to previous years. On analysis of total appointments attended by appointment type, management referral, vocational rehabilitation and pre-placement screening remain the best attended, with greater than 74% attendance.

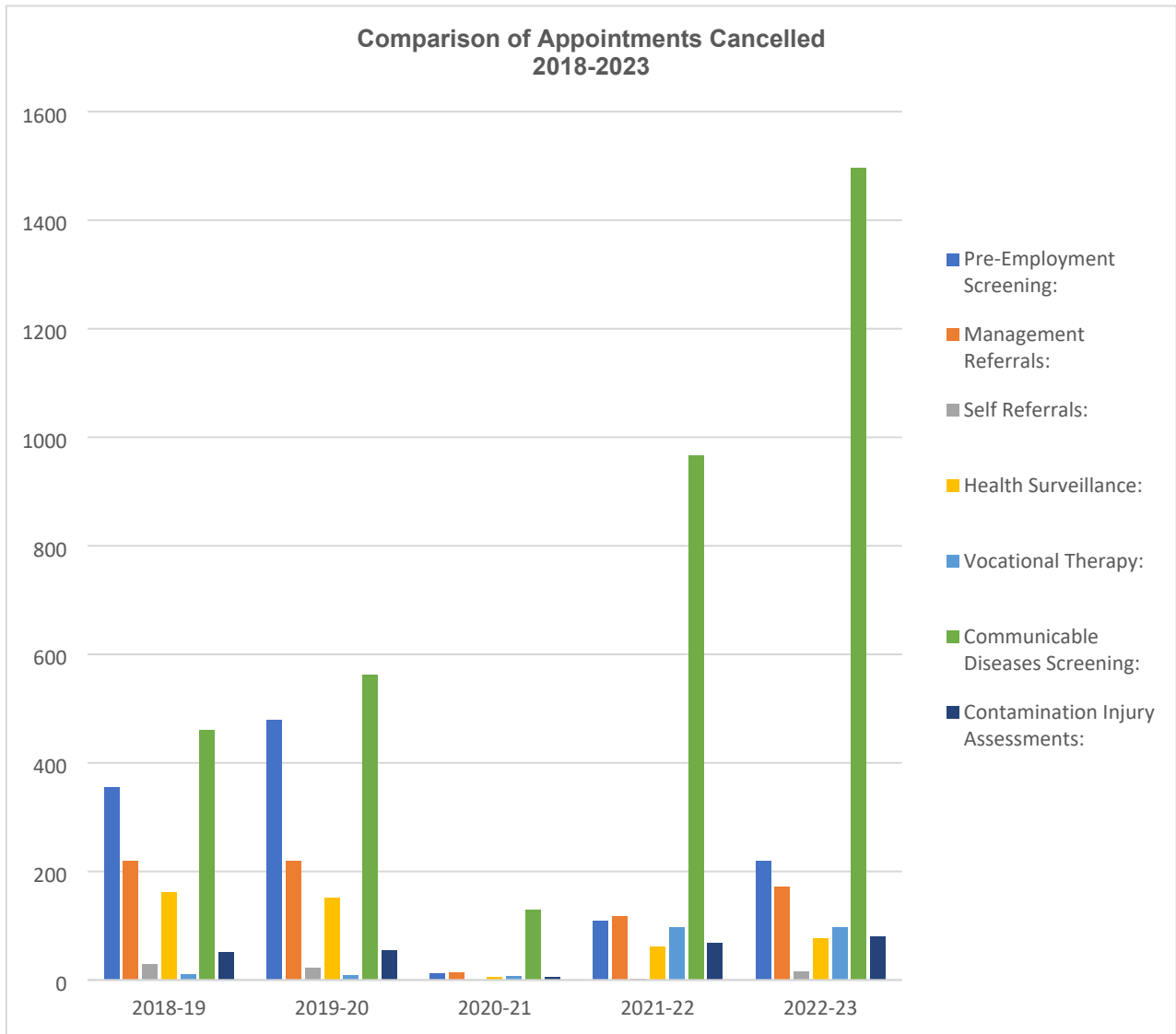
In comparison, Communicable Disease screening remains the highest appointment reason for DNA and cancellation rates; a trend that has remained consistent over the previous 5 years. However, during 2022/2023, there has been a 75% increase in DNA rates since last year and 220% since pre-pandemic, as detailed in Graph 4: Comparison of DNA Appointments 2018-2023 and Graph 5: Comparison of Cancelled Appointments 2018-2023 below.

The full reasons for this significant rise are not fully transparent and work is on-going to understand the root cause. Potential contributing factors are thought to be associated with staff pressures and difficulties in staff being released to attend appointments, increase in recall activity and accuracy of staff status as well as a change to communication of appointment via text messaging.

Graph 4: Comparison of DNA Appointments 2018-2023



Graph 5: Comparison of Appointments Cancelled 2018-2023



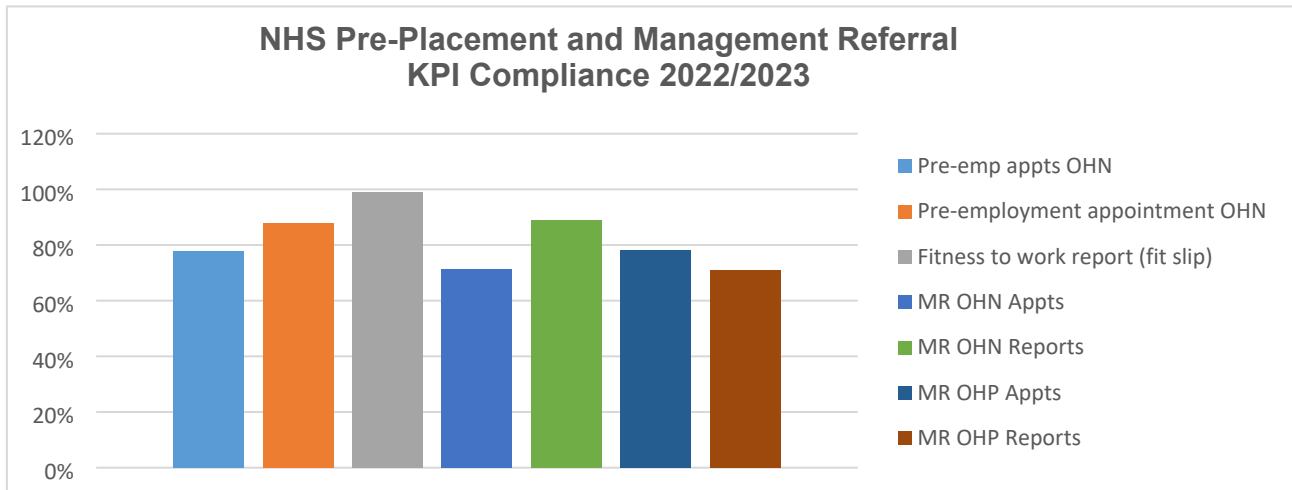
This is particularly significant in terms of lost clinic / clinician time of approximately 35 hours per week, as well as the additional administration resource required for rework. In financial terms, this equates to a loss of a Band 5 member of staff.

To address this, there has been a review of internal processes with the introduction of a new mode of SMS text service to allow reminders to be sent 24 to 48 hours in advance of appointments and the team continue to offer flexibility of times and locations of clinics, as well as increasing communications of the importance of vaccination as a tool against communicable disease, offering protection to the individual and importantly patients.

Performance Monitoring

The Service’s performance against Key Performance Indicators (KPIs) is measured on a rolling quarterly basis and the current agreed historical KPI compliance rate is 95%. Performance is measured in terms of compliance with achieving 95% of management referral appointments offered within the agreed timeframes (10 days) and 95% of reports dispatched following appointments (within 5 days). Annual compliance is detailed within Graph 6 below and comparative data with previous year’s activity has been included within the Appendix 2, for ease of reference.

Graph 6: NHS Pre-Placement and Management Referral KPI Compliance 2022/2023



KPI compliance has been affected during 2022/2023 by recruitment challenges, staff absence and resourcing issues, as well as the significant impact of increased cancellations and DNAs resulting in rescheduling and increased administration tasks.

The average total KPI for Management Referrals (referrals appointed within 10 days of receipt) has increased this year to 71% (from 57% in 2021/2022). Staff shortages and increased DNA rates have impacted on this area of activity with 'appointment within 3 days' most affected. Despite this, an average waiting time of 7 days has been maintained. Further details of the 2022/2023 KPI and activity information is attached at **Appendix 2**.

Service Developments / Innovation

Digital / Technological Improvements

Occupational Health and Wellbeing currently utilise an Occupational Health software database system, COHORT for all its functions and as the drive for increased recruitment continues across the service, OH have sought to make improvements for customers and service users involved in the pre-placement screening process via a new on-line employment module. This has now been successfully implemented and adopted by Recruitment Teams within the Board and facilitates greater transparency and streamlining of the process with a 'real-time' view of a candidate's progress. The Recruitment Teams can visually track progress, from issuing the pre-placement health questionnaire through to completion where opinion on fitness for role and any recommendations can be clearly seen. Full evaluation of this is yet to be undertaken, but to date is demonstrating positive benefits and a reduction in waiting times.

Mental Health Support to Staff Service

The Mental Health Support to Staff Service (MHSS) is now well established. Although the Mental Health Nurse has limited capacity, this service adds additional dimensions to offer mental health supports and complements other wellbeing and organisational development strategies offered across the organisation. As well as offering light touch goal setting sessions, there is increased partnership working with other key stakeholders to advise and develop tools to assist managers and individuals, i.e. Neurodiversity ability passport. However, a risk remains that service delivery is from a single mental health professional and resilience is needed to ensure delivery of service continuity.

Occupational Therapy Fatigue Management Service

Our Occupational Therapy Fatigue Management Service (OTFM) completes the complement of resource for the Vocational Rehabilitation Team within Occupational Health. This service was introduced mid Covid-19 pandemic to support staff experiencing Covid-19 related fatigue and has added tremendous value to individuals and the organisation by helping in the management of fatigue and associated mental ill health by advising on action wellness plans through to supportive return to work plans.

As numbers of Covid-19 related fatigue cases diminish, the team continue to seek new ways to utilise their skills and expertise to assist individuals and managers across the business, recognising that mental ill health (with associated fatigue) continues to be the highest reason for absences within NHS Fife.

There is a well-established process for referral to our Specialist Occupational Therapist, which currently focusses on musculoskeletal factors impacting on the individuals function at work. These evaluations are designed to:

- assess the individual's ability to perform a specific job;
- identify any workplace modifications to safely allow the individual to perform job role without aggravation of their condition; and
- establish skills for alternative work.

Work is in progress to follow the same model and adapt the framework to give advice, support and fitness opinions in relation to psychological health as well as physical health, further targeting support to individuals and managers where needed.

Clinical Governance Activity

Occupational Health Clinical Governance activities have been slow to be re-established, however, securing support for the Clinical Governance team via an additional 0.4 WTE non clinical resource has assisted with the progression of setting up a more robust Clinical Governance framework aligned to the Faculty of Occupational Medicine's quality standards: Safe and Effective, Quality Occupational Health Services (SEQOHS) Standards (2015). As noted in previous reports, the Occupational Health & Wellbeing Service is seeking to align all its work with these standards in preparation for future accreditation.

Occupational Health Workforce – Resourcing, Planning and Development

It is recognised that there have been national and local challenges to recruit to specialist roles in Occupational Health. Locally to the roles of Occupational Health Physician, Head of Occupational Health Service and Occupational Health Nurse (trained specialist nurse) have been difficult during 2022/2023. It has been necessary to utilise interim, locum and agency cover during 2022/2023. In January 2023, we successfully recruited to the Occupational Health Physician (Speciality Doctor) post, adding to the staffing complement. The orientation and induction period has impacted on skill mix and service delivery. The Head of Service role has now been filled, however, there remains a vacancy and succession planning gap in senior roles and within administrative posts, as well as challenges with the single point of service delivery for the Mental Health Nurse role.

