

Staff Governance Committee

Thu 12 May 2022, 10:00 - 12:30

MS Teams

Agenda

10:00 - 10:01 **1. Apologies for Absence**

1 min

Ms S Braiden

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

1 min

Ms S Braiden

10:02 - 10:07 **3. Minutes of Previous Meeting held on Thursday 3 March 2022**

5 min

Enclosed Ms S Braiden

 Item 03 Staff Governance Committee Minutes 03.03.2022 V0.2.pdf (13 pages)

10:07 - 10:09 **4. Matters Arising / Action List**

2 min

Enclosed


 Item 04 Table of Actions From Meeting Held on 03.03.22.pdf (1 pages)


10:09 - 11:09 **5. GOVERNANCE MATTERS**

60 min

5.1. Draft Staff Governance Committee Annual Statement of Assurance 2021-2022

Enclosed Gillian MacIntosh

 Item 5.1 SGC Annual Statement of Assurance Report.pdf (3 pages)


 Item 5.1 Draft Staff Governance Annual Statement of Assurance 2021-2022 Appendix 1.pdf (22 pages)

5.2. Board Assurance Framework – Workforce Sustainability and Linked Operational High Risks Update

Enclosed Linda Douglas

 Item 5.2 Board Assurance Framework - Workforce Sustainability 12.5.22.pdf (4 pages)

 Item 5.2 Board Assurance Framework - Workforce Sustainability as at 16.3.22 - Appendix 1.pdf (2 pages)

 Item 5.2 BAF Risks - Workforce Sustainability - Linked Operational Risks as at 16.3.22 Appendix 2.pdf (2 pages)

5.3. Risk Management Improvement Programme Progress Update

Enclosed Gemma Couser

 Item 5.3 Risk Management Improvement Programme Update 12.05.22.pdf (13 pages)

5.4. Update on Equality, Diversity and Human Rights, including Equality Inclusion and Diversity Report

5.5. Whistleblowing Quarter 3 Report

Enclosed Sandra Raynor

📎 Item 5.5 Whistleblowing Quarter 3 Report - 12.5.22.pdf (6 pages)

5.6. Review of Staff Governance Committee Annual Workplan 2022/2023

Enclosed Linda Douglas

📎 Item 5.6 Review of SGC Workplan 2022-2023 Report - 12.05.22.pdf (8 pages)

11:09 - 11:39
30 min

6. STRATEGY / PLANNING

6.1. Corporate Objectives 2022/2023

Enclosed Margo McGurk

📎 Item 6.1 Corporate Objectives 2022-2023.pdf (4 pages)

6.2. Draft NHS Fife Three Year Workforce Plan for 2022-2025

Enclosed Rhona Waugh

📎 Item 6.2 - SBAR Draft NHS Fife 3 Year Workforce Plan 2022-2025.pdf (19 pages)

📎 Item 6.2 - NHS Fife Draft Workforce Plan 2022-2025 .pdf (63 pages)

11:39 - 12:09
30 min

7. QUALITY / PERFORMANCE

7.1. Integrated Performance & Quality Report

Enclosed Linda Douglas

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

📎 Item 7.1 IPQR Report April 2022.pdf (45 pages)

7.2. NHS Fife Workforce Information Overview

Enclosed Kevin Reith

📎 Item 7.2 NHS Fife Workforce Information Overview - 12.5.22.pdf (11 pages)

7.3. Progress of Annual Delivery Plan (RMP4) 2021/2022

Enclosed Susan Fraser

📎 Item 7.3 Progress of Annual Delivery Plan RMP4 Update.pdf (10 pages)

📎 Item 7.3 Appendix 2 Review of National Response to Winter 2021 v1.0.pdf (21 pages)

📎 Item 7.3 Appendix 3 Winter Planning Performance Summary March 2022 v1.0.pdf (5 pages)

12:09 - 12:14
5 min

8. LINKED COMMITTEE MINUTES

8.1. Minutes of the Area Partnership Forum held on 23 March 2022 (unconfirmed)



Enclosed

📎 Item 8.1 Area Partnership Forum Cover Sheet 23.03.22.pdf (1 pages)

📎 Item 8.1 Area Partnerhsip Forum Minuntes 23.03.22 (Unfonfirmfed).pdf (8 pages)



8.2. Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 17 February 2022 (unconfirmed)

Enclosed

-  Item 8.2 ASD CD LPF Cover Sheet 17.02.22.pdf (1 pages)
-  Item 8.2 ASD CD Local Partnership Forum Minute 17.02.22 (Unconfirmed).pdf (11 pages)



8.3. Minutes of the Health & Social Care Partnership Local Partnership Forum held on 16 March 2022 (unconfirmed)

Enclosed

-  Item 8.3 H&SCP LPF Cover Sheet 16.3.22.pdf (1 pages)
-  Item 8.3 H&SCP LPF Minutes 16.03.22 (Unconfirmed).pdf (5 pages)

8.4. Minutes of the Strategic Workforce Planning Group held on 22 February 2022 (unconfirmed)

Enclosed

-  Item 8.4 Strategic Workforce Planning Group Cover Sheet 22.02.22.pdf (1 pages)
-  Item 8.4 Strategic Workforce Planning Group Minutes 22.02.22 (Unconfirmed).pdf (6 pages)

8.5. Minutes of the Health and Safety Sub Committee held on 11 March 2022 (unconfirmed)

Enclosed

-  Item 8.5 Health and Safety Sub Committee Cover Sheet 11.3.22.pdf (1 pages)
-  Item 8.5 Health and Safety Sub Committee Minutes (Unconfirmed) 11.3.22.pdf (3 pages)

12:14 - 12:24
10 min

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1. To the Board in the IPQR Summary

Verbal

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

Verbal

12:24 - 12:30
6 min

10. ANY OTHER BUSINESS

12:30 - 12:30
0 min

11. Date of Next Meeting: Thursday 14 July 2022 at 10.00am via MS Teams

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 3 MARCH 2022 AT 10.00AM VIA MS TEAMS

Present:

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

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
B Davies, Head of Primary and Preventative Care (deputising for N Connor)
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
Dr H Hellewell, Associate Medical Director, Health & Social Care Partnership (for Item 6.4)
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
N McCormick, Director of Property & Asset Management (for Item 5.5)
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
L Anderson, PA to Director of Workforce (Minutes)

The Chair welcomed everyone to the meeting, noting that Neil McCormick, Director of Property & Asset Management, would be attending to deliver a presentation on Agenda Item 5.5 Staff Governance Standard – Improved & Safe Working Environment. It was also noted that Dr Helen Hellewell would be called into the meeting to speak to Agenda Item 6.4 - Workforce Implications of Memorandum of Understanding 2 (MOU) Update. A welcome was also extended to Bryan Davies, Head of Primary & Preventative Care, deputising for N Connor, Director of Health & Social Care.

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

The Chair acknowledged the Emergency Footing that continues across NHS Scotland until at least 31 March 2022 and expressed the Committee's sincere thanks to all colleagues for their efforts during this period of extended pressure and very challenging levels of activity.

1. Apologies for Absence

Apologies for absence were received from A Morris (Non-Executive Member) and regular attendee N Connor (Director of Health & Social Care).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Wednesday 12 January 2022

The minutes of the last meeting were **agreed** as an accurate record.

4. Matters Arising / Action List

The Chair highlighted updated and outstanding actions on the Action List as follows:-

Item 1 – Closed.

Items 2 – In Progress – Deferred to May 2022 meeting in light of already full agenda for meeting on 3 March 2022.

Items 3, 4, 5, 6 and 7 – Closed.

The Committee **noted** the updates provided on the Action List.

5. GOVERNANCE MATTERS

5.1 Annual Review of Committee's Terms of Reference (ToR)

The Head of Corporate Governance & Board Secretary advised that the amendments to the Committee's ToR had been tracked within the paper and only minor changes were being proposed, which clarify wording and update terminology to current usage. Subsequent to the paper being issued it had been recommended that a clause be added to all Standing Committee remits to reflect the role of each Committee in the development of the new organisational strategy. The wording of this clause was described verbally. The Committee agreed that an updated draft of the ToR, with the proposed wording of this clause, be circulated via email for comment and approval.

It was agreed that discussion on the description attached to the Employee Director remit within the current ToR wording be taken outwith the meeting and that the final draft of the ToR will reflect any changes to this.

Action: Head of Corporate Governance & Board Secretary

The Committee **considered** the ToR and **agreed** that an updated draft be circulated to members via email for comment and final approval.

5.2 Committee Self-Assessment Report

The Head of Corporate Governance & Board Secretary expressed thanks to colleagues who had completed the survey over the recent busy period of activity. The paper, which summarises responses received, had attempted to draw out the main themes, some of which included ensuring the Committee remains focussed on

strategic matters; improving linkages to Staff Governance Standard; adding additional performance metrics within the IPQR relevant to the Committee; and ensuring information and data provided to members is clear, relevant and provides assurance in line with the report purpose. A commonly noted recommendation across all Committees was the need to enhance training of members by delivering dedicated briefing sessions outwith Committee meetings on topics relevant to the Committee's remit. It was proposed that these sessions be delivered at least twice a year and that suggestions for topics would be sought from members.

S Fevre confirmed support for the overall report and the proposed members' briefing sessions, noting that the feedback gave a number of actions for the Committee to follow up. The Chief Executive also echoed support for the standalone briefing sessions and commended the excellent work done on the report, which offered the Committee an opportunity to focus attention on the themes highlighted.

It was agreed that suggested topics for the briefing sessions would be provided to the Director of Workforce by 25 March 2022, to allow for discussion with the Chair and scheduling into the Committee Workplan. An update on the suggested topics would be brought back to a future Committee for prioritisation. The Chief Executive commented that it would be helpful for the Committee to allow for a degree of flexibility in the scheduling of these sessions, to accommodate any unanticipated topics.

Action: Committee Members / Director of Workforce

5.3 Review of Staff Governance Committee Workplan 2021/2022 and Draft Annual Staff Governance Committee Workplan 2022/2023

The Director of Workforce drew the Committee's attention to the two appendices included in the report – Appendix 1 – a review of the Staff Governance Committee Annual Workplan 2021 / 2022 and Appendix 2 – Draft of the Staff Governance Committee Annual Workplan 2022 / 2023. The latter had incorporated the feedback received from the Committee throughout the year, as well as that given via the Committee's Self-Assessment Exercise. It was reiterated that the Workplan is a live document, which is continuously reviewed and updated.

In the Annual Reports section of the 2022 / 2023 Draft Workplan, S Fevre queried the timing of the Equality, Diversity & Inclusion (EDI) Report, marked as 'To be Confirmed', emphasising that this was an area of important organisational focus that the Committee needed to see reporting on. The Director of Workforce offered assurance to the Committee and highlighted that reporting updates were routinely provided to Committee by the Director of Nursing. Additionally the BAME (Black, Asian, Minority Ethnic) Network report would be tabled at the May 2022 Committee meeting, which would include the response to the consultation on the Public Sector Equality Standards. S Fevre commented that awaiting feedback from the BAME network should not preclude the Committee from progressing the EDI agenda overall. The Director of Workforce clarified that the reporting element pointed primarily to the ordering of matters in the Workplan and did not impede the work that was continuing in terms of the overall EDI agenda.

Whilst noting ongoing efforts to ensure international recruits were aware of relevant community links, the Employee Director emphasised the importance of being able to signpost both new recruits and existing staff to a tangible internal support forum. The

Director of Workforce offered assurance to the Committee on the efforts undertaken in collaboration with staff side colleagues to welcome international recruits to Fife.

Noting the matters raised, the Head of Workforce Planning & Staff Wellbeing offered to extend the scope of the update that would be provided at the May meeting. S Fevre added that the BAME network must be supported to bring forward the issues that had been identified, in order that appropriate action could be taken.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from and **noted** the activity undertaken as demonstrated by the Staff Governance Committee Workplan for 2021 / 2022 and **discussed** and **approved** the Staff Governance Committee Workplan for 2022 / 2023, alongside the addition of the briefing sessions.

5.4 Board Assurance Framework – Workforce Sustainability and Linked Operational Risks Update

The Director of Workforce confirmed that no new or significant risks had been identified. The Committee would be updated on the linked risk pertaining to Nursing & Midwifery Staffing Levels via a presentation by the Director of Nursing.