Appendix 1: Occupational Health and Wellbeing Service Functions

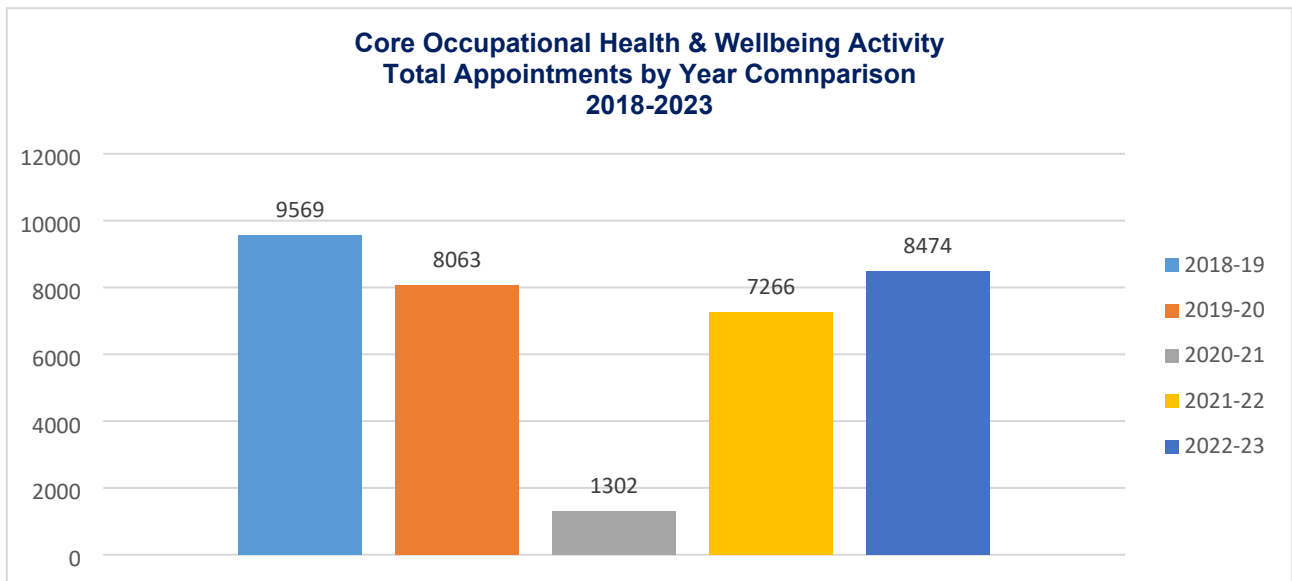
The functions provided by Occupational Health and Wellbeing Service include a comprehensive service for all NHS Fife employees. The OH team also delivers the same comprehensive Service to Fife General Practitioners and their staff, General Dental Practitioners and their staff, and local Fife-based independent Pharmacies under other contractual agreements.

A defined Service is provided to Scottish Ambulance Service employees referred under an NHS Scotland Procurement 'Consortium' agreement and under agreed external contractual agreements with St Andrews University for their medical students and with Fife College for their nursing students.

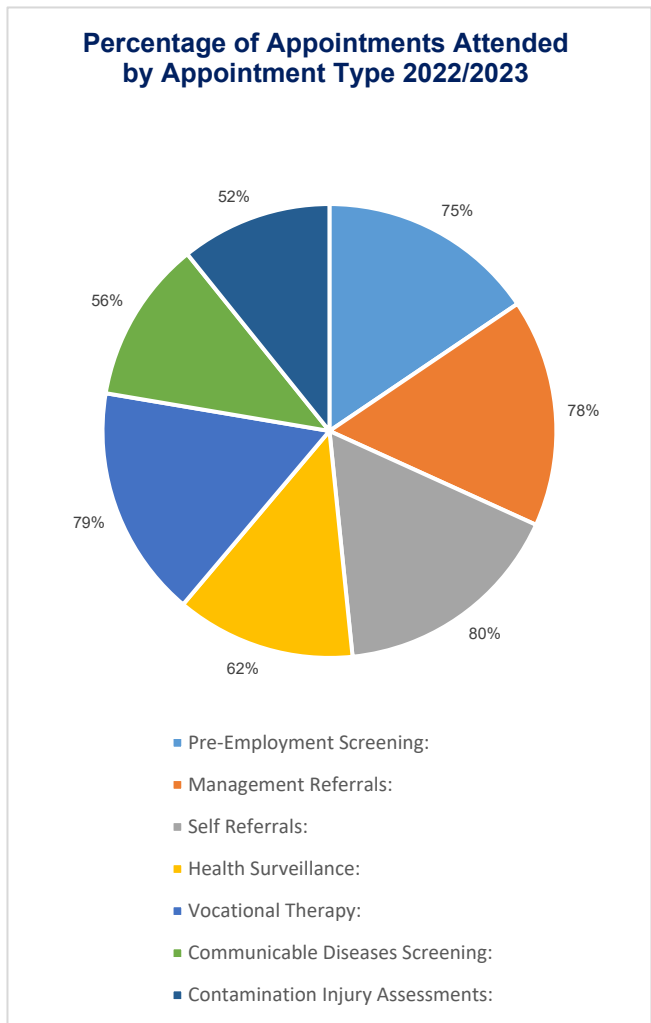
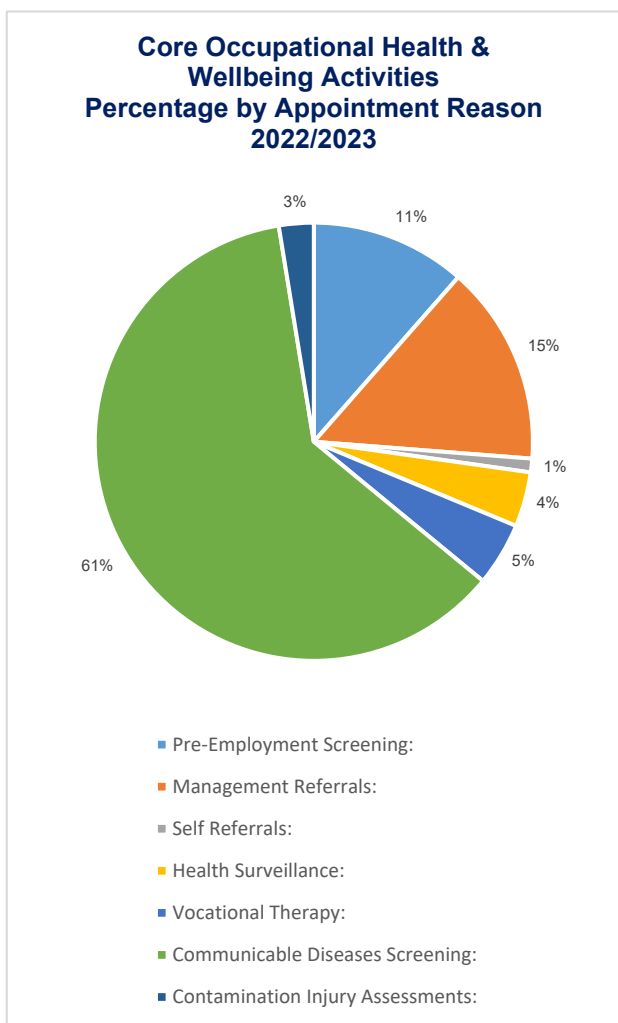
The activities covered are:

- Health Surveillance and Health Assessments complying with Control of Substances Hazardous to Health Regulations 2002 (COSHH) and 'fitness to work' (such as for occupational drivers, Exposure Prone Procedure Workers (EPP) and those entering confined spaces).
- Pre-placement screening to national standards and complying with Equality Act 2010 and Health and Safety at Work etc. Act 1974.
- Communicable diseases screening complying with the 'Green Book', and HPS guidance.
- Contamination incident risk assessment and follow up complying with national guidance.
- Management referral appointments complying with GMC recommendations on transparency, confidentiality and consent, Faculty of Occupational Medicine 'Good Occupational Medicine Practice' and Ethics guidance.
- Expert OH Occupational Therapy assessments to support an employee in performing their work duties with a reduced risk for aggravating their existing medical condition. i.e., DSE; Workability or Job Evaluation assessments.
- Workplace based assessments / visits.
- Support from Mental Health practitioner to support employees in managing their mental health.
- Problem Assessment Groups and Incident Management Teams for infectious diseases outbreak scenario. Risk assessment of staff and related follow up.
- Occupational Physiotherapy assessment and treatment.
- Staff Counselling Service provided by BACP accredited counsellors.

Graph 7: Core Occupational Health & Wellbeing Activity –Total Appointments by Year Comparison 2018-2023

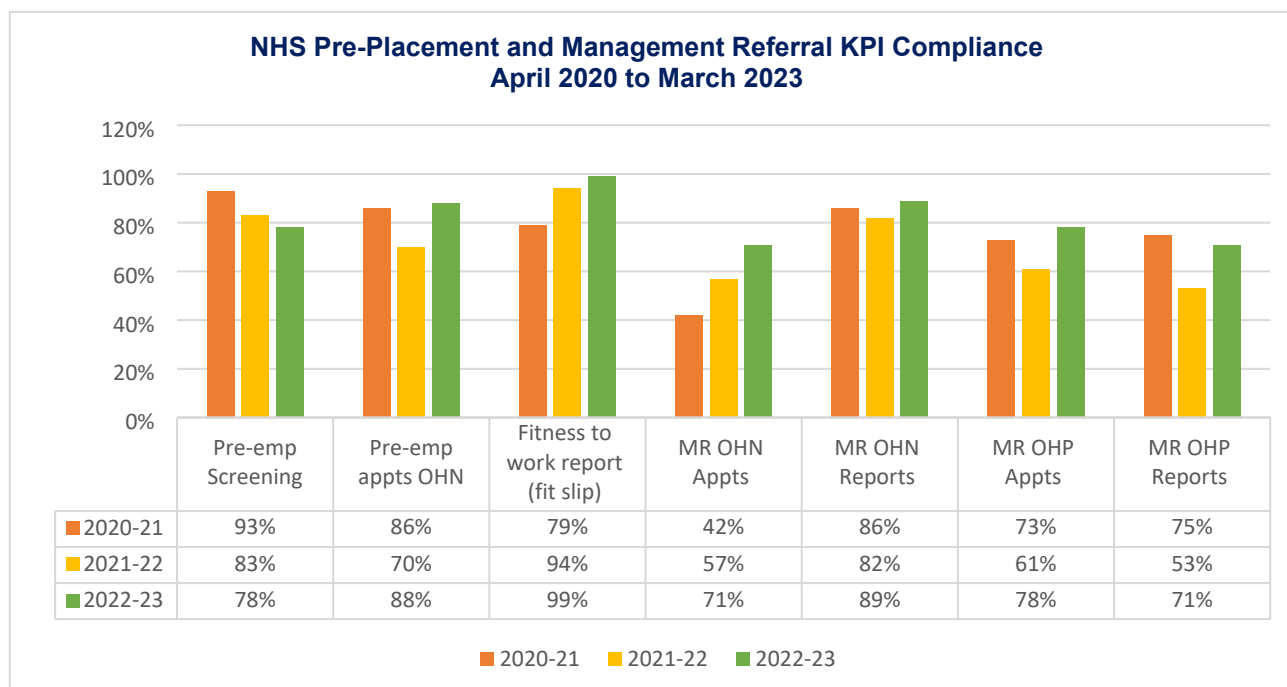


Graphs 8 and 9: Core Occupational Health & Wellbeing Activity – Percentage by Appointment Reason and Appointments Attended by Appointment Type 2022/2023



Appendix 2: Occupational Health and Wellbeing Service Pre-Employment and Management Referral KPI Compliance 2022/2023

Graph 10: Pre-Employment and Management Referral KPI Compliance



NHS Pre-Placement and Management Referral KPI Compliance 2022/2023

Pre-Placement Health Assessment Key Performance Indicators have been established, with the initial response required within 3 working days and issue of appointment within 10 working days following completion of the 3 day initial paper screening. For Exposure Prone Procedures (EPP), this is increased to 21 working days from appointment to report to include allowances for any indeterminate results which require analysis by the reference lab.

First appointments for management referrals with OH clinicians are scheduled for 10 working days and reports on fitness for work and management referrals are issued within 5 working days.

Table 1: NHS Pre-Placement and Management Referral KPI Compliance 2022/2023

Description	KPI Target (within working days)	Average Days	Processed/ Attended	Nos. within KPI	KPI Compliance
Pre-Employments					
Pre-employment screening OHN	3	3	1,429	1,114	78%
Pre-employment appointment OHN	13	8	1,533	1,348	88%
Fitness to work report (fit slip)	21	4	1,132	1,120	99%
Management Referrals					
MR OHN Appointments	10	7	846	602	71%
MR OHN Reports	5	3	935	832	89%
MR OHP Appointments	10	7	536	419	78%
MR OHP Reports	5	6	391	278	71%

Combined Doctor / Nurse Management Referrals					
OH Nurse & Dr Appointments	10	7	1,382	1,021	74%
OH Nurse & Dr Reports	5	4	1,326	1,110	84%

Table 2: Occupational Health and Wellbeing NHS Fife Activity Report 2022/2023

Appointment Reason	Attended	Cancelled	DNA	Postponed by OH	TOTAL
Pre-Employment Screening:	1,164	219	152	21	1,556
Management Referrals:	1,618	172	192	86	2,068
Self Referrals:	119	15	13	2	149
Health Surveillance:	525	77	175	27	853
Vocational Therapy:	558	97	37	10	702
Communicable Diseases Screening:	4,226	1,496	1,803	65	7,590
Contamination Injury Assessments:	222	80	122	4	428
Total	8,432	2,156	2,494	225	13,307

Table 3: Physio / Counselling Self Referral

Appointment Reason	Attended	
Physio Referral Sessions Via Discharge	892	Including DNA/ cancelled
Caps Referral Sessions Via Discharge	821	Including DNA/ cancelled

Table 4: Occupational Health Therapist Self Referral

	Referred	Jobsite Evaluations	Computer Workstation Assessments	Work Ability Evaluations	Career Search Evaluations	Cancelled Appointments
OH Occupational Therapist	176	47	100	24	5	30

Table 5: Occupational Therapy Fatigue Management Service

	Referred	Discharged	In Progress
OT Fatigue Management	58	63	18

Occupational Health and Wellbeing Core Activities Comparison 2018-2023

Table 6: Appointments Attended

Appointment Reason	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Pre-Employment Screening:	1,109	1,507	97	596	1,164
Management Referrals:	1,147	1,203	294	1,463	1,619
Self Referrals:	504	502	44	131	119
Health Surveillance:	419	551	227	585	566
Vocational Therapy	102	110	54	558	558
Communicable Diseases Screening:	6,044	3,996	538	3,748	4,226
Contamination Injury Assessments:	244	194	48	185	222
Total	9,569	8,063	1,302	7,266	8,474

Table 7: Appointments Cancelled

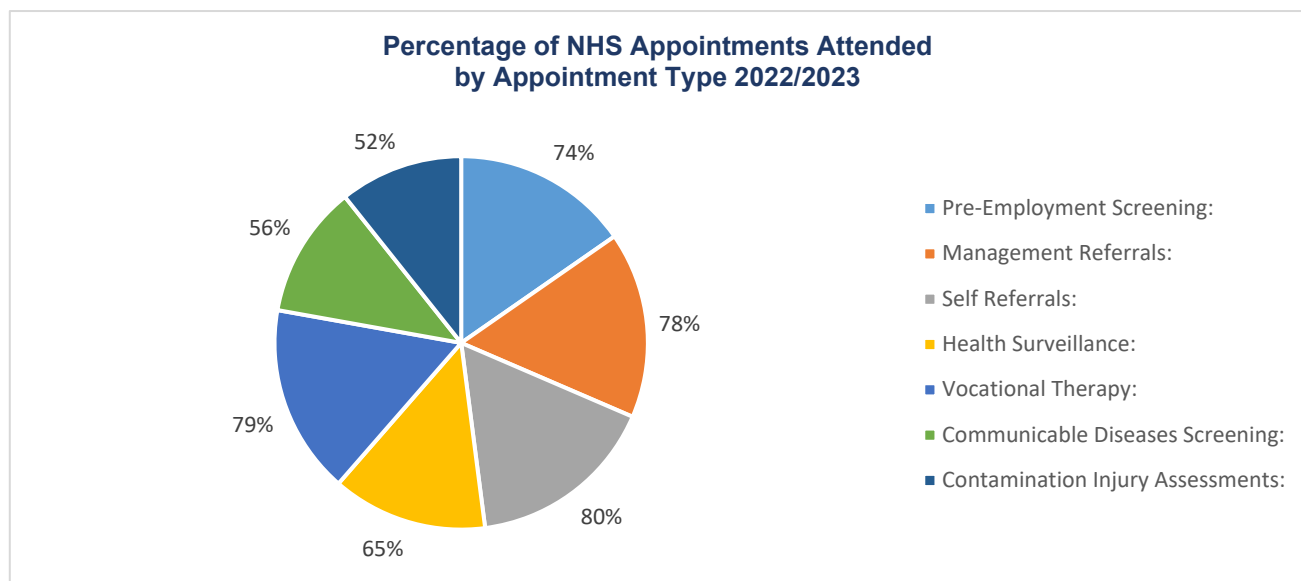
Appointment Reason	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Pre-Employment Screening:	355	480	13	109	219
Management Referrals:	219	220	14	118	172
Self Referrals:	30	22	1	3	15
Health Surveillance:	162	151	6	61	77
Vocational Therapy:	11	9	8	97	97
Communicable Diseases Screening:	460	562	129	966	1496
Contamination Injury Assessments:	51	55	6	68	80
Total	1,288	1,499	177	1,422	2,156

Table 8: Appointment DNAs

Appointment Reason	2018-2019	2019-2020	2020-2021	2021-2022	2022-2023
Pre-Employment Screening:	191	186	8	76	152
Management Referrals:	164	160	38	151	192
Self Referrals:	51	28	1	20	13
Health Surveillance:	168	212	39	191	175
Vocational Therapy:	1	1	2	37	37
Communicable Diseases Screening:	566	545	216	1032	1803
Contamination Injury Assessments:	100	75	24	122	122
Total	1241	1207	328	1629	2494

Appendix 3: NHS Occupational Health and Wellbeing Service Appointment Attendance

Graph 11: Percentage of NHS Appointments Attended by Appointment Type 2022/2023



Graph 12: Percentage of NHS Appointments Offered Attended 2022/2023

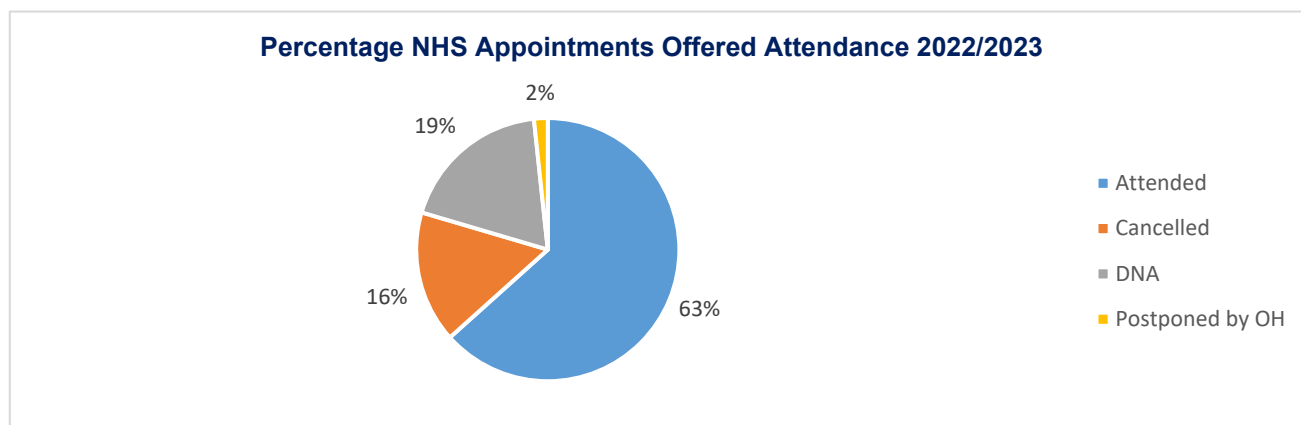


Table 9: NHS Appointments Offered Appointments by Appointment Type

Appointment Reason	Attended	Total Cancelled	DNA	Postponed by OH	TOTAL	% of Appts attended	% of Appts cancelled	% of Appts DNA	% of Appts Postponed
Pre-Employment Screening:	1,164	219	152	31	1,566	74%	14%	10%	2%
Management Referrals:	1,619	172	192	86	2,069	78%	8%	9%	4%
Self Referrals:	119	15	13	2	149	80%	10%	9%	1%
Health Surveillance:	525	77	175	27	804	65%	10%	22%	3%
Vocational Therapy:	558	97	37	10	702	79%	14%	5%	1%
Communicable Diseases Screening:	4,226	1,496	1,803	65	7,590	56%	20%	24%	1%
Contamination Injury Assessments:	222	80	122	4	428	52%	19%	29%	1%
TOTAL	8,433	2,156	2,494	225	13,308	63%	16%	19%	3%
Percentage of total appts	63%	16%	19%	2%	100%	63%	16%	19%	3%

NHS Appointment Attendance Percentage of Offered Appointments by Division 2022/2023

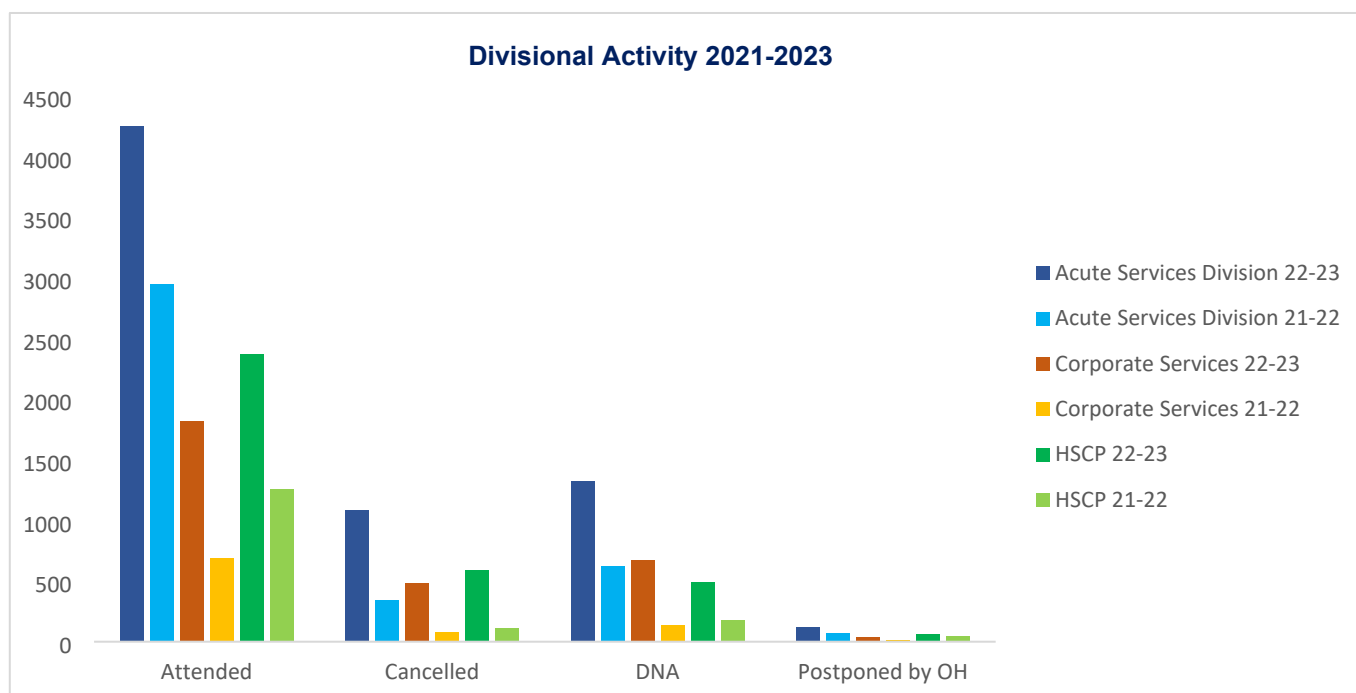
Table 10: Divisional Activity 2022/2023

	Attended	Cancelled	DNA	Postponed by OH	TOTAL	% of Appts Attended	% of Appts Cancelled	% of Appts DNA	% of Appts Postponed
Acute Services Division	4,245	1,087	1,325	119	6,776	63%	16%	20%	2%
Corporate Services	1,818	483	675	41	3,017	60%	16%	22%	1%
HSCP	2,369	586	494	65	3,514	67%	17%	14%	2%
TOTAL	8,432	2,156	2,494	225	13,307	63%	16%	19%	2%