M Mahmood enquired as to whether feedback was being sought on how staff were engaging with the various support and wellbeing services on offer and whether they were benefitting from utilising these services. The Director of Workforce commented that the information due to be presented in agenda item 7.4 Staff Health & Wellbeing Update would offer the Committee assurance on this matter.

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

5.4.1 Nursing & Midwifery Staffing Levels

The Director of Nursing provided a detailed presentation on Nursing & Midwifery Staffing levels, explaining that the workforce had increased by 11.5% in the last five years and 4.5% in the past year (December 2016 – 3500 WTE, December 2020 – 3781 WTE, December 2021 – 3950 WTE). Increasing demand, vacancy levels and staff health and wellbeing pre and post pandemic were noted as contributory factors. Supply and demand pressures facing the workforce such as recruitment, retention, availability of student nurses, staff absence, vacancy levels, increasing activity, surge, issues with care at home and the requirement for new workforce (e.g. Vaccination staff) were highlighted.

The Committee were updated on the ongoing actions being taken to mitigate these pressures, including but not limited to national and international recruitment, increasing student numbers in the Band 4 workforce, upskilling of the Band 3 workforce, consideration of how non-registered staff could support the registered workforce in hybrid posts such as Medicines Assistants, ensuring adequate supply of bank staff to reduce reliance on agency workers, retention activities including education, career support, health & wellbeing support opportunities for advancement and from an operational perspective Workforce Hub tools, Safe to Start Guidance, Guiding Principles and others. The Director of Nursing referred to the recent Audit

Scotland report on NHS performance, which acknowledged that NHS Scotland was operating in extremely challenging circumstances and staff were being adversely affected by occupational burnout and moral distress. Concerted efforts on a national and local level were being made to support the workforce.

A Verrecchia thanked the Director of Nursing for the informative update and enquired whether there was any data available in respect of staff retiring early at 55 as a result of proposed changes to the NHS Scotland pension scheme. The Director of Workforce noted the challenges associated with gathering such data, as staff are not obligated to share this information, and updated that pension sessions had been organised for staff in December 2021 and additional efforts would be made to alleviate staff concerns about the scheme. The Deputy Director of Workforce commented that the Scottish Public Pensions Agency (SPPA) had now issued communications to members clarifying that there would be no disadvantage from changes to pension regulations and furthermore the situation was being continually monitored across the HR community nationally as a matter of importance.

S Fevre emphasised the importance of quantifying and monitoring vacancy levels and the Committee being offered assurance around this. The Committee were reminded that whilst there was an increased workforce, there were also increased responsibilities and specific tasks that staff were recruited for e.g. Immunisation. Additionally, whilst the bank was an important source of workforce supply, an over reliance on bank staff made for an unstable workforce model. It was queried as to whether there was an optimum ratio of bank to permanent staff that the organisation was looking to achieve. The Deputy Director of Workforce commented that vacancy levels were challenging, and work was underway to find a solution to establishment gap recording and reporting so that gaps could be better assessed. It was also advised that whilst vacancies offered some explanation for the gaps, the high levels reported were reflective of the extensive work being done to mobilise candidates through the recruitment system. Whilst paying due credit to the bank workforce that had served the organisation well, especially in the current circumstances, it was acknowledged that there was an opportunity to correct the balance in favour of a sustainable core workforce.

The Employee Director suggested efforts that would support the registered workforce including upward mobilisation of the Band 3 staff, many of whom were already working beyond their remit, and better rota management to offer flexibility, both of which would improve employee morale and retention. The Deputy Director of Workforce recognised the importance of progressing the Band 4 work within the limitations of the national work being conducted. The e-Rostering solution is commencing in April 2022 and expected to be established within the next three years, would offer further scope for flexibility to meet the needs of both staff and the service from a workforce planning perspective, a challenge that would require collective efforts across staff-side, nursing and workforce operational areas.

The Committee **noted** the update provided with regard to Nursing & Midwifery Staffing levels.

5.5 Staff Governance Standard – Improved & Safe Working Environment

The Director of Property and Asset Management presented a comprehensive overview of the NHS Fife Health & Safety (H&S) function responsible for advice, training and statutory reporting across the organisation. It was reiterated that H&S is everyone's responsibility. The H&S policy had been recently updated to ensure best practice and compliance and a copy was available on the website and Stafflink. The Committee were informed that the pandemic had presented the H&S function with unique areas of focus and challenge, particularly in relation to risk assessments, to ensure a safe environment for patients, staff and the public. Furthermore, owing to the increased number of new staff and staff working in different areas, manual handling training was an important area for the H&S team. Overall the training model was being reviewed to offer targeted training geared towards the specific area of work and equipment being utilised therein. The Committee were updated about the H&S Management Assistant, a tool that managers could use to ensure departments are managed in a safe and effective way. It was noted that the previous H&S Manager had recently moved to a new post and an appointment to the vacancy was expected imminently.

S Fevre recognised the ongoing work within H&S with support from Estates and Facilities and commented that a safe and healthy environment was key to employee wellbeing, retention and patient care. The importance of progressing the establishment of permanent Staff Hubs was emphasised. The Employee Director acknowledged the informative update that had been provided and emphasised that H&S is everyone's responsibility, remarking that it may be helpful for the Area Partnership Forum (APF) to receive regular H&S updates to promote awareness of key issues. The Director of Property & Asset Management commended S Fevre for his contribution and support around establishing Staff Hubs and in recognition of the Employee Director's feedback on the benefits of raising the profile of H&S awareness across the organisation and agreed with the proposed suggestion.

The Committee **noted** the update provided in the presentation in respect of Staff Governance Standard – Improved & Safe Working Environment.

5.6 iMatter Feedback Report

The Head of Workforce Development & Engagement provided an overview of the iMatter report, explaining that iMatter is a team-based employee engagement tool developed by NHSScotland that offers managers, teams and organisations the opportunity to measure, understand and improve staff experience. It was advised that although response rates had dropped by 3 percentage points from 2019 to 2021, they were 3 percentage points higher than NHSScotland and significantly higher than the 2020 Everyone Matters Survey results. NHS Fife's 58% response rate offered robust data to inform future actions. The Employee Engagement Index (EEI) score of 75 was on par with the national average and, despite moving from a 12 to 8 week completion requirement, a 10% increase in the number of action plans completed in NHS Fife was reported.

With scores of 78% and 77% in the 'Well Informed' and 'Being Treated Fairly and Consistently' Staff Governance Standards respectively, it was reported that NHS Fife had scored significantly higher compared to national results which were 69% and 74% respectively, and in the areas of 'Involved in Decisions' and 'Appropriately

Trained & Development', NHS Fife had scored slightly higher than the national average.

In reporting on new developments, the introduction of the SMS function had seen an encouraging 53% response. For this year additional support would be offered to Directorates utilising paper surveys where a lower response rate of 17% had been reported. As the organisation emerges from the pandemic, the focus on engaging with staff on career development was emphasised. Locally created resources such as the Action Planning Tool Kit had received positive feedback and a new resource was being developed on TURAS to raise awareness and support managers.

The Employee Director commented on the need to increase engagement with staff without easy access to IT, particularly Estates & Facilities staff to improve iMatter response rates and involvement in action plans. The Head of Workforce Development & Engagement noted the work done on communication in collaboration with the Director of Property and Asset Management which can be built on this year to promote Estates & Facilities staff engagement in the iMatter process. S Fevre added that it was good to see the overall improvement in staff engagement and asked whether there was a means of locally measuring the action planning process to make sure that staff felt part of the process. It was important for the organisation to build on the work done around environments and involvement and support staff from a career development perspective, harnessing the valuable skills and experience gained over the course of the pandemic. The Head of Workforce Planning & Development advised that local guidance had been developed for managers and support had been offered to every manager who had not yet started the action planning process and further consideration would be given what more could be done to ensure staff feel involved in developing these plans.

In terms of how staff are supported going forward from the 'Appropriately Trained' strand of the Staff Governance Standard, it was advised that the data had been taken to the Learning & Development Forum, where discussions had taken place on how the organisation was ensuring the workforce are appropriately trained and what could be done differently in that space. In this regard, the Director of Workforce emphasised the importance and value of promoting staff engagement with the Personal Development & Performance Review (PDPR) process.

The Committee **noted** the detailed update provided in the iMatter Feedback presentation.

5.7 Appraisal & Revalidation Report – Wider NHS Fife Registered Workforce

The Director of Workforce advised that this paper encompasses appraisal and revalidation activities around the wider registered workforce and was being presented in response to a request from the Committee at the Staff Governance Meeting on 28 October 2021.

The Director of Nursing advised that Allied Health Professionals (AHPs) were required to register every two years. Within the period January to December 2021, revalidations had been completed by certain AHP staff groups. Initial challenges experienced with the new online re-registering system had been resolved. Nursing & Midwifery staff are required to register every year and revalidate every three years and the registration and revalidation procedure to support this process is

implemented across NHS Fife. The Committee were offered assurance that any lapses were promptly dealt with in line with NHS Fife policy, with support from the Workforce team. S Fevre suggested that the inclusion of PDPR figures for this workforce would offer the Committee greater assurances around the supervision, appraisal and Personal Development Planning element. The Director of Workforce, acknowledging this feedback, advised that efforts are being made to incorporate this information into the Workforce Information Overview Report as part of future developments.

The Committee took **assurance** from the update provided in the Allied Health Professionals Appraisal and Registration and the Nursing and Midwifery Revalidation update.

6. STRATEGY / PLANNING

6.1 Workforce Plan and Strategy Development 2022-2025

The Deputy Director of Workforce advised that the requirement for completing the Workforce Plan had now been extended from March to July 2022 for publication by October 2022. In the 2022/2023 Staff Governance Workplan, the Workforce Plan for 2022-2025 has been scheduled for initial presentation in May 2022 and final sign off in July 2022. Whilst the guidance is yet to be released, the Workforce Plan will be completed in two parts, with appropriate linkages between the NHS Fife and the Health & Social Care Partnership Workforce Plans. It was advised that the National Workforce Strategy for Health & Social Care in Scotland was due to be released later in March 2022 and this would consequently inform and direct local Workforce Strategy development. Work on aspects of the Population Health & Wellbeing (PH&WB) Strategy had been paused to Quarter One of 2022/2023 and the Workforce Strategy is now scheduled to be presented to the Committee in March 2023, per the Workplan.

The Committee **noted** the update provided in respect of the Workforce Plan and Strategy Development for 2022-2025.

6.2 Strategic Planning & Resource Allocation Report (RMP 2022/2023)

The Director of Finance & Strategy advised that a verbal update was being provided to the Committee as the final details of the 2022/2023 Strategic Planning & Resource Allocation (SPRA) proposal were currently being reviewed by the Executive Directors' Group. An initial draft of the Corporate Objectives had been presented to the Population Health & Wellbeing Portfolio Board (PH&WB) in January 2022 and discussions with individual Directors were ongoing to finalise the key objectives for each area. It is expected that a final proposal will be ready by March 2022, which will be reported into both the PH&WB Portfolio Board and NHS Fife Board for approval. With the relevant learning incorporated from last year, the second-year of the process has been considerably more embedded and there is real ambition to integrate organisational Workforce and Financial plans to ensure a consolidated plan for the 2022/2023.

The Committee **noted** the update provided in respect of the Strategic Planning & Resource Allocation (RMP 2022/2023).

6.3 Joint Remobilisation Plan 2021/2022 - Winter Plan Actions

The Director of Nursing advised that the paper highlighted the actions of the fourth iteration of the Joint Remobilisation Plan (RMP4), which had been renamed NHS Fife Operational Delivery Plan, and includes the Winter actions described. Oversight of workforce implications during remobilisation had been considered as part of the SPRA process. Actions that have been taken or are being considered include the potential long term Covid-19 health issues for staff, which are being addressed through national guidance, and ongoing monitoring to ensure Workforce Hubs are robust and flexible. The Workforce Silver Group continues to meet to review workforce deployment. Additionally, the adapting and onboarding and development delivery approach through the use of e-enabled fast track induction and training is being focussed on by the Professional Practice Development team. Focussing on Workforce, actions were noted around the consolidation of staff and bank arrangements and ensuring Personal Development Planning activities were brought back on track.