Table 11: Divisional Activity 2021/2022 (For Comparison)

	Attended	Cancelled	DNA	Postponed by OH	TOTAL	% of Appts Attended	% of Appts Cancelled	% of Appts DNA	% of Appts Postponed
Acute Services Division	2,949	346	622	70	6,776	44%	5%	9%	1%
Corporate Services	690	82	140	15	3,017	23%	3%	5%	0%
HSCP	1,254	114	176	42	3,514	36%	3%	5%	1%
TOTAL	4,892	543	939	127	13,307	37%	4%	7%	1%

Graph 13: Divisional Activity 2021-2023



NHS Fife

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STAFF GOVERNANCE COMMITTEE

(Meeting on Thursday 14th September 2023)

The main focus of the Area Partnership Forum meeting held on Wednesday 19th July 2023 was on the ongoing workforce and financial challenges (including a presentation on the work of the Bank & Agency Programme Board; an update on the extremely challenging financial position; and a report on the Implementation of Safe Staffing Legislation - The Health and Care (Staffing) (Scotland) Act 2019. Topics that also featured were updates on the Implementation of the eRostering System, Core Training Compliance, the need to ensure frontline staff are adequately trained to deal with challenging situations, and the good work of the Kingdom Staff Lottery Committee.

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

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 19TH JULY 2023 AT 13:30 HRS IN BOARD ROOM, STAFF CLUB, VICTORIA HOSPITAL

Chair: Wilma Brown, Employee Director

Present:

Vicki Bennett, British Dietetic Association
(Observer)

Nicky Connor, Director of Health & Social Care

Claire Dobson, Director of Acute Services

Simon Fevre, British Dietetic Association

Fiona Forrest, Deputy Director of Pharmacy
& Medicines (for Ben Hannan)

Joy Johnstone, Federation of Clinical Scientists

Janette Keenan, Director of Nursing

John Hackett, UNISON – Regional Officer

Kirsty MacGregor, Associate Director of
Communications

Neil McCormick, Director of Property & Asset
Management

Wendy McConville, UNISON

Chris McKenna, Medical Director

Margo McGurk, Director of Finance & Strategy

David Miller, Director of Workforce

Alison Nicoll, Royal College of Nursing

Louise Noble, UNISON

Lynne Parsons, College of Podiatrists

Sandra Raynor, Head of Workforce Resourcing
& Relations

Caroline Somerville, UNISON

Joy Tomlinson, Director of Public Health

Andrew Verrecchia, UNISON

Rhona Waugh, Head of Workforce Planning
& Staff Wellbeing

In Attendance:

Jackie Millen, Workforce Development & Engagement Officer (Item 7.1)

Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

W Brown welcomed colleagues to the meeting and apologies were noted from S Adamson, I Banerjee, A-M Gillan, N Groat, B Hannan (F Forrest attending), P Hayter, A Kopyto, C Potter and K Reith.

02. PRESENTATION: BANK & AGENCY PROGRAMME

D Miller delivered the presentation, explaining that the aim is to develop and implement a plan to deliver a reduction of supplementary staffing spend in 2023/24; to implement Scottish Government's (SG) Supplementary Staffing Agency Controls, which removes the use of off framework agencies (those not part of the national procurement agreement) from 1st June 2023; to deliver an external review of the current bank set up to establish if the current model is fit for purpose and identify what actions are required to ensure it operates efficiently and effectively; to make difficult decisions, ensuring there are no negative impacts on the quality of patient care and patient safety.

D Miller highlighted the progress to date in reducing non-framework agency spend, in both the Health & Social Care Partnership (H&SCP) and Acute Services. D Miller confirmed the SG target is for NHS Fife to deliver cost

reductions of £10m on temporary staffing. D Miller reported on the sub-groups remits and progress and the key risks being reviewed monthly by the Bank & Agency Programme Board. Positive progress is being made, with nine months remaining to achieve targets.

During the discussion that followed, it was noted that despite reducing off framework agency use, the reduction in costs was not immediately obvious; M McGurk suggested it is too early in the process to see financial improvement, with complex analysis required. In addition, concerns were raised regarding the impact on staff, as agency staff have in effect become part of the team; assurance was sought that reducing the number of agency staff would not mean reducing staffing levels and affect the quality of patient care; the importance of attracting new registrants and retaining staff was acknowledged; and the need to continue to look at skill mix and develop new roles to fill gaps. It was recognised that staff enjoy the flexibility offered by agency shifts and we need to look at being equally flexible to encourage staff to substantive posts; the Safe Staffing legislation gives staff the opportunity to feedback in terms of patient safety, staff safety and managerial capacity.

APF **noted** the presentation.

03. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 24th May 2023 were accepted as a true and accurate record.

The Action List was reviewed, updates provided, and actions closed as appropriate.

04. MATTERS ARISING

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

05. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

05.1 Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019 Update

R Waugh talked to the report which provides an overview of the current actions and preparedness of NHS Fife to implement the Safe Staffing legislation by April 2024, assisted by expertise from T Hunter on workload tools. R Waugh emphasised that the Act is applicable to *all* clinical functions. The local Group (with staff side representation) meets every 2 months, next meeting on 26th July 2023. At the recent national Group meeting, NHS Fife presented their first SWOT analysis on Chapter 4, the Common Staffing Method, which was well received – R Waugh gave thanks to Val Turner, Senior Charge Nurse, Ward 51 who participated in the exercise; the next SWOT analysis will be Gynaecology. R Waugh drew attention to the various resources available to support implementation of the Act, including webinars, presentations, TURAS learning resources and information on StaffLink. Local sub-groups comprising managers and clinical leads, are supporting the chapter testing exercise. R Waugh advised that a paper is going to the Executive Directors Group (EDG) in August 2023 and to APF in September 2023 to outline progress and next steps.

In response to S Fevre's query, R Waugh confirmed that a generic workload tool is being developed jointly by NHS Education Scotland (NES), Health

Improvement Scotland (HIS) and SG to support specialities that don't use the nursing workload tools; the timeframe has yet to be advised. R Waugh indicated that A Wong, Director of Allied Health Professionals (AHPs) is a member of the local Safe Staffing Group, and Speech and Language Therapists are among AHPs feeding back on the Guidance Chapters.

APF **noted** the update.

06. WELL INFORMED

06.1 Acute Services Division & Corporate Directorates Local Partnership Forum Annual Report 2022/23 Draft and Update

C Dobson talked to the draft ASD&CD LPF Annual Report and welcomed comments/ feedback. The report has been prepared with input from ASD&CD LPF members and incorporates the work that she and A Verrecchia do around visible leadership: pop-up briefings, performance reviews, supporting managers with workforce issues and improving attendance; and, also included from teams, areas they wish to celebrate in terms of their services. D Miller indicated he was very impressed with the report.

C Dobson advised the ASD&CD LPF hasn't met recently, but she and L Noble are working through the action list.

C Dobson informed colleagues that it has been extremely busy within Acute Services - under significant pressure despite it being summertime - with 200+ individuals presenting at the Emergency Department each day. A huge amount of effort was expended preparing service activity for the potential Junior Doctors strike. Diagnostic capacity was briefly compromised when two CT scanners failed. Working full out to recover capacity within Planned Care. C Dobson was delighted to report that following an idea from Day Surgery staff, Minor Procedures will commence in August 2023 in what was the recovery area at Queen Margaret Hospital, freeing up a theatre a day for more invasive surgery, which has resulted in significant changes in work practices. Working as hard as possible around financial schemes, savings and efficiencies, including reducing supplementary staffing costs.

APF **noted** the report.

06.2 Health & Social Care Partnership Local Partnership Forum Annual Report 2022/23 Draft and Update

S Fevre acknowledged that the H&SCP LPF Annual Report is behind schedule and advised that the draft report is due to go to the H&SCP LPF for comment and then through the governance route prior to sharing with APF for noting in September 2023. The format has been refreshed under Roy Lawrence's guidance, who has demonstrated the value of LPF and identified relevant information to enhance the report content.

N Connor indicated that the H&SCP LPF last met on 23 May 2023 and meets again next week. The focus of the meeting was on Health & Safety, including mandatory training to improve uptake and an in-depth discussion on fire safety. In terms of Workforce, topics included iMatter to encourage participation; Mission 25, the social media recruitment campaign; the Care Academy model, a collaborative initiative providing funded training for all age groups; Attendance; and exploring Career Development support across the system. Finance and Transformation items included the financial position, Bank and Agency work, an update on Transformation and Business Cases to support

improvements and the changes to the Palliative Care Transformation.

APF **noted** the report.

06.3 Workforce Information Overview

R Waugh talked to the report, advising that the format will change going forward due to the availability of improved reporting tools. R Waugh highlighted that there is a steady position in terms of employment, although sickness absence levels have risen and turnover has increased in the past two years; supporting workforce sustainability through a rapid recruitment event, and international recruitment continues. Also included in the report is a summary of Employee Relations (ER), staff health and wellbeing activity, and equality and diversity reporting.

W Brown suggested that the Establishment Gap is not clear from the graphs and requested that the information is broken down into percentages to show the impact on Services and to provide more meaningful information. R Waugh advised that information on supplementary staffing, absence etc can be viewed on Tableau and the implementation of eRostering will enable more accurate and timely reporting. It was noted that 'funded establishment' does not include surge beds – we need to understand the complexity more clearly: e.g., the number of substantive posts, vacancies, gaps closed by Bands 3 and 4 roles.

L Parsons and A Verrecchia intimated that ER activity detailed in the report does not correlate with union colleagues' case numbers; and it would be useful to have a breakdown of the number of new cases, those in progress and concluded, to indicate throughput. S Raynor advised that ER data is captured on eESS; it was recognised that cases resolved informally, prior to resorting to formal intervention are not officially recorded. It was agreed to undertake a review of processes, including the gathering of data, and recording of ER activity at all stages.

**Partnership
Group**

In response to W Brown's query on funding to recruit international staff, J Keenan confirmed that 17 postholders, based on current costs, will be onboarded. It is anticipated we will be able to recruit an additional 9 staff: a result of savings made on the recruitment process and new recruits undertaking the OSCE (objective structured clinical examination) locally with Practice & Professional Development.

APF **noted** the update.

06.4 Staff Governance Annual Monitoring Return 2023/24

S Raynor explained that NHS Fife submits a Staff Governance Annual Monitoring Return to SG; the Return has been shared with APF for information. The template must be completed and returned to SG by 4th December 2023; relevant individuals have been asked for input. It is similar to last year: Appendix 1 is the blank template which refers to the existing and expected information and details questions where there are potential gaps in our information that SG would seek our further support on, and Boards also can provide additional evidence that they feel has not been covered through the questions. Appendix 2 outlines feedback from the 2021/22 Staff Governance Plans to include in this year's Return. The completed template will go through the usual governance route and will be brought to APF in September 2023 for comment and in November 2023 for noting.