S Fevre acknowledged the paper presented was helpful and offered an account of the numbers. However, it did not appear to communicate the considerable impact of the Winter Plan on the workforce directly. The Director of Nursing confirmed that this feedback would be given due consideration in the review exercise about to commence.

The Committee took **assurance** from and **noted** the progress of deliverables within Joint Remobilisation Plan 4 (RMP4).

6.4 Workforce Implications of Memorandum of Understanding 2 (MOU2) Update

Bryan Davies, the Head of Primary and Preventative Care, advised that the paper presented was a further update on MOU2 Implementation and associated workforce implications. As previously reported, attracting and retaining the workforce to support General Practice remains a challenge. It was advised that confirmation of additional Scottish Government funding to the tune of £1.02 million has allowed further progression of MOU2 implementation across all three workstreams. Two thirds of the Community Treatment and Care workforce are in place and Vaccination Workforce recruitment is currently underway. Dr Helen Hellewell, Associate Medical Director H&SCP, drew the Committee's attention to the main areas of mitigation, which comprised closely reviewing the skill mix and ensuring that both registered and non-registered staff were appropriately used to fill posts whilst maintaining flexibility as recruitment to the programme continues.

The Committee confirmed **assurance** from the report that there has been progression in the recruitment of the MOU2 workforce, including an additional Scottish Government investment of £1.02 million. The Committee also confirmed **assurance** from the report regarding the progress of all priority areas and the mitigating actions being taken in relation to the risks identified.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce acknowledged that increasing sickness absence levels in the reporting period continue to remain a concern and drew the Committee's attention to the ongoing mitigating actions. She thanked the Employee Director, S Fevre and other staff-side colleagues for their involvement in supporting these actions. The Employee Director remarked that it was important for the Committee to prioritise their focus on how sickness absence is managed, particularly in regard to the support that staff members receive whilst on sick leave. It was highlighted that maintaining communication with staff was imperative to facilitating their return to work and it was important for managers to feel supported and empowered to consider innovative approaches to support staffs' return to work.

M Mahmood enquired about the methods used to promote positive attendance and how well these were working. A Verrecchia commented that Managers needed to be supported with the administrative requirements associated with managing sickness absence, as well as being empowered to act independently. The Director of Workforce updated on a recently held meeting with the Employee Director and staff-side colleagues to collaboratively explore what could be done differently to manage sickness absence. At this meeting, a sample of individual cases were discussed to draw learnings to support improved practice going forward.

The Chief Executive, agreeing that absence management was a high priority matter on the Staff Governance agenda, reinforced that the focus needed to be on active governance. It was noted that in progressing innovative return to work approaches, there were opportunities for better collaboration across the organisation. The Chief Executive expressed concern at comments that managers did not feel empowered to manage sickness absence, as this was contrary to the organisation's culture and values and requested that staff-side colleagues make contact with her directly to discuss this matter further. The Employee Director stressed the need for an appropriately constituted high-level group that focusses on absence management.

The Committee **discussed** the IPQR and **examined** and **considered** NHS Fife's performance, with particular reference to the levels of Sickness Absence and the caveats around this.

7.2 Integrated Performance & Quality Report Review Process

The Director of Finance & Strategy explained that the paper was an initial response to an agreed action from the Board Active Governance Workshop held in November 2021, where a commitment had been made to review the current content of the IPQR and identify opportunities for improvement. The cross functional group engaged in the review exercise had concluded that, in line with best practice stipulations, the current IPQR contained a robust level of information. However, in the spirit of continuous improvement and for the Committee's assurance, the Director of Finance & Strategy advised that it may be beneficial for the report to include quality value statements around the impact being felt on the ground and as expressed by staff. The need for a broader and more qualitative assessment of actions being taken to support staff was recognised. The Committee was informed of the medium term improvements recommended and to be implemented to improve the presentation of

the report, with an acknowledgement that staff health and wellbeing metrics also needed to be incorporated, to offer assurance to the Committee on whether actions being taken were having the desired impact.

The Committee **took assurance** from the report and the proposed changes to the IPQR as part of the IPQR review, noting that further updates would follow.

7.3 NHS Fife Workforce Information Overview

The Deputy Director of Workforce explained that the Workforce Information Overview provided an organisational level overview of various aspects of workforce data as of December 2021 and advised the Committee that workforce management information capability continues to be developed with the rollout of the Tableau dashboard to support enhanced decision-making. The Committee was reminded that the vacancy numbers reflected in the report were not a measure of the establishment gap, but rather the volume of recruitment activity. Work to identify the establishment gap was ongoing with colleagues at regional and national level, as this continues to be an area of challenge across all Health Boards. The Employee Director commented that vacancy data was key to understanding the quantum of the workforce challenge. The Chair requested that this matter be discussed outwith the meeting and brought back to the next Committee meeting.

Action: Deputy Director of Workforce / Director of Nursing

Responding to a question posed by S Fevre on the Workforce Development Appraisal section of the report, the Deputy Director of Workforce advised that local solutions to extract performance development review data were being considered, as it had not been possible to obtain this information from the regional dashboard as originally expected.

The Committee took **assurance** from the report and **noted** contents of the NHS Fife Workforce Information Overview report and the related appendices.

7.4 Staff Health & Wellbeing Update

The Head of Workforce Planning & Staff Wellbeing advised that the report provided a comprehensive overview of the staff support services offered to promote Occupational Health, which included Peer Support, Spiritual Care, Psychology Staff Support and a range of other Wellbeing approaches. It was noted that Appendix 1 of the paper provided a summary of activity and uptake. The impact of the services offered was being evaluated and this information would be incorporated into the Staff Health & Wellbeing framework due for publication later in the year.

S Fevre commented that it was good to see the information presented in the report and suggested that it may be helpful for this update to be scheduled earlier in the agenda, to allow fuller discussion on this important topic. M Mahmood sought clarification on what activities the additional funding had been utilised for. The Head of Workforce Planning & Staff Wellbeing responded that the funding had been used to support a number of measures, including additional staffing resources for staff psychology support and for Virtual Based Practice reflection activity within the Spiritual Care Service. Taking feedback from the Staff Health & Wellbeing group and staff-side colleagues into account, funding had also been used to support improved

vending facilities, benches for outdoor spaces and wellbeing retreat sessions. Additionally gym membership opportunities were also being considered.

The Committee **noted** the update provided in respect of Staff Health & Wellbeing.

8. ANNUAL REPORTS

8.1 Occupational Health and Staff Wellbeing Service Annual Report 2020/2021

The Head of Workforce Planning & Staff Wellbeing explained that the report highlights the ongoing important role being played by the Occupational Health & Staff Wellbeing service during the pandemic in terms of assisting with staff outbreaks, staff contact tracing / support and advice to managers and staff. Furthermore the investment in Occupational Health service in the previous year has enabled the addition of an Occupational Therapist to support staff returning to work following episodes of long COVID absence and a Mental Health Occupational Health Nurse. S Fevre commended the report and queried whether it could be presented to the Committee earlier on in the year. The Head of Workforce Planning & Staff Wellbeing responded that the 2021/2022 Annual Report was scheduled in the workplan for presentation at the August 2022 Committee meeting, so would be timelier. The Employee Director expressed thanks to the support offered by Occupational Health team during this very challenging time. The Director of Workforce also expressed thanks to Mandy Mackintosh and the Occupational Health team, who have been an invaluable resource and service to the organisation.

The Committee took **assurance** from and **noted** the contents of the Occupational Health and Staff Wellbeing Service Annual Report 2020/2021.

9. LINKED COMMITTEE MINUTES

The Committee **noted** the minutes of the following meetings:

- 9.1 Minutes of the Area Partnership Forum held on 19 January 2022 (unconfirmed)
- 9.2 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 19 January 2022 (unconfirmed)
- 9.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 23 December 2021 (unconfirmed)

10. ESCALATION OF ISSUES TO NHS FIFE BOARD

10.1 To the Board in the IPQR & Chair's Comments

The Chair invited members to identify from this meeting issues, if any, to be highlighted at the Board meeting due to take place on 29 March 2022.

Under the IPQR, the Director of Workforce recommended that the deteriorating trend of sickness absence levels be escalated to the Board as an area of concern.

For the minutes, S Fevre requested that the positive feedback report received in relation to the 2021 iMatter Staff Engagement survey be highlighted to the Board.

The Employee Director requested that the position in respect of vacancy data should be highlighted to the Board as an area of risk. The Director of Workforce offered assurance to the Committee that this information was available and the details requested by the Employee Director would be incorporated into the information presented in the Workforce Information Overview. The Deputy Director of Workforce advised that whilst this data could be produced, it was not on an automated basis available and work in this area was being progressed.

11. ANY OTHER BUSINESS

The Committee acknowledged the current challenging situation in the Ukraine. The Chief Executive advised that an offer of support would be made to members of staff affected by this crisis.

Date of Next Meeting: Thursday, 12 May 2022 at 10.00 am **via MS Teams**

Unconfirmed

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 12 May 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	3 March 2022	Committee Self Assessment Report	Committee members to provide suggested topics for the Briefing Sessions to the Director of Workforce to allow for discussion with the Chair and scheduling into the Committee Workplan.	LD	By 25 March 2022	Topics for the Briefing Sessions received and incorporated into the Committee Workplan.	Closed
2.	3 March 2022	Review of Staff Governance Committee Workplan 2021/2022 and Draft Annual Staff Governance Committee Workplan 2022/2023	Head of Workforce Planning & Staff Wellbeing to provide an update on Equality, Diversity and Human Rights, including BAME network and related aspects.	RW	12 May 2022	On agenda for 12 May 2022 meeting.	Closed
3.	3 March 2022	NHS Fife Workforce Information Overview	Discussion to take place outwith the meeting in relation to Vacancy Data and brought back to the next Committee meeting.	KR	12 May 2022	On agenda for 12 May 2022 meeting.	Closed
4.	28 October 2021	NHS Fife Workforce Information Overview	Head of Workforce Planning & Staff Wellbeing to provide a report on the new Black, Asian, Minority Ethnic (BAME) Network.	RW	12 May 2022	Agreed with Chair to defer to a future meeting in light of already full agenda for meeting on 3 March 2022. On agenda for 12 May 2022 meeting.	Closed

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 12 May 2022
Title:	Draft Staff Governance Committee Annual Statement of Assurance 2021-2022
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Gillian MacIntosh, Board Secretary

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to a:

- Legal requirement
- Local policy

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

- Effective

2 Report Summary

2.1 Situation

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

2.2 Background

Each Committee must consider its proposed Annual Statement at the first Committee meeting of the new financial year, as per the Committee's workplan. The current draft takes account of initial comments received from the Committee Chair, Director of Workforce and Head of Workforce Planning and Staff Wellbeing.

2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda

business covered in the course of 2021-2022, with a view to improving the level of assurance given to the NHS Board.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The content of the Staff Governance Committee Annual Statement of Assurance 2021-2022 meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

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

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and Executive Lead and has been reviewed by EDG at its meeting on 5 May 2022.

2.4 Recommendation

The paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Staff Governance Committee Annual Statement of Assurance 2021-2022

Report Contact

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

ANNUAL STATEMENT OF ASSURANCE FOR NHS FIFE STAFF GOVERNANCE COMMITTEE FOR 2021-2022

1. Purpose

- 1.1 The purpose of the Staff Governance Committee is to support the development of a culture within the health system where the delivery of the highest standard possible of staff management is understood to be the responsibility of everyone working within the system, is built upon partnership and collaboration, and within the direction provided by the NHS Scotland Staff Governance Standard.
- 1.2 To assure the NHS Fife Board (hereafter described as “the Board”) that the Staff Governance arrangements in the Integration Joint Board are working effectively.
- 1.3 To escalate any issues to the Board if serious concerns are identified regarding staff governance issues within all services, including those devolved to the Integration Joint Board.

2. Membership

- 2.1 During the financial year to 31 March 2022, membership of the Staff Governance Committee comprised: -

Margaret Wells	Chair / Non-Executive Member (to July 2021)
Sinead Braiden	Chair / Non-Executive Member (from August 2021)
Wilma Brown	Employee Director
Christina Cooper	Non-Executive Member (to September 2021)
Simon Fevre	Co-Chair, Health & Social Care Partnership Local Partnership Forum
Kirstie Macdonald	Non-Executive Member
Mansoor Mahmood	Non-Executive Member (from September 2021)
Alistair Morris	Non-Executive Member
Janette Owens	Director of Nursing
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

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

3. Meetings

- 3.1 The Committee met on six occasions during the financial year to 31 March 2022, on the undernoted dates:
- 29 April 2021
 - 1 July 2021
 - 2 September 2021

- 28 October 2021
- 12 January 2022
- 3 March 2022

3.2 The attendance schedule is attached at Appendix 1.

4. Business

- 4.1 The business of the Committee during the year has been impacted greatly by the need for NHS Fife as a whole to address the ongoing challenges of the global Coronavirus pandemic. The Committee Chair has liaised closely with the Director of Workforce, as lead Executive Officer, to identify what business must be considered by the Committee and what must be prioritised in agenda planning. In the period covered by this report, some routine business has been suspended or deferred, with the occasional meeting running with a prioritised agenda. This has maximised the time available for management and operational staff to deal with the significant challenges of addressing Covid surge-related demand within clinical services, and, at the same time, allowed the Board to appropriately discharge its governance responsibilities. The Committee's workplan has been regularly reviewed to ensure that specific items related to Covid-19 have been covered appropriately and that the required assurances could be provided to the Board as part of the year-end process.
- 4.2 The Committee has received throughout the year reports on the mobilisation and deployment of the current workforce to address the operational pressures caused by Covid-19 activity and, as this has peaked and then reduced, the remobilisation of services thereafter. The Committee considered the updates provided, noting that protecting staff wellbeing and enhancing support has been a constant priority, and that the maintenance, as well as introduction, of a range of services, initiatives and resources, allowing staff the opportunity to rest and recharge, has been central to this work and a central part of the organisation's pandemic response.
- 4.3 The Staff Governance Committee's first meeting of the 2021-22 reporting year was in April 2021. Substantive agenda items included a comprehensive report on staff health and wellbeing activities, including work around promoting attendance, as services continued to operate against a general background of Covid-related pressures. Detail was given on the services available to help support staff during this time of increased activity on all services (including Mindfulness training, peer support and reflective practice to help support returning staff and their managers). The Committee received assurance that the current commitment to health and wellbeing activities, including investment in additional occupational health and psychology support services staff, was sustainable and in place for the longer term, particularly as the lasting effects of Covid become clearer. Members welcomed the information given on the support offered to staff and the positive impact this can have on overall staff absence figures. Further detailed updates on staff health and wellbeing activities were discussed at Committee meetings in September 2021 and March 2022, including the support for long Covid symptoms by occupational health services and the process of moving the staff wellbeing hubs from their temporary to permanent locations.
- 4.4 Regular updates on Covid-19 related topics have been given to the Committee during the year, reflecting the priorities of the Board, the ongoing Emergency Footing under which the NHS in Scotland operates, and the Board being under Scottish Government direction for the period covered by this report. In addition to detailed reports on recruitment and staff wellbeing during the pandemic, the Committee has also scrutinised the programmes for staff testing and vaccination against Covid-19, noting the rapid roll-out and success of these programmes.
- 4.5 At its April 2021 meeting, the Committee received an update on the Workforce Strategy and how lessons learned from the significant changes to service delivery experienced during

Covid-19 would require to be reflected within an Interim Joint Workforce Plan for 2021-22. Members reviewed NHS Fife's draft Interim Joint Workforce Plan submission to the Scottish Government, utilising the new national template and covering both the Board and the Fife Health & Social Care Partnership. Issues discussed by members included third-sector involvement, risk reporting related to the implementation of the strategy and the potential impact of failure to recruit to the supplementary staffing detailed within the Plan. In September 2021, the Committee reviewed the feedback on the Plan received from the Scottish Government and how this will influence the next three-year iteration of the Workforce Plan. The Committee noted that work had begun to redevelop the Board's overall Workforce Strategy (then in its final year), aligned to the development of the overall organisational Population Health & Wellbeing Strategy. This will involve reflection and assessment of the effectiveness and completeness of previous action plans, to ensure progress has been captured and evidenced. It will also be more effectively integrated with the annual Strategic Planning & Resource Allocation (SPRA) process, now in its second year of operation. An update on this year's SPRA process was given to members in March 2022, with the Committee being assured that the process has been considerably more embedded this year and with real ambition to integrate organisational Workforce and Financial plans going forward.

- 4.6 The Committee has received updates on planning in light of the Covid response, with further iterations of the Board's Remobilisation Plan prepared and submitted to members, prior to seeking Scottish Government agreement on its content. In July 2021, the Committee considered the process in place to produce the next iteration of the Joint Remobilisation Plan, incorporating information gathered from across the organisation. In October 2021, an update on the next iteration of the Remobilisation Plan (RMP4) was given, which also encompassed the annual Winter Plan detail. An action tracker, outlining key actions and progress on deliverables, has helped support the delivery of the Remobilisation Plan and scrutiny of its achievements against target dates.
- 4.7 At its January 2022 meeting, reflecting the extensive pressure then being experienced by staff and clinical services, the Committee's agenda was prioritised to review further updates on the workforce response and mobilisation against the Omicron wave of Covid-19 and specific governance-related items linked to Whistleblowing reporting and strategy / workforce planning activity. The Chief Executive and Director of Workforce gave a presentation on the continuing and increasing workforce challenges being experienced in Fife, particularly linked to Covid-related staff absences as the Omicron wave of infection peaked. Detail was provided on the current recruitment and deployment actions underway, in addition to the training and development structure in place to help support staffing levels. A range of support options continue to be in place to directly support staff to take time to look after their own wellbeing. The Committee welcomed the news that NHS Fife would be the first Scottish Health Board to welcome the initial cohort of internationally recruited nurses, which was testament to the strong collaborative working across Workforce, Nursing, Finance and other directorates to accomplish.
- 4.8 Ongoing reports have been provided on the Organisational Strategy Development work, including details on the proposed engagement approach and the development of the Population Health Needs Assessment, which will be the underpinning baseline of the eventual strategy document text. Development of the individual workstreams is being taken forward through a Portfolio approach involving all members of the Executive Directors' Group. Overall, the workstreams will be linked to the five national care programmes that have been initiated by the Scottish Government. Early engagement has taken place with staff, key stakeholders and members of the public, and updates have been given to the Committee thereon, such as the paper presented for discussion in January 2022. Members' feedback on the means of further engaging with staff and service users on the content of the new strategy have been welcomed, which will be taken forward in the next stage of more focused participation. The Public Health & Wellbeing Committee is the lead Committee for the development of the new Strategy, though the Staff Governance

Committee will continue to have a specific role in the scrutiny and assurance of developments with a defined impact upon staffing matters.

- 4.9 The Committee has discussed planning for the Winter Period (as part of the Board's Joint Remobilisation Plan) and reflected on Winter performance via a report on the 2020/21 period submitted to members at the March 2022 meeting. It was recognised that, particularly with Covid activity ongoing, planning for pressures and surges was, in essence, a year-round activity, which goes beyond the actual Winter season. Services have been recovering as well as remobilising, and close working relationships (particularly with colleagues in the Health & Social Care Partnership) have helped to managed delay and flow, with varying results across the year. Nevertheless, it has been important for the Board overall to address any underlying capacity issues, to ensure that pressures 365 days per year are accounted for in overall planning.
- 4.10 Actions that have been taken or are being considered include the potential long term Covid-19 health issues for staff, which are being addressed through local Occupational Health support and national guidance, and ongoing monitoring to ensure Workforce Hubs are robust and flexible. The Workforce Silver Command Group continues to meet to review workforce deployment. Additionally, the adapting and onboarding and development delivery approach through the use of e-enabled fast track induction and training is being focussed on by the Professional Practice Development team. Activity has at some periods been unrelenting, and the Committee were fully apprised of the impact this has upon levels of staffing and the variability of performance overall. Members were pleased to note the introduction and implementation of a new Operational Pressures Escalation Levels (OPEL) framework, which is helping manage day-to-day pressures, with clear triggers for action and escalation.
- 4.11 The launch of the National Whistleblowing Standards on 1 April 2021 were detailed to the Committee as outlined in last year's report, via a number of papers describing how the new Standards will be rolled out within Fife. The Board's new Whistleblowing Champion, Kirstie Macdonald, attended the April 2021 Committee meeting as an observer and designate member, prior to her appointment being formally announced on the completion of the purdah period for the 2021 Scottish Parliament elections. The Committee has since received regular reports on the roll-out of the new Standards and the first year of their operation, including an update on the Whistleblowing Champion's assurance role on the Board (given in September 2021). It is recognised that the implementation of the Standards by Boards across Scotland will vary to take account of the individual context of each organisation, but that the Whistleblowing Champion provides a dedicated means of ensuring best practice is shared and that there is a consistency of approach across Boards.
- 4.12 Further work is underway on the format of Whistleblowing reports, in particular to evidence an open and learning culture. Additional data on staff take-up of Whistleblowing training (which had been designated as 'core' training for all staff and managers), to gain assurance of widespread understanding and visibility of the practical process, has also been highlighted as an area to be better captured in ongoing reporting to the Staff Governance Committee and the Board. In the reporting year, it has been agreed to capture the number of 'anonymous' concerns raised within the Board, though these do not fall within the definition of Whistleblowing under the Standards. It is recognised that the formal Whistleblowing reporting process sits alongside a number of established ways for staff to raise concerns, such as the reporting of Adverse Events, employment-related routes of raising issues and direct contact with staff-side colleagues, who are often a route of escalation to senior management and the Board.
- 4.13 The draft Corporate Objectives 2021/22 were presented to the Committee in April (draft) and July (final) 2021. The report described what NHS Fife aims to achieve in year. For the Staff Governance Standard, relevant individual objectives were linked to broader workstreams such as: implementation of safe staffing legislation; delivery of workforce

plans that attract, recruit and retain a high-quality workforce; and improving leadership capacity and embedding the framework for talent management. Each objective had been refined, with details on what Directors are leading on or supporting more generally. The objectives are framed under the four key strategic priorities of the Board and reference the ongoing Strategy Development work being undertaken in this reporting year. The Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval, noting that those for 2022/23 will come forward for review in May 2022.

- 4.14 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered the results of the most recent iMatter staff survey in the reporting year, with a presentation delivered to members in March 2022 detailing its findings. The Committee recognised that although response rates had dropped by 3 percentage points from 2019 to 2021 overall, the NHS Fife response rate continues to be higher than NHSScotland averages and significantly higher than the 2020 Everyone Matters Survey results, (the Everyone Matters survey was a Pulse survey, i.e. an abridged, survey undertaken in place of iMatter), with also a 10% increase in the number of actions plans completed. Members agreed that NHS Fife's 58% response rate offers robust data to inform future actions and welcomed further information on how staff feedback will influence staff-related initiatives being presented in future.
- 4.15 The Committee receives regular updates on recruitment, including data on consultant recruitment (including those specialities with particular challenges) and on efforts to improving nursing and midwifery recruitment, particularly in partnership with local universities and colleges. The annual report on Medical Appraisal and Revalidation for 2020/21 was considered by the Committee in October 2021, giving assurance that doctors within NHS Fife are practising to the appropriate professional standards. A complementary report on the wider NHS Fife registered workforce was reviewed by members in March 2022, with the Committee taking assurance from the revalidation and appraisal processes described therein. Further information on Personal Development plans for this group will also be captured on an ongoing basis in the Workforce Information report.
- 4.16 In October 2021, a detailed report on the workforce implications of the General Practice Memorandum of Understanding 2 (MoU2) was discussed, noting the requirement of an enhanced multi-disciplinary, multi-professional team built around GP practices, which will be primarily composed from the nursing, AHP and Pharmacy workforce. The risks of this, in light of the existing pressures on Nursing and Advanced Health Care Practitioners numbers, are well recognised, and are being monitored on an ongoing basis via the Workforce Sustainability BAF. A further update was considered by the Committee in March 2022, with members advised that confirmation of additional Scottish Government funding of £1.02 million has allowed further progression of MoU2 implementation across all three key workstreams. Two thirds of the Community Treatment and Care (CTAC) workforce are in place and substantive Vaccination workforce recruitment is currently underway. The Committee took assurance from the report that there has been progression in the recruitment of the workforce and noted the ongoing progress of all priority areas and the mitigating actions being taken in relation to the risks identified.
- 4.17 An Annual Report on Volunteering has also been reviewed by the Committee, with members welcoming the selfless commitment of over 250 individual volunteers who have offered much needed input to a number of services, including helping stock patient comfort packs for use when visiting was restricted and the ongoing help and support of volunteer staffing of the Community Listening Service. Volunteering activity has had to adapt due to Covid restrictions, but it has been heartening for members to learn of the positive input from volunteers, many of whom wish to give back to their local health services.
- 4.18 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, including the introduction of a new Promoting

Attendance policy, training for which has been rolled out across the organisation, supported by staff-side colleagues. In October 2021, the Committee noted the successful launch of Phase One of the nationally-authored policies, representing six individual areas including bullying & harassment, capability, conduct, grievance and a single workforce Investigation Process. The next stage in the programme will focus upon the Supporting Work / Life Balance suite of policies. Meantime, the local HR Policy Group continues to meet to update the remaining local documents, with Area Partnership Forum input prior to their endorsement.