APF **noted** the report.

06.5 Finance Update

M McGurk talked to the new report format which contains more detail than the overall summarised financial position found in the IPQR (feedback welcomed).

M McGurk reported that the financial position as at 31 May 2023 is extremely concerning, showing an overspend of £8m which is considerably more than the anticipated £1.8m overspend for May. This position reflects the ongoing capacity and staffing pressures across the Acute Services Division in terms of additional supplementary staffing costs to cover sickness absence, vacancies, and surge capacity, combined with increases in medicines costs and continuing COVID legacy costs. NHS Fife received additional NRAC funding of £8.3m, which will significantly reduce the level of brokerage required for 2023/24.

Like every NHS Board, we are experiencing significant levels of expenditure in supplementary staffing arising from workforce challenges and system-wide additional capacity issues. Reducing Bank & Agency spend, Surge Capacity and Corporate Overheads is crucial, together with savings and efficiencies in Medicines Optimisation and Digital Services, and reprioritisation of services. In addition to the work to reduce reliance on agency staffing there are also several initiatives underway to increase our substantive nursing staff levels. The Acute Services Division reports an overspend, as does Property and Infrastructure. This is due to several factors including inflationary pressures across e.g., energy and waste and confirmation of funding allocations which have not been anticipated. Key to delivering our financial plan forecast outturn is the delivery of our financial improvement and sustainability programme.

In response to J Hackett's queries, M McGurk explained that figures in the report are not as up-to-date as they could be due to reporting frequency and the fact that formal reports must be submitted to governance committees prior to sharing more widely. M McGurk explained that budget holders are issued with their own monthly report which can be discussed with Finance Business Partners for clarity.

APF **noted** the update.

06.6 Communications Update

K MacGregor outlined updates on StaffLink: planning 'StaffLink Summer Sessions' in September 2023 – drop-in sessions to be held at various sites across Fife to provide training for staff on StaffLink and to gain feedback from users, with a range of online masterclasses available for download. Launching at the end of July 2023 new internal survey software enabling targeted group polls to obtain feedback on developments. Testing with the software developers new functionality to offer more personalisation and to enable users to streamline content as it is sometimes challenging to find items on the News Feed. Testing 'Flows' – a series of automated messages to support new starts e.g., introductory messages, and directing to key online content (launching Autumn 2023). The 'Staff Room' area has proved incredibly popular; currently revising content/ functionality following feedback to ensure it is fit for purpose. Creating a Workforce Training Bulletin to bring together training opportunities, and PDPR and online prospectus development.

In terms of a general Communications update, the Communications team are starting to issue a quarterly Communications Report incorporating internal, social media and press activity – the first will cover April/ May/ June 2023 – and

will be brought to the next APF for information/ comment.

Feedback on the Board meeting summary – *Board Bitesize Briefing* – was positive, the first issue introduced the Chair and gave a summary of key discussions and decisions made by the Board. The next Board meeting is on 25th July 2023.

K MacGregor expressed her thanks to all who assisted with the Pride Month campaign and supported the local event. There was great support, with lessons learned for future events.

Staff Pantries – promotional materials, including hard copy posters have been developed and published/ displayed.

In early August 2023, new graphics will be displayed (and old removed) at A&E with core messaging for the public, the culmination of months of work with A&E colleagues.

Scoping of the PDP Online Prospectus is complete, currently building the offering – testing in August/ September 2023.

The Corporate Communications Policy, long overdue, is now available online, developed from staff feedback e.g., outlining regulation around photography permissions, filming on wards – and will be shared with H&SCP colleagues for a consistent approach.

Patient Hub – working with Digital & Information (D&I) colleagues to manage online appointments, promotion of which is starting soon.

The Staff Awards Ceremony, on 29th September 2023, is being relaunched after a pause and is being widely promoted. There have been 93 nominations to date, the closing date is 12noon on 7th August 2023.

In terms of the communication for the public, respecting staff, S Fevre urged the promotion of a code of conduct for patients: staff who are verbally or physically abused by patients often feel powerless to action anything, get little support, or are criticised for speaking up. W Brown requested that Staff Side input to this. K MacGregor offered to circulate the communication for comment.

**KMacG/
Staff Side**

W Brown observed that new or inexperienced staff are not as adept at handling difficult patients as their more practiced colleagues; J Keenan acknowledged that newly qualified practitioners have had their training disrupted due to COVID and haven't had the usual amount of training or experience on wards. In addition, doctors and nurses are not given the same level of respect as previous generations were. C McKenna emphasised the need for appropriate training in order to de-escalate challenging situations. It was agreed to take this forward out with the meeting.

**Workforce/
Staff Side/
V&A/
Psychology**

APF **noted** the update.

06.7 eRostering Programme Update

J Keenan thanked D&I colleagues for their efforts with implementing the eRostering system efficiently and effectively within NHS Fife. J Keenan explained that NES, on behalf of all Boards in Scotland entered into a framework agreement for a National eRostering solution. In early 2021, Allocate (now RLDatix) was selected as the preferred supplier. eRostering will support activities in the deployment of staff, management of attendance and leave within NHS Fife. The solution will also support safe staffing activities which align with Safe Staffing legislation. As at 11 July 2023, the programme has progressed from the initial early adopter phase to the main implementation phase, and we have onboarded around 1000 staff in 15 services. All remaining cohorts of staff will be onboarded by July 2025. Early adopters were from a variety of services to enable D&I to gain experience and knowledge with any

issues arising due to different shift patterns etc. A proposal is progressing to establish a business-as-usual (BAU) team to support areas already rolled out while the implementation team can continue to onboard new areas.

J Keenan highlighted that D&I are advising the national team on secure access and data protection issues encountered; an advantage of D&I implementing eRostering in Fife, rather than Nursing & Midwifery/ Workforce colleagues who are implementing eRostering in other Boards. Other challenges include service pressures and availability: working with Services to ensure minimal disruption during implementation. The national team are exploring a solution to link eESS and SSTS with eRostering; also scoping Direct to Payroll.

J Keenan advised that next steps include the phased implementation of the SafeCare module and scoping eJobPlan to determine current use and integration into eRostering.

J Keenan indicated that key benefits have already been realised, including improved rostering practice and efficient use of staffing. R Waugh confirmed that positive feedback had been received from those now using the eRostering system.

APF **noted** the update.

06.8 Kingdom Staff Lottery Annual Report 2022/23

W Brown commended the good work being done by the Kingdom Staff Lottery Committee, with the monies raised managed well. Tickets are available for a variety of leisure activities and requests have been received for items such as memorial benches. The annual report is brought to APF following an Audit report.

R Waugh encouraged volunteers to join the Committee to bring new ideas to the table. R Waugh thanked C Somerville for her continued enthusiasm with promoting the lottery.

APF **noted** the report.

07. APPROPRIATELY TRAINED

07.1 Core Training Compliance Improvement Plan Update

J Millen reported that at the end of June 2023 overall core training compliance has risen to 60% (Acute 57%; H&SCP 67% and Corporate 50%). Apart from 'Violence & Aggression', the remaining core skills topics all showed improvement. The Core Training Compliance Review continues with all core skills training providers and looking for clarification on training delivered by services that meet required core skills outcomes. Part of this work involves working with training providers to establish delivery plans and to improve levels of attendance.

J Millen indicated that they have recently launched a Core Skills Showcase project in conjunction with the Communications Team. Starting with Phase 1 topics, 'Fire' was the first in the spotlight, with helpful information on StaffLink e.g., an overview of the topic, meet the team (including trainers and admin staff); and highlighting changes to legislation, training requirements, clarifying the target audience, and where to access training. Following the promotion, there were fewer DNAs (did not attend) and greater compliance (up 2%). Next to be showcased will be 'Resuscitation', particularly to raise awareness of the requirement that all staff should complete Level 1, even if not in a patient-

facing role.

J Millen advised she is liaising with Ruth Lonie, Communications Officer to devise a Training Bulletin as per the Weekly Update, the aim being to generate increased awareness of core and other training opportunities, to maximise the audience reached and to ensure it is easily accessible, rather than having to trawl through the News Feed posts. Planning to undertake a staff poll to understand what staff actually want from training/ learning providers.

W Brown queried that although we are moving in the right direction, it is not fast enough, when will the 80% target be reached? D Miller advised the anticipated timeline is the end of March 2024. It is hoped the upward trend continues; this will be monitored and reviewed as required.

This led to a discussion during which concerns were raised regarding the level of compliance for Resuscitation training, and the accuracy of Infection Control compliance rates. L Parsons advised that within Podiatry, three days per year have been allocated for staff to complete their mandatory training.

APF **noted** the update and actions being taken.

08. TREATED FAIRLY AND CONSISTENTLY

08.1 Equality Diversity & Human Rights Update, including Diverse Ethnicity Network (DEN)

J Keenan reported that Isla Bumba, the recently appointed Equality & Human Rights Lead is keen to reinvigorate three core elements: Interpretation and Translation Services, Trans Patients, and the Diverse Ethnicity Network.

Interpreters are currently an external service and therefore costly; I Bumba is preparing a business case to establish an in-house model, which will also meet the needs of the Equality Act.

I Bumba is developing a Trans Policy which will be shared for comment in due course. Trans patients may have needs that impact on their medical treatment. S Fevre proposed including in the policy the needs of trans staff as well as those of patients.

**JK/ IB/
Staff Side**

R Waugh explained that interest in the previous network, Black and Minority Ethnic (BAME), had diminished and, following feedback from a survey, it was decided to relaunch as the Diverse Ethnicity Network (DEN) at a Coffee Connect Event at the end of May 2023. Disappointingly, no one attended - other networks, e.g., Disabilities and LGBT have good attendance at online meetings. A decision will be made whether to go ahead/ try again with DEN or if no appetite, to link in with NHS Lothian's or H&SCP's successful networks. It was suggested that support could be provided in other ways, without a formal network or to ask the individuals what it is they want.

**JK/ RW/
SF/ RL**

APF **noted** the report.

08.2 HR Policies

S Raynor explained that Phase 2 of the Once for Scotland Supporting Work Life Balance Workforce Policies is being 'soft launched' between July and October 2023 with full implementation by November 2023. A series of briefing sessions is planned for the coming months to support managers and staff side colleagues to familiarise themselves with the new policies. L Parsons suggested the new suite of policies could also be discussed at Attendance

Management sessions.

S Raynor explained that HR18 - NHS Fife Disruption to Staff Travel Policy had been updated to reflect DL(2022)35 NHS Scotland: interim National Arrangements for Adverse Weather. Minor amendments to the wording around 'entitlement' and 'eligibility' have been made to HR24 - NHS Fife Parental Leave Policy to bring it in line with the PIN. HR48 - NHS Fife Retirement Policy has been extensively reworked to combine the NHS Fife Phased Retirement and NHS Fife Retire and Return policies and to incorporate changes as per DL(2022)30 – NHS Scotland National Interim Arrangement on Retire and Return.

APF **approved** the updated policies.

09. GENERAL GOVERNANCE

09.1 Annual Review of Area Partnership Forum Terms of Reference

The Terms of Reference were approved subject to reviewing and agreeing wording in terms of section 5.7 "Full time officers of Trade Unions *and non-executive members of NHS Fife* will have the right of attendance in an ex officio capacity." W Brown indicated that Observers are welcome to attend APF meetings.

SR/ SF

APF **approved** the updated document (subject to agreeing section 5.7).

10. ITEMS FOR NOTING

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

- 10.1 H&SCP LPF – Minutes of 29th March 2023
- 10.2 NHS Fife Staff Health & Wellbeing Group – Minutes of 25th April 2023
- 10.3 CE Letter 2023-07-04 NHSScotland Workforce Policies – Supporting the Work Life Balance

11. AOB

Staff Awards

W Brown queried the format of the Staff Awards evening to ensure that as many staff as possible are invited to the event (in the past it is felt there have been too many managers).