- 4.19 At each meeting of the Committee, members routinely scrutinise the relevant section of the Board Assurance Framework (BAF) on Workforce Sustainability, and also receive regular updates on Absence Management performance and Well at Work activities. In October 2021 there was a detailed review of the BAF and the updated content was agreed by Committee. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. The Committee continued to be provided with information relating to sickness absence levels compared to the anticipated trajectory for 2021/2022. Performance has fluctuated over the course of the year, with long term sickness absence, particularly in the 'Anxiety / Stress / Depression / Other Psychiatric illnesses' category, challenging a sustainable positive improvement for this measure.
- 4.20 Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage. The Committee has been supportive of additional measures relating to Staff Governance being added to the IPQR, particularly those that provide a more rounded representation of workforce performance than absence statistics alone provide. Members are in agreement of the merits of including supplementary quantitative and qualitative data, to be more reflective of the broader Staff Governance agenda and to include further metrics relevant to staff health and wellbeing.
- 4.21 The Committee has considered during the year a newly-formatted regular Workforce Information Overview report, containing enhanced data, which is intended to provide added context to the Committee in support of their role. The first few iterations of the report have been considered, utilising the Tableau visualisation tool, to link data from a range of workforce and financial systems to broader workforce issues. There is also opportunity to add narrative and trend-related analysis for future reports. In March 2022, it was reported that work to identify the "establishment gap" was ongoing with colleagues at regional and national level, as this continues to be an area of challenge across all Health Boards, though remains key to understanding the quantum of the workforce challenge. Members welcomed the ongoing development of this report, which will enhance the Committee's scrutiny of key issues and improve assurance reporting going forward.
- 4.22 Members considered the annual Staff Governance Monitoring Return draft submission for 2020/21 at the Committee's meetings in April and July 2021, the national template for which is constructed around the five Staff Governance strands and seeks to gather information on staff experience and culture. The Committee noted the helpful information contained therein on rates of appraisals delivered during the pandemic, remobilisation of staff, partnership working, equality-focused work with the introduction of a Black, Asian, Minority Ethnic (BAME) networking group and the implementation of the new national Whistleblowing Standards. Close engagement with a variety of stakeholder groups and staff-side had helped gather the information and data used to populate the return, prior to its formal submission to Scottish Government in September 2021.
- 4.23 Work has continued to ensure that over the year's meeting schedule full coverage of the five strands of the Staff Governance standard are reviewed. The Committee received individual papers to demonstrate that staff are well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in

an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff. In discussion of the Annual Internal Audit Report for 2020/21, the Committee has agreed to enhancing the sign-posting on papers and agenda items, to make clear which strand of the Standards is being addressed, to ensure full coverage across the Committee's yearly workplan.

- 4.24 During the year, the Committee received a number of detailed presentations, covering a variety of relevant topics including: (i) South East Payroll Services Consortia Business Case; (ii) East Region Recruitment Transformation; (iii) an outline of the Staff Governance Standards; (iv) the Redesign of Urgent Care, with a focus on collaborative working across teams; and (v) a summary of the NHS Fife Health & Safety function. The Committee were grateful to those invitees who took time to attend meetings to present, noting the usefulness of these sessions.
- 4.25 In October 2020, the Committee originally considered the South East Payroll Consortium Business Case, which has also had input from the Area Partnership Forum and Finance, Performance & Resources Committee. The proposal outlined the ambition to build as a single employer, with multiple bases, to ensure the resilience of payroll on a regional basis in the future, given long-standing capacity challenges across boards. Members supported the proposal in principle, noting the criticality of the service to the Health Board and the need to support the resilience and wellbeing of local payroll staff, but recommended discussions take place about a more phased approach than the draft timeline suggested. An update outlining this phasing was delivered to the Committee in July 2021.
- 4.26 A further update was given in January 2022, where an addendum to the original Business Case was given to address previously submitted feedback, particularly around the staff TUPE process and phasing of the implementation. Given that staffing levels in the local payroll team continue to represent a significant risk to the organisation, and recognising the criticality of the function, members welcomed the resilience the consortium approach would provide. It was also recognised that the matter needed to be concluded, to provide local payroll staff with a structured and definitive way forward, with opportunities for progression and promotion within the consortium model. The Committee have thus supported the implementation of the regional solution as soon as practically possible.
- 4.27 In reference to the East Region Recruitment Transformation project, which aims to implement a shared services recruitment model (a single employer, with multiple locations and Lothian as the host Board), the Committee has received detailed updates on progress in its design and eventual delivery implementation. The ambition of the programme is to enhance the recruitment service offered to existing staff and applicants, removing some of the limiting aspects of continuing with many local teams delivering the same tasks in each individual Board. Members have noted the requirement for any new service to remain responsive to the specific needs of NHS Fife, ensuring that the successful engagement that presently takes places with local schools and colleges continues and that it supports improvements in the length of time taken to hire new staff. It was noted that being part of a larger grouping will however have benefits to staff in respect of mentoring, coaching, development opportunities and promotions, not always available in a smaller team. NHS Fife recruitment staff have now transferred to NHS Lothian in line with the Transfer of Undertakings Protection of Employment legislation, (TUPE), prior to the Shared Services Agreement taking formal effect. Members welcomed the updates given and noted the staff-side assistance in helping take forward this project with the Fife staff affected.

5. Best Value

- 5.1 Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2021/22.

6. Risk Management

- 6.1 In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the detail of the Workforce Sustainability section of the Board Assurance Framework (BAF). Progress and appropriate actions were duly noted.
- 6.2 During the course of the year, whilst there has been no change to rating of the workforce sustainability risks reported to the Committee within the BAF, these have been updated to include Covid-19 related workforce challenges and to reflect developments therein. Two new linked high rated workforce operational risks were added. In January 2021 the first of these, (Lack of Medical Capacity in Community Paediatrics), and updates have been provided on this throughout the year as the recruitment process for new posts in that service have progressed. The second, a risk related to nurse and midwifery recruitment has been developed, to ensure that national workforce pressures for nursing & midwifery in particular are appropriately reflected as a separate operational high-level risk. The wording for this was approved by the Committee at its October 2021 meeting, at which members held a very helpful discussion on the escalation process for reporting critical staffing levels within the Board's management structures. A presentation on nursing & midwifery staffing levels was delivered to the Committee in March 2022, with members scrutinising vacancy levels, the potential for upskilling the existing workforce, possible pension changes influencing uptake of early retirement, and options to reduce reliance on temporary 'bank' nursing staff. The Committee took assurance that this risk is being actively managed, though noting the national pressures overall on the nursing & midwifery workforce.
- 6.3 The Committee has supported a more fundamental review of the BAF as part of the Board-wide Risk Management Framework refresh, to enhance its focus on staff recruitment, vacancy levels and retention issues. Extant linked operational high risks are closely reviewed with the presentation of the BAF to the Committee and also used to inform the development of the Committee's workplan for the following year. The Committee has received updates on these as requested, including, in September 2021, a report on ongoing workforce pressures with Radiology Services and the actions underway to mitigate the risk the situation represents. In October 2021, the Committee took assurance from the actions underway to address workforce pressures in the Community Hospitals Medical workforce, noting the importance of transformation activities within this setting to ensure that more appropriate models of care are introduced, particularly for patients requiring rehabilitation support, best delivered in a more homely setting.

7. Self Assessment

- 7.1 The Committee has undertaken a self-assessment of its own effectiveness, for the year 2021/22 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily-accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2022 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

8. Conclusion

- 8.1 As Chair of the Staff Governance Committee during financial year 2021/22, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.

- 8.2 I would pay tribute to the dedication and commitment of fellow members of the Committee, staff-side colleagues and to all attendees. I thank all those members of staff who have prepared reports and attended meetings of the Committee.
- 8.3 In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, set against the ongoing backdrop of the Coronavirus pandemic. All Committee members and I continue to be astounded and humbled by the efforts made by NHS Fife and Fife Health & Social Care staff, at what continues to be a difficult period of exceptional demand on our Acute and H&SCP services. We all remain in their debt.



Signed:

Date: 12 May 2022

Sinead Braiden, Chair

On behalf of the Staff Governance Committee

Appendix 1 – Attendance Schedule

Appendix 2 – Best Value

**NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2021 – 31 MARCH 2022**

Present	29/04/21	01/07/21	02/09/21	28/10/21	12/01/22	03/03/22
M Wells , Non-Executive Member (Chair)	✓	✓				
S Braiden , Non-Executive Member (Chair)			✓	✓	✓	✓
W Brown , Employee Director	✓	✓	✓	✓	x	✓
C Cooper , Non-Executive Member	✓	✓	✓			
S Fevre , Co-Chair, H&SCP Local Partnership Forum	✓	✓	✓	✓	✓	✓
K Macdonald , Non-Executive Member	✓ Observer	✓	✓ Items 1 – 5.1	✓	✓	✓
M Mahmood , Non-Executive Member				✓	✓	✓
A Morris , Non-Executive Member	x	✓	✓	✓	✓	x
J Owens , Director of Nursing	✓	✓	✓	✓	✓	✓
C Potter , Chief Executive	x	✓	✓	✓	✓	✓
A Verrecchia , Co-Chair, Acute Services Division Local Partnership Forum	✓	✓	✓	x	x	✓
In attendance						
L Barker , Associate Director Nursing, H&SCP	✓					
K Berchtenbreiter , Head of Workforce Development	✓	✓	x	✓	✓	✓
K Booth , Head of Financial Services & Procurement					✓	
N Connor , Director of Health & Social Care	x	✓	x	✓	✓	x
B Davis , Head of Primary & Preventative Care						✓
H Denholm , Head of Payroll Services		✓ Item 6.4				
C Dobson , Director of Acute Services	✓	✓	✓	✓	✓	✓
L Douglas , Director of Workforce (Exec Lead)	✓	✓	✓	✓	✓	✓
S Fraser , Associate Director of Planning & Performance	✓	✓	✓ Item 6.2 & 6.3			
Dr H Hellewell , Associate Medical Director						✓ Item 6.4
N McCormick , Director of Property & Asset Management						✓ Item 5.5
M McGurk , Director of Finance & Strategy and Deputy Chief Executive	x	x	x	✓	✓	✓
F McKay , Head of Strategic Planning, Performance & Commissioning			✓			

	29/04/21	01/07/21	02/09/21	28/10/21	12/01/22	03/03/22
Dr C McKenna , Medical Director				✓		
Dr G MacIntosh , Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
M Michie , Deputy Director of Finance			✓			
S Raynor , Head of Workforce Resourcing and Relations	✓	✓	✓	✓	✓	✓
K Reith , Deputy Director of Workforce	✓	✓	✓	✓	✓	✓
R Waugh , Head of Workforce Planning and Staff Wellbeing	✓	✓	✓	✓	✓	✓

Best Value Framework

Vision and Leadership

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

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

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

GOVERNANCE AND ACCOUNTABILITY

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

OVERVIEW

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

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

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

USE OF RESOURCES

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

OVERVIEW

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

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

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

PERFORMANCE MANAGEMENT

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

OVERVIEW

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

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

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

CROSS-CUTTING THEME – SUSTAINABILITY

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

OVERVIEW

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

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

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

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

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

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

CROSS-CUTTING THEME – EQUALITY

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

OVERVIEW

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

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

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

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

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 12 May 2022
Title:	NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This is presented to Staff Governance Committee members for:

- Assurance

This report relates to an:

- Emerging issue

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

The purpose of this report is to provide the Staff Governance Committee with the latest version of NHS Fife's Board Assurance Framework on Workforce Sustainability. As part of this process, Executive Director Group members agreed to review newly identified high risks or risks where the current level has been increased to high in order to determine if these risks should be linked to the Board Assurance Framework (BAF).

The BAF is intended to provide accurate and timely assurances to this Committee, and ultimately to the Board, that the organisation is delivering on its strategic objectives, as contained in the following:

- NHS Fife Strategic Framework
- NHS Fife Clinical Strategy
- Fife Health & Social Care Integration Strategic Plan
- NHS Fife Workforce Strategy 2019–2022
- NHS Fife Draft Workforce Plan 2022–2025

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

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

- Does the risk score feel right?
- Do the current controls match the stated risk?
- Will the mitigating actions bring the risk down to its target level?
- If the mitigating actions are fully implemented would the outcome be achieved?
- Does the assurance provided, describe how the controls are performing?
- Do the assurances come from more than one source including independent sources?
- Are limited resources being allocated appropriately i.e. on uncontrolled high risks or in otherwise well controlled areas of risk?
- Is there anything missing you would expect to see in the BAF?

2.2 Background

This report provides the Committee with an update on the overall content of the newly revised Workforce Sustainability aspect of NHS Fife's BAF and in relation to the on-going linked operational workforce risks; Risk ID 90: National Shortage of Radiologists; and Risk ID 2214: Nursing and Midwifery Staffing Levels, as provided by the relevant risk owners.

Since the BAF was presented to the Staff Governance Committee in March 2022, there have been minor changes to the content, tracked within **Appendix 1**, as at 16 March 2022. No new linked Operational high risks or Workforce Sustainability risks have been added to the BAF.

2.3 Assessment

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

The high level organisational risks are described in the Workforce Sustainability section of the BAF, together with the current risk assessment, given the mitigating actions already being taken. These are detailed within the accompanying documents at **Appendices 1 and 2**.

The additional feedback previously provided on the linked operational high risks provide an overview for Staff Governance Committee members on the impact and mitigations of these risks at service level, which includes the following:

- consideration of the risk ratings since addition

- identification of whether there has been a deterioration or improvement of risk over time
- a review of the management actions
- an assessment of the speed at which the risk will impact on NHS Fife
- a management recommendation as to whether the risk should be 'accepted' or 'monitored'

2.3.1 Quality / Patient Care

NHS Fife's Risk Management system seeks to minimise risk and support the delivery of safe, effective, patient centred care.

2.3.2 Workforce

The system arrangements for risk management are continued within existing resources. The content of the revised Workforce Sustainability Risk within the Board Assurance Framework is designed to reflect all strands of the NHS Scotland Staff Governance Standard. This report meets all strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Promotes proportionate management of risk, and thus effective and efficient use of resources.

2.3.4 Risk Assessment / Management

Regularly reviewing workforce sustainability risks through the BAF process ensures that work to mitigate these risks is agreed, delivered and/or adjusted, as required, and provides a mechanism for escalating risks to ensure effective management.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Workforce Leadership Team Members and linked operational risk owners.

2.3.8 Route to the Meeting

The Workforce Sustainability element of the Board Assurance Framework has been previously considered by the Staff Governance Committee and the Committee has supported the content and members' feedback has informed the development and on-going review of the further content presented in this report, alongside the additional information being provided by services on the impact of the linked operational high risks.

2.4 Recommendation

This paper is provided for:

- **Assurance** – Staff Governance Committee members are invited to **note** the content of this report, the current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Board Assurance Framework – Workforce Sustainability
- Appendix 2: Linked Operational High Risks

Report Contact:

Linda Douglas

Director of Workforce

Email: linda.douglas@nhs.scot

NHS Fife Board Assurance Framework (BAF)

Risk ID	Strategic Framework Objective	Date last reviewed	Date of next review	Description of Risk	Initial Score		Current Score		Rationale for Current Score	Owner (Executive Director)	Assurance Group Standing Committee and Chairperson	Current Controls (What are we currently doing about the risk?)	Gaps in Control	Mitigating actions - what more should we do?	Assurances (How do we know controls are in place and functioning as expected?)	Sources of Positive Assurance on the Effectiveness of Controls	Gaps in Assurance (What additional assurances should we seek?)	Current Performance	Target Score				Rationale for Target Score
					Likelihood (Initial)	Consequence (Initial)	Rating (Initial)	Level (Initial)											Likelihood (Current)	Consequence (Current)	Rating (Current)	Level (Current)	

Board Assurance Framework (BAF) - Workforce Sustainability

1673	Exemplar Employer	11/03/2022	13 May 2022	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future population Health & Wellbeing Strategy and the challenges and demands associated with the current COVID-19 pandemic.	4 – Major	20	1_HIGH	4 – Major	16	1_HIGH	<p>Workforce failures may have consequences for patients' health outcomes. NHS Fife has an ageing workforce, with recruitment challenges in many disciplines. Failure to ensure the right composition of workforce with the right skills and competencies continues to give rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; staff engagement, staff absence, staff attrition and morale. Failure may also adversely impact on the implementation of the current Clinical Strategy and the future NHS Fife Population Health & Wellbeing Strategy.</p> <p>The current scores reflect the existing controls and mitigating actions in place.</p>	Linda Douglas Director of Workforce Staff Governance	Sinead Braiden	<p>WORKFORCE – GENERAL</p> <ul style="list-style-type: none"> Implementation of the Workforce Strategy to support the Clinical Strategy and Strategic Framework; development of Workforce Strategy and Workforce Plans for 2022 to 2025. Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025. Implementation of the NHS Fife Board Strategic Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours. Implementation of the NHS Fife / H&SCP Joint Interim Workforce Plan for 2021/2022. Work towards implementation of the National Workforce Strategy for Health & Social Care. <p>WORKFORCE CAPACITY</p> <ul style="list-style-type: none"> Current resourcing actions include: active local and international recruitment campaigns and continued expansion of bank and supplementary staffing resources, including recruitment of newly qualified nurse practitioners in all disciplines, Band 4 pre-registered nurses, additional Band 2 bank HCSWs, fast track process to support appointable candidates being appointed to other vacancies and admin support roles as part of a commitment to support Senior Charge Nurses and nursing teams. First International Nurse recruits will take up post in February 2022. Planning and delivery of actions undertaken by respective COVID-19 and Workforce Groups at various levels, including inter alia local workforce groups, workstreams associated with new programmes of work, for example, Community Care and Treatment, Vaccination Transformation and Implementation of the General Medical Services contract. Planning to meet future service needs, applying workforce planning and forecasting skills in support of service delivery, using the workforce modelling and abstraction techniques learned during the pandemic and managing staff availability to respond to escalation requirements. Supporting service delivery through implementation and integration of systems and joint working with services on redesign of services to mitigate shortfalls in staff availability. The first 14 young people will take up a paid placement on our Kickstart Programme at the end of March 2022. <p>WORKFORCE CAPABILITY</p> <ul style="list-style-type: none"> eLearning and training offers aligned to current work modes Continuation of fast track induction and related activity, including new welcome and orientation package. Implementation of Practice Development initiatives to support changes in service delivery and preparation for further escalation requirements, for example training resources for non-clinical staff to support clinical service delivery. Ensuring managers and staff are prepared for the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning. To prioritise staff personal / professional development needs that have been delayed or restricted due to COVID-19 response as restrictions are eased, through Directorate development delivery plans. To progress actions in support of the employability agenda. <p>WORKFORCE ENGAGEMENT</p> <ul style="list-style-type: none"> Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised. iMatter – supporting action planning and Board actions arising from the 2021 cycle of feedback and reporting. Supporting staff through changes in ways of working and providing access to new and different career opportunities. Realising the benefits of the Internal (Staff) Communication Strategy and ensuring that StaffLink and other mediums for example the weekly Team and Chief Executive Briefings, joint managerial / partnership walkabouts support organisational objectives. Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce. <p>WORKFORCE SUPPORT & WELLBEING</p> <ul style="list-style-type: none"> Provision of support and wellbeing initiatives which contribute to staff maintaining and enhancing their personal health and wellbeing at work and creating a great place to work. Access to OH, H&S, Peer Support, Psychology, Spiritual Care and Staff Listening Services. 	Nil	<p>WORKFORCE – GENERAL</p> <ul style="list-style-type: none"> Implementation and review of workforce plans and strategies to ensure that these support service delivery and the provision of appropriate and safe care to the population of Fife. Ensuring workforce preparedness for any further COVID-19 escalation requirements, working in partnership through the respective Workforce Groups and command structure. Support for capacity building within and across the organisation to make sure we make the best use of the skills of all of our workforce and to foster an environment for staff development. <p>WORKFORCE CAPACITY</p> <ul style="list-style-type: none"> Consideration of redesign of roles and services, for example: expansion of Health Care Support Worker and Nursing Associate roles, Advanced Practitioners, Pharmacy Technicians and Physicians Associates, combined with targeted ward administrative support, to enable clinical time to be released. Consideration of alternative ways to attract and recruit staff, or redesign of job roles to support service delivery models and the future supply pool. Realising the benefits of implementation of the regional recruitment model. Harnessing the benefits of digital technology and automation to support service delivery and the commitments within the Recovery Plan / Clinical Strategy, for example within Laboratory Services, to compensate for shortfalls in current staff / future pipeline and complement recruitment and the introduction of advanced practice. Create a pathway for young people with barriers to employment to gain paid work experience with us, with the aim of securing future employment via the Kickstart and Long Term Unemployed Programme. Continue with plans to develop and implement an Apprenticeship programme to support the development and progression into high demand roles. <p>WORKFORCE CAPABILITY</p> <ul style="list-style-type: none"> Consideration of and implementation of learning and development activities in support of skill mix and associated actions. Contributing to NHS Scotland developments in Learning and Development. Realising benefits from the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. Supporting managers to harness the benefits of Tableau, TURAS and other systems integration aligned to workforce planning. Provision of workforce planning training and support for managers. Develop and deliver further phases of the framework to improve leadership capability and embed talent management and succession planning. Consideration of the functionality of TURAS learn to support capture and to facilitate reporting and analysis of training and development data. <p>WORKFORCE ENGAGEMENT</p> <ul style="list-style-type: none"> Continuation of active partnership working through APF and LPFs, with staff side colleagues key stakeholders in the development of the next Workforce Strategies and Action Plans. Continue to promote NHS Fife as an employer to enhance our ability to recruit and retain staff, utilising positive Communication support and social media. To develop mechanisms which enable everyone to feel more valued and involved on a collaborative basis throughout health and social care. <p>WORKFORCE SUPPORT & WELLBEING</p> <ul style="list-style-type: none"> Review of Staff Health & Wellbeing Framework to take account of COVID-19 lessons learned and evaluation of activities to establish which are most appreciated by staff. Provision of additional staff support and wellbeing initiatives which contribute to staff health and wellbeing, staff resilience and staff retention, showcasing NHS Fife as an exemplar employer in the local labour market. 	1. Regular performance monitoring and reports to Executive Directors Group, Area Partnership Forum, Local Partnership Fora and Staff Governance Committee	2. Staff Governance activities are reported to EDG, APF, LPFs and Staff Governance Committee	1. Use of national data for comparative purposes	2. Internal Audit reports	3. Audit Scotland reports	4. Bench - marking against other NHS Boards	Full implementation on and utilisation of eESS, Job Train, Tableau and TURAS will provide integrated workforce systems which, alongside access to national data via the NES Portal will capture and facilitate reporting, including all learning and development activity.	Overall NHS Fife has robust workforce planning, learning and development, governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, in particular the Workforce Strategy supporting the Clinical Strategy and the future Population Health and Wellbeing Strategy for Fife and full implementation on and use of eESS, should provide appropriate levels of control.	2 – Unlikely – Not expected to happen – potential exists	4 – Major	8	2_MOD/	Continuing improvements in current controls, ongoing review and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk to moderate, taking account of current and potential future workforce challenges.
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NHS Fife Board Assurance Framework (BAF) – Linked Operational Risks