In terms of the Judging Panel, W Brown indicated that the Employee Director should always be involved.

ANP Uniforms

W Brown requested that there is Staff Side involvement with this matter. J Keenan confirmed that the paper had not yet been submitted to EDG, but it would be going to Senior Leadership Teams and the Employee Director for comment in the first instance.

Changes to Forth Valley Board

D Miller informed colleagues that K Reith will be supporting NHS Forth Valley HR colleagues as their Interim Director of Workforce on a temporary basis, for 2 days per week commencing August 2023, a great opportunity to learn from each other and share knowledge.

Employee Director

In advance of W Brown relinquishing the role of Employee Director, D Miller thanked W Brown for her valuable contribution to the Area Partnership Forum and other committees, and the support given to colleagues throughout NHS Fife and the Health & Social Care Partnership over the years.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 20th September 2023 at 13:30 hrs.

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

(Thursday 17 August 2023)

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

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 17 AUGUST 2023 AT 2.00 PM VIA MS TEAMS

Present:

Andrew Verrecchia (AV), Unison (**Chair**)
 Claire Dobson (CD), Director of Acute Services
 Donna Galloway (DG), General Manager – Women, Children & Clinical Services
 Neil McCormick (NM), Director of Property & Asset Management
 Paul Bishop (PB), Head of Estates
 Sally Tyson (ST), Head of Pharmacy – Development & Innovation
 William Nixon (WN), Health & Safety Manager
 Susan Young (SY), HR Team Leader
 Louise Noble (LN), Unison
 Caroline Somerville (CS), Unison
 Sam Ferguson (SF), Chartered Society of Physiotherapists
 Benjamin Hannan (BH), Director of Pharmacy & Medicines

In Attendance:

Jackie Millen (JM), Workforce Development & Engagement Officer (KSF) (for Item 2)
 Gillian McKinnon (GMck), Executive Assistant to Director of Acute Services (**Minutes**)

	Action
<p>1 WELCOME & APOLOGIES</p> <p>AV opened the meeting and welcomed everyone.</p> <p>AV welcomed Sam Ferguson, Chartered Society of Physiotherapists to his first meeting and introductions were made.</p> <p>Apologies were received from Norma Beveridge, Joy Johnstone and Miriam Watts.</p>	
<p>2 DEMONSTRATION OF NEW MANAGER ZONE ON TURAS</p> <p>Jackie Millen (JM), Workforce Development & Engagement Officer (KSF) advised we have been using TURAS Learn for our eLearning for 2 years. At the beginning of this year, we considered how we could expand and improve it to make it a one stop learning shop for staff. A number of zones have been developed that are pertinent to either all learners or to specific teams.</p>	

JM advised an NHS Fife: Manager Zone was developed at the start of this year to support new, current and aspiring managers to support their teams and provided LPF colleagues with a demonstration and overview. The information and resources within the Manager Zone have been grouped into subject areas and can be accessed by selecting the relevant icon.

JM advised in April/May 2023 the self-booking system was launched to enable staff to access TURAS Learn and book their places directly on a selected range of classes. There is also an option to make the trainer aware of any dietary requirements/allergies if attending classroom-based learning. When cancelling a booking it is mandatory for staff to provide a reason for cancelling.

JM advised the plan is to move all of NHS Fife training onto TURAS Learn and are aiming to do that by the end of March 2024.

WN asked whether an email is generated to a line manager to advise a member of staff did not attend a training session. JM advised she would expect this to happen however if not this would be added to the development plan from NES.

LN was pleased to note staff are now able to book their own courses but asked if there was any way of gathering information as to whether staff are booking these while they are on shift, on days off, on annual leave and whether they are being paid or receiving time back if they are not on their allocated shifts. JM advised a Feedback & Learner Access Questionnaire has been developed. There are a couple of questions at the end of the questionnaire which would give us an opportunity to gather this type of information.

3 MINUTE OF PREVIOUS MEETING – 27 APRIL 2023

The Minutes of the Meeting held on 27 April 2023 were accepted as an accurate record.

4 ACTION LIST & MATTERS ARISING

4.1 Band 2 Uplift Review

AV confirmed a conversation had taken place with SY regarding the timescales for the next week's appeals for the Band 2 uplift review. AV advised he was not aware of any outstanding appeals, but SY agreed to check whether all appeals have been completed.

Post Meeting Note: SY confirmed 11 appeals have been heard and all are now concluded. Close action.

4.2 Attendance Management Update

GMcK

CD confirmed she had met with LN and this issue had been resolved. Close action.

GMcK

4.3 **Training Update**

CD advised this action can be closed. CD would share a copy of the NHS Fife 2023/2024 Training Compliance Update report from the July NHS Fife Area Partnership Forum (APF) and NHS Fife Staff Governance Committee with LPF colleagues to enable them to receive that fuller training update.

GMcK/CD

4.4 **Turas**

Jackie Millen attending the Acute Services Division & Corporate Directorates Local Partnership Forum meeting on 17 August 2023 to undertake a short demonstration of the new Manager Zone on TURAS. Close action.

GMcK

4.5 **Annual Report**

Email sent out on 3 May 2023 asking for contributions and items for the Acute Services Division & Corporate Directorates Local Partnership Forum Annual Report. Close action.

GMcK

4.6 **Current/Future Change Programmes/Remobilisation**

Diary invites for the Acute Services Division Strategic Plan sessions sent to SY. Close action.

GMcK

5 **HEALTH & SAFETY:**

5.1 **Health & Safety Incident Report**

The Health & Safety Incident Report for the period June 2023 to July 2023 was distributed and noted, for information.

WN advised for the period of June and July 2023, there were 16 reported sharps incidents, 1 musculoskeletal injury, 2 slips, trips and falls, 6 self-harm (patients), 27 violence and aggression and 2 RIDDOR incidents. Following subsequent information received, one of the sharps incidents will be RIDDOR reportable due to the nature of person who the needlestick came from.

WN advised under violence and aggression there were 10 incidents each for physical assault and verbal assault with 7 other unwanted behaviours. The highest outcome was moderate.

WN advised under RIDDOR incidents there were 2. One was an asbestos exposure and the other a patient set themselves on fire.

AV asked about the racial abuse towards some staff within our Emergency Department and whether these incidents were included in the violence and aggression incidents. WN confirmed this would be recorded as part of other unwanted behaviours. WN agreed to expand the other unwanted behaviours category in his next Health & Safety Incident Report.

WN

AV asked about the progress on the establishment of an Acute Services Division & Corporate Directorates Health & Safety Committee. WN advised he had arranged one meeting but unfortunately there had not been a good uptake, and it was subsequently cancelled. CD/AV to discuss whether to incorporate it into this Agenda which could then feed into the Health and Safety Sub-Committee for escalation.

CD/AV

6 STAFF GOVERNANCE:

A Well Informed

6.1 Director of Acute Services Brief – Operational Performance

Healthcare Improvement Scotland (HIS): Safe Delivery of Care Inspection – Unannounced Inspection to VHK

CD updated colleagues on the recent unannounced safe delivery of care inspection to Acute Services. Within the inspection there have been lots of positive feedback however issues have been highlighted within the Phase 1 estate of the Victoria Hospital, predominately within Ward 5 (ENT).

CD advised as a result of the findings of the HIS Inspectors, the Acute Senior Leadership Team (SLT) took a decision to close Ward 5 and to move the ENT Service in totality to Ward 10. This happened over a number of days with services initially staying from an outpatient perspective in Ward 5 and inpatient services being delivered from Ward 54.

CD advised the service is now being delivered from Ward 10 and are very settled and happy. Work is ongoing with estates colleagues and IPCT colleagues to make Ward 10 as fit for purpose as we possibly can.

CD advised this leaves us with significant issues around our Phase 1 estate and the HIS Inspectors have asked us to assure ourselves as an organisation around how fit for purpose the Phase 1 estate is and what level of clinical services we should be delivering from that part of our hospital.

CD advised she has established a Phase 1 Oversight Group to immediately manage the risk that is posed by some of the estates issues we are facing in Phase 1 but also to take a more medium

term look around how we will use that part of the hospital moving forward.

CD advised a further meeting took place this morning with the HIS Inspectors and they welcomed our approach in terms of our openness and warm welcome and our speedy response to any issues that are identified. We still have some evidence to submit to the HIS Inspectors. The inspection process will last for 10 weeks, and we can then expect to receive various reports which can be shared with LPF colleagues.

NM advised in terms of Ward 5 it has brought to our attention areas which were not satisfactory. Internal discussions are being carried out to ensure issues can be followed up more effectively, so we do not end up in a similar situation in other clinical areas. We have also undertaken a walk round in other clinical areas including Ward 6 and Ward 9 and identified shortcomings and things that need rectified in those areas as well.

Reduction in Surge Capacity

AV asked if an update could be given on the knock-on effect of Wards 6 and 9 and the reduction in surge capacity.

CD advised whilst we have had an inspection in the past couple of weeks, we did have a plan to refurbish Phase 1 ward areas, in particular Ward 5. We did have a plan to move some of the wards around within Phase 1 to support the clinical accommodation and delivery of service and also supported our plans around reducing our surge footprint. This is an objective this year within our Corporate Objectives and is also a target around our finances and a facility that we have become quite reliant upon for the past two and a half years whilst it has been open.

CD advised we had a plan to relocate Ward 6 into Ward 9 and reduce the number of surge beds that were on site. Other events have now overtaken this, but we do still plan to reduce our surge beds. We know we have remedial work that is required in Ward 6 and to a lesser extent in Ward 9. As part of the Phase 1 Oversight Group, we will look at the timing in terms of when we can decant various wards and take those opportunities to reduce surge.

CD advised some staff within Ward 6 are already on permanent contracts with NHS Fife and those staff may no longer be required to work in a surge area. Discussions had begun around where these staff may go moving forward, but we have not yet concluded those discussions following the unannounced HIS Inspection. This is a multi-factorial and very complex issue which is reliant on all parts of the system and also on the demand that we see coming through the front door of our hospital.

CD advised there is significant risk in terms of reducing the number of beds in totality across the system and what that will mean for the rest of the system including the front door and also the planned care programme. We are steadily working towards the reduction in the number of surge beds that we have. We are at 20 today with an ambition of being at 18 by the end of the week. This is ambitious and challenging and does not come without risk but is work that we are undertaking as an Acute Senior Leadership Team.

6.2 Attendance Management Update

The Attendance Management Report was distributed and noted for information.

NHS Fife

SY advised the sickness absence rate for NHS Fife was 6.61% in June and 6.63% in July 2023.

Acute Services

SY advised the sickness absence rate for Acute Service was 7.01% in June and 7.27% in July 2023. This was the third consecutive month where Acute Services had a sickness absence rate above 7% and the fourteenth above 6%. The last two months were higher than the same month last year.

SY advised for the various areas within Acute Services, Emergency Care was highest at 8.47%, followed by Planned Care at 7.17% and Women, Children and Clinical Services at 6.03%.

SY advised the highest number of sickness absence episodes was due to anxiety, stress and depression followed by gastro-intestinal problems. The highest number of hours lost due to sickness absence was anxiety, stress and depression followed by musculoskeletal reasons. Nursing and Midwifery job family saw the highest number of hours lost. Both short-term and long-term sickness absence increased in July 2023. There were 27 areas above 10% sickness absence within Acute Services.

Corporate Services

SY advised the sickness absence rate for Corporate Services was 5.7% in June and 6.0% in July 2023. Both June and July 2023 saw an increase in sickness absence. July 2023 was the first month in four where the rate was above 6%.

SY advised Facilities was highest at 8.93%, Finance at 5.86%, Pharmacy at 5.21%, Corporate Nurse Directorate at 5.17% and

Digital & Information at 4.75%. All the other areas detailed in the chart were below 4%.