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
2214	NHSFBD - Nursing Directorate Risk Register	21/10/2021	Nursing and Midwifery Staffing Levels	There is an established and continuing risk that safe nursing and midwifery levels cannot be achieved. NHS Fife is experiencing critical nursing and midwifery shortfalls, similar to other Boards across NHS Scotland. Vacancy rates, sickness absence levels and high activity related to consequences of the pandemic are aligned to the unprecedented demand on clinical services and on nursing and midwifery. There continues to be a heavy demand on supplementary staffing. Impact on quality of care remains a consequential concern.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	<p>3/02/2022:</p> <p>1. NURSING AND MIDWIFERY WORKFORCE PLANNING GROUP continues to drive nursing and midwifery workforce planning and development activity across NHS Fife. The Group is responsible for over-seeing the implementation of the Health and Care (Staffing) (Scotland) Act 2019, nursing and midwifery recruitment and retention, and supplementary staffing.</p> <p>2. RECRUITMENT ACTIVITY:</p> <p>2.1 NQPs: Uni of Dundee recruitment fair being attended by NHS Fife senior nurses to attract 3rd year students who will become NQPs from Sept 22. Again, final placements will be promoted within area of substantive post and band 4 will be offered whilst awaiting NMC PIN.</p> <p>2.2 NURSE BANK:</p> <p>.Increase in Bank Team resources, supported by the Director of Workforce, which has facilitated increased recruitment.</p> <p>.A recent advert (January 2022) for non-registered staff yielded significant number of applicants - 125 have been shortlisted for interview.</p> <p>•The Nurse Bank is targeting AHP students for nursing roles</p> <p>2.3 HCSW RECRUITMENT: A Bronze Group was established under the Workforce Resilience Silver to oversee the recruitment of the Band 2 and Band 3 clinical workforce across NHS Fife. This met the target of recruiting 68WTE, which are support posts, in addition to normal staffing establishments and have come with recurrent funding. Work is also ongoing to develop the band 4 role across NHS Fife.</p> <p>2.4 INTERNATIONAL RECRUITMENT: This has progressed well with the first IR nurses arriving in 2 weeks. Funding has been given by SG to cover all costs associated, including refurbishment of accommodation. IR Lead has been appointed and the aim is to progress with 10 nurses per month moving forwards, with a view to include midwives once training measures are comparable to UK requirements.</p> <p>2.5 RECRUITMENT OF WARD ADMIN ASSISTANTS: 44 ward admin assistant posts were introduced at 16 hours/week = 18.8 WTE. The admin assistants directly support SCN/Ms and release additional time for patient care by undertaking HR and Payroll processing and other core administrative activities. Evaluation of the roles is commencing however ongoing funding beyond 31 March 2022 is yet to be secured.</p> <p>2.6 TARGETED RECRUITMENT CAMPAIGN: A national advertising campaign with tmp.worldwide yielded 3 RNs to posts in Fife. There is now a national campaign across NHS Scotland to utilise the same approach, but not expected to yield more than 5-10 nurses across all boards.</p> <p>3 RESILIENCE LAYER</p> <p>3.1 DEPLOYMENT OF NON WARD BASED STAFF: Deployment of staff in specialist and non ward-based roles has commenced in line with retraction plans. Each directorate has provided details of available staff and assessing the commitment they can deliver to support clinical areas whilst maintaining their existing services. Practice and Professional Development (PPD) have uploaded training resources for all staff who need to refresh/update their clinical skills. The NMAHP Guiding Principles document has been issued to all nursing and midwifery staff. To date, 20 staff have offered help and are being placed.</p> <p>3.2 REMOBILISATION OF VOLUNTEERS: To support patients and staff, NHS Fife volunteering services were remobilised. In accordance with IPC guidance and following risk assessments, a generic "response volunteer" role has been created which aims to provide patients with non-clinical support and includes supporting the wellbeing of staff. To date there is little volunteer support within ward-based roles and actions are underway to improve this picture.</p> <p>4.HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019. Implementation of Act being overseen by NURSING AND MIDWIFERY WORKFORCE PLANNING GROUP, ensuring use of workforce tools and risk assessments. Review by HoNs, ADoNs, DoN. To date, still no implementation date given.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Owens, Janette	Robertson, Nicola	03/02/2022	31/03/2022

NHS Fife Board Assurance Framework (BAF) – Linked Operational Risks

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
90	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Risk Register	23/08/2002	National Shortage of Radiologists	There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	<p>27/01/2022 Previous management actions continue</p> <p>Increased remote support from NHS Lothian for emergency in-patient reporting has been agreed.</p> <p>SERRIS continues to support reporting turnaround times</p> <p>Engagement with numerous locum agencies to source additional support.</p> <p>NHS Locum expected to start 01/04/2022 for 6 months.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Dobson, Claire	Galloway, Donna	28/01/2022	30/06/2022

Appendix 2

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 12 May 2022
Title:	Risk Management Improvement Programme Update
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Gemma Couser, Associate Director of Quality and Clinical Governance and Pauline Cumming, Risk Manager

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to a:

- Annual Operational Plan
- Government policy/directive
- Local policy

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

- Safe
- Effective
- Person Centred

2. Report summary

2.1 Situation

This paper sets out a record of the progress made since the risk management improvement programme was approved by the NHS Fife Board in March 2022.

2.2 Background

NHS Fife is committed to delivering this agreed improvement programme in relation to risk management.

2.3 Assessment

Strategic and operational risks are an inherent part of healthcare delivery. An effective risk management structure and approach is paramount in supporting the organisation to achieve strategic priorities. The objective is to deliver:

- A structured approach where risks are reviewed, addressed and controlled through governance structures of the Board.

- Alignment of the organisational risk profile to the strategic planning agenda.
- Promotion of a just culture to encourage the proactive identification and mitigation of risks from ward to Board.
- Development of an annual Board risk appetite statement; stating the nature/ level of risks to be accepted / tolerated and the balance of risk versus reward.

The current Risk Management Framework will be replaced with the following structure:



A summary of the Risk Management Improvement plan is summarised below:

	Workstream	Description/ Actions	Status update	By when
1	Board Strategic Risk Profile	<p>Development of a risk profile against our strategic priorities:</p> <ol style="list-style-type: none"> 1. To improve health and wellbeing 2. To improve the quality of health and care services 3. To improve staff experience and wellbeing 4. To deliver value and sustainability 	Initial feedback has indicated the requirement to include environmental sustainability and inequality risks. Work is underway to develop these risks.	Draft complete (see Appendix 1)
2	Corporate Risk Register to replace Board Assurance Framework	<p>A Corporate Risk Register (CRR) - contains the highest scoring risks from across the organisation that have the potential to affect the whole organisation, or operational risks which have been escalated e.g. can no longer be managed by a service or require senior ownership and support to mitigate*. The register will be routinely reviewed and monitored by Executive Directors.</p> <p>The CRR will be comprised of the following components:</p> <ol style="list-style-type: none"> 1. Clinical Quality and Safety 2. Property and Infrastructure (including Digital and Information) 3. Workforce 4. Finance <p>There will be a containment of number of risks on the CRR to ensure focus and impact</p> <p>Engagement sessions will be held in April and May with Senior Leadership Teams (SLT) for Acute Services, Health & Social Care Partnership, Workforce, Finance, Pharmacy, Medical Director's Directorate (including Digital and Information and Research & Development), Property and</p>	<p>Risks for inclusion in CRR are being identified through discussions with SLTs; review of existing risks; and identification of new risks which meet criteria*.</p> <p>Engagement sessions planned. Meetings are underway.</p>	June 2022

	Workstream	Description/ Actions	Status update	By when
		<p>Asset Management , Public Health and the Nursing Directorate. Sessions will include the review of risks to clarify strategic risks v corporate risks v operational risks.</p> <p>A FORMS questionnaire to be issued to EDG members to complete on behalf of their SLTs. Questions cover the focus of team discussions about risk, their use of risk information e.g.to inform decision making or plan services, and the support that teams need to effectively manage risk including education and training. Feedback will be used to develop an effective and visible framework that connects with and is used by staff from ward to board.</p>	FORMS questionnaire issued March 2022.	
3	Risk Dashboard	<p>This will support a proactive risk management culture that is integral to performance and quality management. The dashboard will align to the refreshed Integrated Performance & Quality Report (IPQR) and will include metrics related to corporate risks.</p> <p>Purpose:</p> <ul style="list-style-type: none"> • Enable oversight of risk level of corporate risks • Provide assurance that adequate controls are in place to proactively manage risks • Align to improvement actions contained within the IPQR • Integrate with Key Performance Indicators (KPIs) & Quality Performance Indicators (QPIs) • Risk is linked to an assurance committee <p>Principles:</p>	An outline of proposed risk content for the IPQR is in development and will be submitted to EDG as part of an update paper on the IPQR review.	May 2022

	Workstream	Description/ Actions	Status update	By when
		<ul style="list-style-type: none"> • Provide simple, visual high level overview for assurance • Weave risk management into business as usual (BAU) • Corporate risks will be contained and regularly scrutinised <p>The dashboard will capture current and target risk levels, related improvement or deterioration, and consider risk mitigation and anticipated timescales to achieve risk reduction.</p> <p>For risks which are deteriorating, it is proposed a 'deep dive' summary profile will be provided.</p> <p>It is proposed that risk content is integrated as follows:</p> <ul style="list-style-type: none"> • The dashboard features at the start of the IPQR before the Indicator Summary • Narrative related to the risks is woven into respective components of IPQR 		
4	Escalation Process	<p>All staff throughout the organisation have a responsibility for identifying risk. To ensure that risks are managed effectively, they must be escalated to the appropriate levels in the organisation and to external stakeholders where necessary.</p> <p>Directors will have overall responsibility for establishing effective risk escalation procedures supported by:</p> <ul style="list-style-type: none"> • Risk reviews • Governance group risk reviews; and Risk Leads who chair the Management Groups and provide advice on risk 	Being developed for submission to EDG in May 2022	June 2022

	Workstream	Description/ Actions	Status update	By when
		<p>under the following broad categories: Clinical Quality and Safety, Property and Infrastructure (including Digital and Information), Workforce and Finance</p> <ul style="list-style-type: none"> • EDG review risks and escalate to the Board any strategic risks <p>ESCALATION PROCESS</p> <p>This will include consideration of the following:</p> <p>EDG</p> <ul style="list-style-type: none"> • Discuss risk at EDG or proposed Risk & Opportunities Group • Develop action plan • Manage through risk register and Directorate or equivalent Management Group <p>Executive Risk Owner</p> <ul style="list-style-type: none"> • Can this risk be managed with directorate? • Does the risk impact on the wider organisation? • Share with EDG <p>Line Manager, Risk Owners, Portfolio, Project and Programme leads</p> <ul style="list-style-type: none"> • Can this risk be managed locally? • Is the risk on the register? • Who is the risk owner? Other directorate? Escalate to appropriate Directorate senior manager • Escalate to Executive risk owner 		

	Workstream	Description/ Actions	Status update	By when
		<p>All Staff</p> <ul style="list-style-type: none"> • Can the risk be managed as part of Business As Usual (BAU)? • What is the impact and likelihood of the risk? • Escalate to line manager 		
5	Risks and Opportunities Group	<p>A Risks and Opportunities Group will be established. This will be chaired by the Associate Director of Quality and Clinical Governance, with membership likely to include the Risk Manager and Associate and Deputy Directors. Governance lines are to be confirmed but the group is likely to report into EDG. The Group's broad remit is expected to:</p> <ul style="list-style-type: none"> • Provide leadership to ensure the organisation gives risk management the appropriate priority; and facilitates and delivers effective risk management arrangements • Promote effective risk management and seek opportunity for the organisation • Link risks and opportunities to the strategic objectives of the organisation • Review aggregation of risk across the organisation to determine the most appropriate response on behalf of the whole organisation • Based on changing risk levels, provide beneficial direction / focus to the assurance functions • Horizon scan for future opportunities, threats and risks aligned to the strategic priorities • Ensure continuous improvement of the internal control environment 	Terms of Reference are being drafted and will be presented to EDG in May 2022	August 2022

2.3.1 Quality/ Patient Care

Elevating the risk management framework in NHS Fife will support the further development of the quality and patient safety agenda through improved operational governance and strategic planning.