SY advised the highest number of sickness absence episodes was similar to Acute Services and was anxiety, stress and depression followed by gastro-intestinal problems. The highest number of hours lost in Corporate Services was due to anxiety, stress and depression and the second highest reason was injury and fracture. Support Services had the highest number of hours lost. Although short-term absence decreased in July 2023, long-term absence increased. There were 7 areas above 10% sickness absence across Corporate Services.

General

SY advised the Attendance Management Training has been refreshed. The feedback on the refreshed material has been really positive and much more interactive. Managers seem to be enjoying it and finding it very useful to help them build their confidence in managing these issues.

SY advised there is also a review of the Promoting Attendance Panel process. A paper on the updated process was taken to the Agenda for Change Partnership Meeting. The suggestions will be shared with the Chairs of the Promoting Attendance Panels for any more suggestions and input to the panels going forward.

6.3 Feedback from NHS Fife Board & Executive Directors

NHS Fife Board Meeting: 21 July 2023

CD advised there was a significant discussion on our financial performance and sustainability. It is not the outturn we expected for Q1 and will result in a significantly challenged remainder of the financial year with a requirement for more cost reduction and financial improvement.

CD advised our Annual Delivery Plan (ADP) is in its final stage. This is where we measure all the things, we say we are going to do in terms of how we work with the Scottish Government.

CD advised the Fife Primary Care Strategy was also discussed and welcomed by the NHS Fife Board.

CD advised the Director of Public Health presented her Annual Report.

CD advised a number of statutory and committee minutes were shared, for information.

CD advised for awareness the Patient Story has now been reintroduced to the NHS Fife Board since Alistair Morris has come into the Acting Chair role.

Executive Directors Group (EDG): 17 August 2023

NM advised EDG had met this morning and a further meeting scheduled for Thursday 7 September 2023. All Committee papers come to EDG prior to going to the NHS Fife Board/Committees in September 2023.

NM advised EDG had discussed the Health Improvement Scotland (HIS) Inspection and some of the other ongoing pressures within the organisation.

NM advised EDG talked about the Integrated Performance & Quality Report which is the performance management framework and looking at all of the elements within that.

NM advised there was a review of Corporate Risks and a deep dive into the Off-Site Area Sterilisation and Disinfection Unit Service risk. This will go to the NHS Fife Clinical Governance Committee in September 2023.

NM advised there was an update on our ability to meet the climate emergency and this is going to the Public Health and Wellbeing Committee.

NM advised EDG talked about Whistleblowing which is a regular paper which is presented to Board committees.

NM advised BH presented a paper on High-Risk Pain Medicines Patient Safety Programme – End of Year One Update and the Controlled Drug Accountable Officer Annual Report.

NM advised EDG talked about COVID-19 and a Long COVID Service update.

NM noted there would be further discussions at the 7 September 2023 EDG meeting around finance and resources.

7 B Appropriately Trained

7.1 Training Update

DG advised our Obstetrics Department has been highly commended as one of the top 10 performing units over the four nations for obstetric training by The Royal College of Obstetricians and Gynaecologists.

CD advised our Emergency Department is in the top 2% in Scotland in terms of the support they give to trainees. They have been highly commended by the Deanery around the support they give to doctors in training.

ST advised following a SQA External Verification Visit for the training and support we give to our support workers we were graded at the top rating in all areas, including supported students.

7.2 Turas Update

CD advised an update was given to the July NHS Fife Area Partnership Forum and NHS Fife Staff Governance Committee around the number of staff going through particular training areas. This report would be shared with LPF colleagues for information.

CD

CD advised we know we still have challenges around BLS training in Acute Services and are working towards a cascade training model between now and Christmas time. Staff have been asked to complete their Level 1 BLS training. This is still challenging but are confident staff are working towards their training compliance.

8 C Involved in Decisions which Affect Them

8.1 Annual Report

CD/AV thanked colleagues for their contributions to the Annual Report and the input from GMck for pulling the report together. It is hoped colleagues feel this is a reflection of what we do in this forum and captures the spirit of how we interact with each other as well. The Annual Report will now go forward to the September 2023 NHS Fife Staff Governance Committee and co-presented between CD/AV.

LN commented that it would be useful to add some detail to the pictures contained within the Annual Report identifying staff names/teams/areas to identify what the photo was being taken for.

8.2 Staff Briefings & Internal Communications

AV/CD continue with their regular informal walk rounds. Colleagues to contact AV/CD if they have any suggested areas, they wish them to visit. The walk rounds are very productive and an opportunity to meet and resolve issues for staff.

8.3 iMatter

SY advised Managers have until the 4th or 18th September 2023, depending on when they received their reports, to agree with their teams their action plans and upload them into the system. To date

there are only 13 out of 218 action plans that have been uploaded. A reminder email has gone out today to remind Managers of the action required. If there are any teams wishing to share their story to the iMatter National Website, they should make contact with Jackie Millen.

DG noted the rules had been changed this year and a report is received if you are less than 60%. DG asked if this change would remain, as it is causing some issues where there is a report because 1 person in a team of 10 has filled it in and the other 9 have not. SY was not sure and thought we would not be able to answer this until we have gone through the whole iMatter process this year.

9 D Treated Fairly & Consistently

9.1 Current/Future Change Programmes/Remobilisation

AV asked for an update on progress with the Pharmacy 7-day working. ST advised progress was being made. A draft consultation document is being finalised and will be used to consult with staff.

DG advised the vacancy rate in AU1 will be below 5% due to the newly qualified practitioners and new starts. The changes are having an impact.

10 E Provided with an Improved & Safe Working Environment

10.1 Staff Health & Wellbeing Update

The Staff Health and Wellbeing Update Report was noted for information.

SY advised to honour the NHS's 75th birthday, the NHS Fife's Pharmacy Admin and Clinic Office, Victoria Hospital organised a 'bring your own baking event' and raised some money for the Staff Food Pantry. If any colleagues wish to donate anything to the Staff Food Pantry these donations can be made via the Staff Health and Wellbeing Hubs.

SY advised Affinity Connect is offering a 90-minute online course for staff to strengthen their financial wellbeing. The course will cover managing debt, improving credit score and money management skills. Information is available on StaffLink for anyone interested in participating.

SY advised 'The Haven' at Queen Margaret Hospital opened up to patients, staff and visitors. It has had the support of local

businesses, a grant from the Fife Health Charity and input from volunteers.

SY advised the AU2 Courtyard had a successful bid to fund the staff outdoor rest space. Roz Barclay is leading a Short Life Working Group to take this project forward.

SY advised there is lots of other information on all the good work taking place within the Staff Health and Wellbeing Update Report.

10.2 **Capital Projects Report**

The July 2023 Capital Projects Report was noted for information.

NM advised we are getting to the point in the year where we have had the first allocation of money coming through which was £6.5m of formula capital. Some of which was already allocated as a result of various things we have been carrying over from last year.

NM advised the list outlines the statutory/maintenance backlog work which has been ongoing and totals £1.5m.

NM advised there is £750,000 in clinical prioritisation for contingency and for things that need to be advanced in support of the clinical services across the Board area. A lot of these are currently underway but there is some outstanding money and a balance of £239,000.

NM advised there is £500,000 worth of capital equipment. This has been increased slightly and we have an extra £200,000. This is quite low for capital equipment and reflects where we are.

NM advised we have had some further money from the Scottish Government to replace 2 general x-ray rooms which were sitting on our 5-year plan.

NM advised we are quite organised in terms of equipment and have 5-year plans across NHS Fife. We do not have a strong database of all the medical equipment that we have to be able to track it across the organisation but are working on that.

NM advised there are also some allocations to Digital and Information. HEMPA and LIMS are national allocations which have added to our formula capital. There are a number of things to refresh the digital infrastructure we have.

NM advised we are carrying on finishing upgrades to the Queen Margaret Hospital Theatres.

NM advised we have money set aside to take forward some significant risks we have in our mental health estate around ligature points and patient safety recognising the dilapidation of some of these facilities over a number of years. We recognise the time it is going to take to get our business case for the replacement of mental health facilities through Scottish Government and is likely to be 5+ years therefore we need to do something now with our existing wards.

NM advised Ward 5 was not specially allocated, but we did have £700,000 set aside for doing works within the acute sector and primarily around Phase 1. This is not a lot of money, and we will need to see if we can augment that across the budgets.

NM advised the total allocation is just over £11m although only £6.5m is formula capital.

AV noted there had been recent difficulties with CT scanners and asked if there was an update available. DG advised we recently found ourselves with no working CT scanners on the VHK site and the same part was required for both scanners. The scanners are only 10 months old. Our Radiology and ED teams pulled together really well to make it less of a risk that it could have been. Additional staff came in to support using MRI, we had mutual aid from NHS Tayside and Lothian and a mobile CT scanner on site.

DG advised the CT scanners are now both working. There is lots of learning to take from this incident and a number of actions for Siemens and conversations to take place regarding the costs that we have accrued and the risk we were holding for those few days.

NM echoed the fantastic effort undertaken by the individual teams to ensure patients were not at risk. It should be noted the issues with the scanners were not as a result of not being able to replace equipment as the scanners were not old and this has been escalated nationally to NSS.

10.3 **Acute & Corporate Adverse Events Report**

The Acute & Corporate Adverse Events Report for the period April 2022 to March 2023 was noted, for information.

11 **ISSUES FROM STAFF-SIDE:**

11.1 **Paid As If At Work Issue**

DG highlighted there is a paid as if at work issue ongoing within Laboratories and Radiology. There is some frustration around the time this is taking. DG reassured LPF colleagues this is a live issue and there is work going on. The process has to be correct going

forward that works for both staff and the service and also calculations for any backpay that is due. The next meeting is in September, and we hope to have some feedback from Payroll around backpay by then.

DG

12 MINUTES FOR NOTING:

12.1 Capital Equipment Management Group

The Minutes of the Capital Equipment Management Group meetings held on 2 March, 4 May, 1 June and 6 July 2023 were noted, for information.

13 HOW WAS TODAY'S MEETING?

13.1 Issues for Next Meeting

There were no issues noted for the next meeting.

13.2 Issues for Escalation to Area Partnership Forum

CD advised an Acute Services Division & Corporate Directorates Local Partnership Forum Update report would be prepared for the next APF meeting and would include information regarding the HIS Inspection and an update on the achievements celebrated under the training update.

14 ANY OTHER COMPETENT BUSINESS

14.1 Susan Young

CD wanted to record her thanks to Susan Young, HR Team Leader for her loyal service to NHS Fife over many years and to wish her good luck and best wishes in her new role in NHS Tayside.

AV echoed these good luck wishes. Staff side colleagues thanked Susan for her input and work into this group but also for her work in general over many years.

15 DATE OF NEXT MEETING

Thursday 26 October 2023 at 2.00 pm in the Board Room, Staff Club, VHK.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2023/170823

LOCAL PARTNERSHIP FORUM

(Meeting on 23 May 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 23 MAY 2023 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Nicky Connor, Director of Health & Social Care
Eleanor Haggett, Staff Side Representative
Debbie Fyfe, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Billy Nixon, Health & Safety, NHS Fife
Cara Forrester, Communications Adviser, H&SC
Chris Conroy, Clinical Services Manager (for Lisa Cooper)
Daffyd McIntosh, OC&D Specialist, H&SC
Diane Roth, OC&D Specialist, H&SC
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Jennifer Rezendes, Principal Social Work Officer, H&SC
Jimmy Ramsay, Estates Compliance Manager, NHS Fife
Karen Cassie, HR Adviser, Fife Council (for Elaine Jordan)
Lynn Barker, Associate Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Morag Stenhouse, H&S Adviser, Fife Council
Paul Hayter, NHS Fife
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, HR Team Leader, NHS Fife
Yvonne Batehup, UNISON Welfare Representative
Vanessa Salmond, Head of Corporate Services, H&SC
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Hazel Williamson, Communications Adviser, H&SC
Helen Hellewell, Deputy Medical Director, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Kenny McCallum, UNISON
Lisa Cooper, Head of Primary & Preventative Care Services
Sharon Adamson, RCN
Susan Robertson, UNITE
Vicki Bennett, British Dietetic Association Representative

NO	HEADING	ACTION
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1	APOLOGIES	
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As above.

2 PREVIOUS MINUTES

2.1 Minute from 29 March 2023

Susan Young requested two amendments to the draft Minute and there was an error to be corrected. Once these have been done the Minute from the meeting held on 29 March 2023 will be considered an accurate record of the meeting.

2.2 Action Log from 29 March 2023

The Action Log from the meeting held on 29 March 2023 was approved as accurate.

3 JOINT CHAIRS UPDATE

Joint Chairs Update

Nicky Connor updated on the Integration Leadership Team event held in Rothes Halls on 18 May 2023 which approximately 190 people attended including HSCP staff and people from 3rd and Independent sector. This group will now be known as the Integrated Leadership Team and participants were updated on the journey to integration so far and Mission 25. The feedback from the session has been phenomenal and it is envisaged that similar events will take place a couple of times a year in future. LPF members are invited to be part of this and updates will be brought to a future LPF meeting. Simon Fevre agreed it was a great afternoon which gave teams the chance to showcase what they did and for participants to network with colleagues and the presentation was inspirational providing insight into the experience of a family member who is a carer.

NC/RLaw

4 iMATTER IMPROVEMENT PLAN

Roy Lawrence presented this paper which outlined the actions in place to improve the uptake of employees completing the iMatter survey and the results this year. A pack will be issued to Managers to assist with this and the work on confirming teams has begun. A series of drop-ins will be arranged. The survey will be issued in July 2023. The LPF acknowledged the significant work that is ongoing to support update of the iMatter survey.

5 MISSION25 SOCIAL MEDIA RECRUITMENT CAMPAIGN

Roy Lawrence presented this report which highlighted ongoing work with the social media recruitment campaign. The campaign uses current employees experience to help recruit new employees. A new recruitment landing page has been set up which links the partnership, Fife Council, NHS, 3rd and Independent sectors.

A recruitment event has been set up for Thursday 25 May 2023 at the St Brycedale Campus, Kirkcaldy. Simon Fevre asked if consideration could be given to trade unions being invited to future events. The next event is likely to be September or October 2023.

NO	HEADING	ACTION
6	HSCP CARE ACADEMY MODEL (CONT)	
	<p>Roy Lawrence advised that this paper gave assurance on the activities being undertaken regarding recruitment. The Academy is a model rather than a physical place and encompasses the partnership, Fife Council, NHS, 3rd and Independent sectors and Fife College, who are providing a number of free learning credits for staff who do not qualify for funding and courses cover all levels of qualification.</p> <p>Foundation Apprenticeships continue to grow with up to 90 on offer this year (previously 70 pa).</p> <p>Discussion took place around developing our own staff, career pathways and whether or not staff were guaranteed a job eg at the end of an apprenticeship. Daffyd confirmed that due to the number of vacancies currently, staff are retained following training.</p> <p>Eleanor Haggett asked that feedback be provided to the LPF every six months on this to allow progress to be monitored (next report due at 21 November LPF).</p>	RLas
7	HEALTH & WELLBEING	
	Attendance Information	
	<p>Susan Young advised that the NHS sickness absence rate for April 2023 is 6.20%. The figure is almost a percent higher than the same month last year, however it is the lowest sickness absence figure since September 2022.</p> <p>Susan confirmed that Review and Improvement Panels continue to take place across the Partnership and a review of these is underway. Attendance management training has been refreshed with an increased focus on triggers and targets and supportive management of mental health related absences. A Turas LEARN Attendance Policy module is available and can be accessed at any time.</p> <p>Karen Cassie advised that for Fife Council partnership staff the absence rate was 12.2% in March 2023. It is noted the absence rate in 2023 has reduced on a month-by-month basis in comparison to 2021 and 2022, it is recognised absence remains high and work continues to effectively manage absence and support the wellbeing of employees.</p> <p>Attendance Review and Improvement Panels are held regularly within Fife Council and at present there are some delays receiving information from Occupational Health which is being followed up. Debbie Fyfe advised that feedback from staff regarding contact from the Wellbeing team is appreciated.</p> <p>Full details on absence for both NHS Fife and Fife Council are contained within the report.</p>	
	Staff Health & Wellbeing	
	<p>Susan Young had provided a written update on this from an NHS perspective and this was circulated with the papers for the meeting.</p>	

NO	HEADING	ACTION
7	HEALTH & WELLBEING (CONT)	
	Staff Health & Wellbeing (Cont)	
	<p>Karen Cassie advised that a full day Mentally Healthy Workplace training course was now available and staff should be encouraged to sign up to this.</p>	
	<p>Following discussions on promoting mentally healthy workplaces, Nicky Connor suggested that Roy Lawrence invite Ruth Bennett, Health Promotion Manager to attend the Wellbeing Group to see what could be put in place to encourage staff to practice self-care both at work and outwith.</p>	RLaw
8	HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)	
	<p>Jimmy Ramsay was welcomed to the LPF and he provided an update on Fire Safety. Jimmy advised that his team were going to be running an awareness campaign on Fire Safety to increase compliance with mandatory training figures. An updated video on Fire Safety would be uploaded to TURAS in the coming weeks.</p>	
	<p>Scottish Fire & Rescue, with effect from July 2023, will no longer provide an automatic response to fire alarms in non-domestic, non-residential properties until they have been advised that there is a fire on the premises. This means that those undertaking Fire Warden duties, in addition to sweeping/evacuating buildings, will be asked to interrogate the fire alarm panel and if safe to do so, investigate the source of the alarm. If no fire is found the panel can be silenced and people returned to the building. Discussion took place around what happens in empty premises overnight, further guidance is needed from the Scottish Fire Service, the potential for upgrading fire alarm systems in buildings and concerns around staff safety and training requirements.</p>	
	<p>Trade Unions expressed their concerns about the decision of Scottish Fire and Rescue. Concerns were also raised about whether staff should be going back into a building that may be on fire. It was also stated that the Fire Warden role is a voluntary role and not part of anyone's Job Description.</p>	
	<p>Simon thanked Jimmy for attending the LPF and raising awareness of the upcoming changes.</p>	
	<p>Billy Nixon advised that the NHS Health & Safety Committee is being reconvened. New Manual Handling trainers have been recruited and since they took up post there have been four training sessions held with more to follow.</p>	
	<p>Morag Stenhouse advised the Fife Council Health and Safety team are finalising the Health & Safety Framework which should be completed soon. There are a number of vacancies in their team, particularly H&S Advisers which are being recruited to.</p>	
	Mandatory Training Update	
	<p>Rona Laskowski gave a short presentation on Mandatory Training which showed a weekly overview in place since January 2023 covering 22 NHS and 24 Fife Council courses. These are monitored and the numbers are improving</p>	

NO	HEADING	ACTION
8	HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP (CONT))	
	Mandatory Training Update	
	gradually. A monthly dashboard is being developed to show trajectory and evidence continued progress towards full compliance. Target of 90% compliance has been set across all mandatory training (accepting levels of workforce turnover and long-term sickness).	
	Discussion took place around protected time to allow staff to undertake training, compliance rates and venues for manual handling courses and the need to ensure client/patient/staff safety.	RLas/WA
	Rona Laskowski agreed to circulate a copy of the weekly dashboard to LPF members.	NC/RLas
	Nicky Connor asked Rona Laskowski to bring a written Action Plan to the July LPF meeting.	RLas/YB
	Yvonne Batehup raised again the method of gathering figures in NHS and accuracy. Yvonne and Rona Laskowski to meet up to discuss.	
9	FINANCE UPDATE / BUDGET	
	Audrey Valente advised that the forecast for Fife Health & Social Care Partnership is currently a surplus of £8.463m at the end of the financial year. This will be carried forward as earmarked reserves. Reserves are currently sitting at £37m, £16m of which is committed to specific priorities including the Alcohol & Drug Partnership, Action 15 and Primary Care. The remaining £21m will allow the partnership to move forward with transformation plans. Recent covid-19 spend of £1m will be reclaimed from Scottish Government.	
	Following the agreement of the budget in March 2023 work has started on drafting business cases and the Senior Leadership Team are subjecting these to robust scrutiny. Trade union and staff side representatives will be involved in this work.	
	Offline discussion to take place to agree holding special session or a series of drop ins to allow LPF sight of business cases the July IJB meeting.	NC/SF / EH/DF/ AV
10	SERVICE PRESSURES, WORKFORCE UPDATE & COVID-19	
	System Pressures	
	Lynne Garvey updated on the significant work ongoing in her portfolio and progress being made towards recruitment to vacancies.	
	On behalf of Lisa Cooper, Lynne advised that regular GP practice huddles are taking place with multi-disciplinary team working in place to ensure practices are safe to start. The Out of Hours service is more stable with GP cover in place and no major concerns.	
	Simon Fevre advised that he had met with Wendy McConville to discuss staffing at Stratheden, an action plan has been drawn up and the recruitment process continues.	

Update on Industrial Action

Rona Laskowski updated that there was a 4-6 week reprieve before any potential industrial action by junior doctors. A pay offer has been made and members will be balloted on this. Weekly planning continues, there may be restrictions on new annual leave bookings and decisions will be taken on clinic appointments to reduce the impact if industrial action happens.

Chu Lim advised that voting would take place over the next two weeks.

LiquidLogic Update

Fiona McKay had provided an update which had been circulated with the papers for the meeting. The new system went live on 3 April 2023 for Health & Social Care, Children & Families and Criminal Justice. Debbie Fyfe advised that she had received contact from a number of staff raising concerns with the new system. Fiona advised that staff support and training will be available up to the end of June 2023 and to date 14 face to face sessions have been set up to assist this. There is an information hub and guides are available.

11 PALLIATIVE CARE REDESIGN

Lynne Garvey presented this paper which has been discussed in a number of other meetings and development sessions.

Simon Fevre advised that very few staff concerns have been raised about the new model which is supported by clinicians. There is a robust case for taking forward this transformational change.

This paper will be brought to the Integration Joint Board on Friday 26 May 2023 for approval.

The LPF were assured that this model has been developed in partnership with the staff involve, had considered from a quality perspective through the Quality & Assurance Committee and would be delivered within the financial envelope supporting best value.

They also supported the implementation of the 7-day enhanced community service model, which has been operational since April 2020, delivered through service transformation and within existing resources with a positive on staff.

12 BANK/AGENCY STAFF

Lynn Barker gave detail on supplementary staffing 2021-2022 and as part of this £16m was spent on Bank and Agency staff. Bank staff will always be needed to cover absences such as annual, maternity and study leave.

After 1 June 2023 the partnership can no longer use off contract / framework agency staff. There has been a lot of activity both nationally and locally to address this. The recruitment event on Thursday 25 May 2023 at the St Brycedale Campus, Kirkcaldy will assist this.

Significant work is ongoing to reduce current surge capacity with twice weekly meetings being held.

NO	HEADING	ACTION
12	BANK/AGENCY STAFF (CONT)	
	Lynn will bring a written report to the July LPF meeting, with this item being earlier in the agenda to allow more time for discussion.	LB
13	LPF ANNUAL REPORT 2022-2023	
	Simon Fevre will provide feedback as he is still awaiting some contributions from LPF members. Draft report should be available in early June. Timeline for presentation to the IJB may need to be revised.	SF
14	ITEMS FOR BRIEFING STAFF	
	Mandatory Training Update	Fire Safety
	iMatter Improvement Pan	HSCP Care Academy Model
	Mission 25 Social Media Recruitment Campaign	Liquid Logic
	Palliative Care	Bank /Agency Staff
15	AOCB	
	Nothing was raised under this item.	
16	DATE OF NEXT MEETING	
	Wednesday 26 July 2023 – 9.00 am – 11.00 am	