2.3.2 Workforce

There is a requirement to ensure that the appropriate workforce is in place to support the changes to the framework including updates to the Datix system. Arrangements for this are currently being explored.

The refresh of the Risk Management Framework will also include a training needs analysis to design an effective training and education strategy to support this change.

The content of the Risk Management Improvement Programme Progress Update is designed to reflect all strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Once the workforce arrangements to support this change are confirmed an update to summarise the financial impact will be provided.

2.3.4 Risk Assessment/Management

This paper summarises actions to enable NHS Fife to progress an effective risk management framework and culture to support the achievement of the strategic priorities.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment has not been conducted.

2.3.6 Other impact

None

2.3.7 Communication, involvement, engagement and consultation

This paper has been developed in discussion with key stakeholders.

2.3.8 Route to the Meeting

An earlier version of this paper was considered and supported by:

- EDG, 17 February 2022
- Audit & Risk Committee, 17 March 2022
- Fife NHS Board, 29 March 2022

2.4 Recommendation

This paper is provided for:

- **Assurance** – Staff Governance Committee is asked to take **assurance** from this update on the plan to refresh and improve the Risk Management Framework.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Draft Strategic Priorities and Risks

Report Contact:

Gemma Couser
Associate Director of Quality and Clinical Governance
Email gemma.couser2@nhs.scot

DRAFT STRATEGIC PRIORITIES AND RISKS

STRATEGIC PRIORITY	Comments
To Improve Health and Wellbeing	
RISKS	
<p>1. There is a risk that after more than 2 years of reduced levels of healthcare service as a consequence of the COVID -19 pandemic, and foreseeable continuation into the future compounded by the challenges of emerging variants and other respiratory pathogens, population health and wellbeing will be adversely affected which could result in:</p> <ul style="list-style-type: none"> • increased population morbidity and mortality • increased pressure on healthcare and support services affecting service delivery • reduced capacity for non urgent services • high levels of employee absence due to personal illness and caring responsibilities • limited capacity to develop, transform and sustain services • non delivery on key quality performance measures 	
<p>2. There is a risk that the development and the delivery of the NHS Fife Population Health and Wellbeing Strategy is not adequately supported by the required planning and programme management capacity, capability and governance arrangements, resulting in delays to progression and implementation of this critical component of Fife’s strategic approach to delivering the 4 national Care Programmes: Integrated Unscheduled Care; Integrated Planned Care; Place and Wellbeing; and Preventative and Proactive Care.</p>	
<p>3. There is a risk that if the Population Health & Wellbeing Strategy does not incorporate learning from the COVID-19 pandemic and align with the motivations, aspirations and expectations of the people of Fife, the Board's vision, corporate objectives and key priorities will not be achieved, resulting in services that are neither transformational nor sustainable in the long term.</p>	
STRATEGIC PRIORITY	
To Improve the Quality of Health and Care Services	
RISKS	

<p>1. There is a risk that due to failure of clinical governance, performance and management systems (including information governance & information security), NHS Fife may be unable to provide safe, effective, person centred care. Additionally, there is a risk that the effects of the COVID - 19 pandemic, including restricted capacity, reduced elective & non urgent services, and workforce pressures, will impact on the quality & safety of patient care and service delivery.</p>	
<p>2. There is a risk that sustained whole system pressures due to factors including COVID -19, and demand outstripping capacity within acute, primary and social care services will result in:</p> <ul style="list-style-type: none"> • inability to timeously discharge medically fit patients, thus increasing their length of stay resulting in: <ul style="list-style-type: none"> ○ increased clinical risk including healthcare associated infection and deconditioning ○ reduced number of downstream beds ○ delayed patient pathways and negative impacts on safe capacity and patient flow ○ financial and workforce impacts due to the need to open and staff additional beds ○ increased Emergency Department (ED) attendances ○ unmet performance targets including those relating to: <ul style="list-style-type: none"> • 4 hour ED access • patients in delay • waiting times • treatment times • Remobilisation Plan • sub optimal patient experience and outcomes • reputational harm 	
<p>3. There is a risk that if we do not implement effective strategic workforce planning (including aligning funding requirements), we will not have the right size of workforce, with the right skills and competencies, organised appropriately within an affordable budget, to deliver business as usual services, respond to the ongoing challenges of COVID-19, and implement necessary transformation, resulting in sub optimal delivery, reputational harm, and further impacts on staff wellbeing and recruitment / retention rates.</p>	
<p>4. There is a risk that failure to invest appropriately in D&I resilience including the D&I Strategy and current operational lifecycle commitment, may result in an inability to make essential transformation across Health and Social care to</p>	

<p>deliver sustainable and integrated services that are safe, secure and compliant with governance frameworks and associated legislation including Cyber Essentials and Network & Informations Systems Regulations, and future proofed as far as reasonable and practicable.</p>	
<p>STRATEGIC PRIORITY</p>	
<p>To Improve Staff Experience and Wellbeing</p>	
<p>RISKS</p>	
<p>1. There is a risk that because of current pressures and capacity challenges, staff may be unable to fully engage with the development of the Population Health and Wellbeing Strategy which underpins our aspiration to be an Anchor Institution i.e. one that positively influences the health and wellbeing of our communities. This may result in a strategy which does not:</p> <ul style="list-style-type: none"> • recognise staff opinions and experiences • reflect staff values and motivations • reinforce the vital contribution of staff to creating a listening and learning organisation • relate to staff understanding of how we will achieve our ambition to develop and deliver a person-centred health and care system that reduces health inequalities and improves health and wellbeing for all citizens across Fife 	
<p>2. There is a risk that operating under restrictions including social distancing and working from home through subsequent waves of the pandemic whilst trying to recover / maintain services and manage increased public need, expectations and tensions, may result in result in:</p> <ul style="list-style-type: none"> • sub optimal working relationships • staff feeling isolated • reduced staff resilience • increased staff absence • impact on safety and quality of patient care and services 	
<p>3. There is a risk that at a time of significant pace and scale of change, we are unable to meet our obligations in relation to required staff training and development, resulting in:</p> <ul style="list-style-type: none"> • staff feeling unsupported and vulnerable due to not having the correct competencies • reduced staff resilience • reduced job satisfaction 	

<ul style="list-style-type: none"> • negative impacts on role performance and the safety and quality of patient care and services • reputational damage • impacts on retention and recruitment rates 	
STRATEGIC PRIORITY	
To Deliver Value and Sustainability	
RISKS	
<p>1. There is a risk that the funding required to deliver the current and anticipated future service models, particularly in the context of the EU exit and the COVID - 19 pandemic, and associated supply chain issues and increased prices, will not match costs incurred, which may result in an inability to maintain and develop services and meet legislative requirements.</p>	
<p>2. There is a risk that failure to implement, monitor and review an effective financial planning, management and performance framework, including fully identifying the level of savings required to achieve recurring financial balance, may result in the Board being unable to deliver on its required financial targets.</p>	
<p>3. There is a risk that failure to assess our property and assets, and secure resources to support improvements to the condition, capacity and resilience of the estate and infrastructure may:</p> <ul style="list-style-type: none"> • affect compliance with statutory obligations in relation to environmental & sustainability legislation • limit our ability to redesign and accommodate reconfigured services and different models of care to meet clinical demand • impede delivery of the Population Health and Wellbeing Strategy 	

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 12 May 2022
Title:	Whistleblowing Quarter 3 Report for 2021 / 2022
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

With effect from 1 April 2021, all NHS organisations are required to follow the National Whistleblowing Principles and Standards and report on any concerns raised, quarterly and annually.

2.2 Background

This report is to provide Staff Governance Committee members with an update on whistleblowing and anonymous concerns for the third quarter of reporting from 1 October 2021 to 31 December 2021, to provide an assurance on awareness raising of the standards and data on the uptake of the training modules since 1 April 2021.

2.3 Assessment

Reporting

The third quarterly sample report on the Standards covers the reporting period 1 October 2021 to 31 December 2021. During this period, there were no whistleblowing concerns reported within NHS Fife, nor from primary care providers and contracted services.

A customised sample report template has been set up to extract a data report on any concerns reported, attached at Appendix 1.

NHS Fife received no anonymous concerns during this period, and whilst these do not meet the definition of the Whistleblowing Standards, we have approached the handling of any concerns raised to date in line with best practice from the standards, attached at Appendix 2.

Awareness Raising and Training

NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. Two online learning modules were developed by NES, and these have been promoted via a Desktop Banner, the weekly brief and StaffLink. The TURAS Learning modules have also been supplemented with Face-to-Face Training for those who work in services that are less enabled and may not access TURAS Learn e.g. Hotel Services.

A section on the standards and the required training that has to be undertaken by all staff has been included in our new 'welcome and orientation pages on TURAS Learn' and built into [Core Training Guidance](#). Additionally a Whistleblowing hub has been established on StaffLink

The training data is summarised between 1 April and 31 December 2021, attached at Appendix 3.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The monitoring of whistleblowing or anonymous 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 content of the Whistleblowing Quarter 3 report meets the Treated Fairly and Consistently strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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.

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

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

2.3.8 Route to the Meeting

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

2.4 Recommendation

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

- the customised sample report template which has been set up to be used for reporting to extract a data report on any concerns reported;
- the data for the third quarter i.e., 1 October 2021 to 31 December 2021. A nil report for both Whistleblowing and anonymous concerns and
- the data on training from 1 April to 31 December 2021.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Sample Reporting Template
- Appendix 2 – Anonymous Concerns Raised by Division for 2021 / 2022
- Appendix 3 – Whistleblowing Training Data

Report Contact:

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

Appendix 1 – Whistleblowing: Sample Reporting Template

Reporting Quarter 3 2021/2022
1 October 2021 to 31 December 2021

Whistleblowing concerns closed at each stage	No (Instances)	%
Total number of concerns received	0	
Total number of concerns closed	0	
The number of concerns closed at Stage One	0	
The number of Non-escalated concerns closed at Stage Two	0	
The number of concerns closed at Stage Two after escalation	0	
The total number of concerns still open	0	
Concerns upheld, partially upheld or not upheld at each stage as a percentage of all concerns closed in full at each stage	0	
Stage 1	0	
Upheld	0	
Partially Upheld	0	
Not Upheld	0	
Stage 2	0	
Upheld	0	
Partially Upheld	0	
Not Upheld	0	

Average Times	No (Days)	%
The average time in working days to respond to concerns at Stage One	n/a	
The average time in working days to respond to concerns at Stage Two	n/a	
The average time in working days to respond to concerns after escalation	n/a	

Whistleblowing Concerns closed in full within the timescales	No (Instances)	%
The number of concerns closed at Stage 1 within 5 working days as a % of number of concerns closed at Stage 1	0	0
The number of concerns closed at Stage 2 within 20 working days as a % of number of concerns closed at Stage 2	0	0
The number of escalated concerns closed within 20 working days as a % of total number of escalated concerns at Stage 2	0	0
Number of concerns at stage 1 where an extension was authorised as a percentage of all stage 1 concerns	0	0
Number of concerns at stage 2 where an extension was authorised as a percentage of all stage 1 concerns	0	0

Appendix 2 – Anonymous Concerns Raised by Division for 2021/2022

Anonymous Concerns

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 concerns should be recorded for management information purposes. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that **nobody** knows who provided the information”.

Anonymous concerns received and investigated during Quarters 1 to 3:

Key Themes

Analysis of the concerns raised by key themes is provided below:

Theme	Quarter 1 1 April 2021 to 30 June 2021	Theme	Quarter 2 1 July 2021 to 30 September 2021
	Nil	Safe Staffing Levels	1
		Appointment Scheduling	1

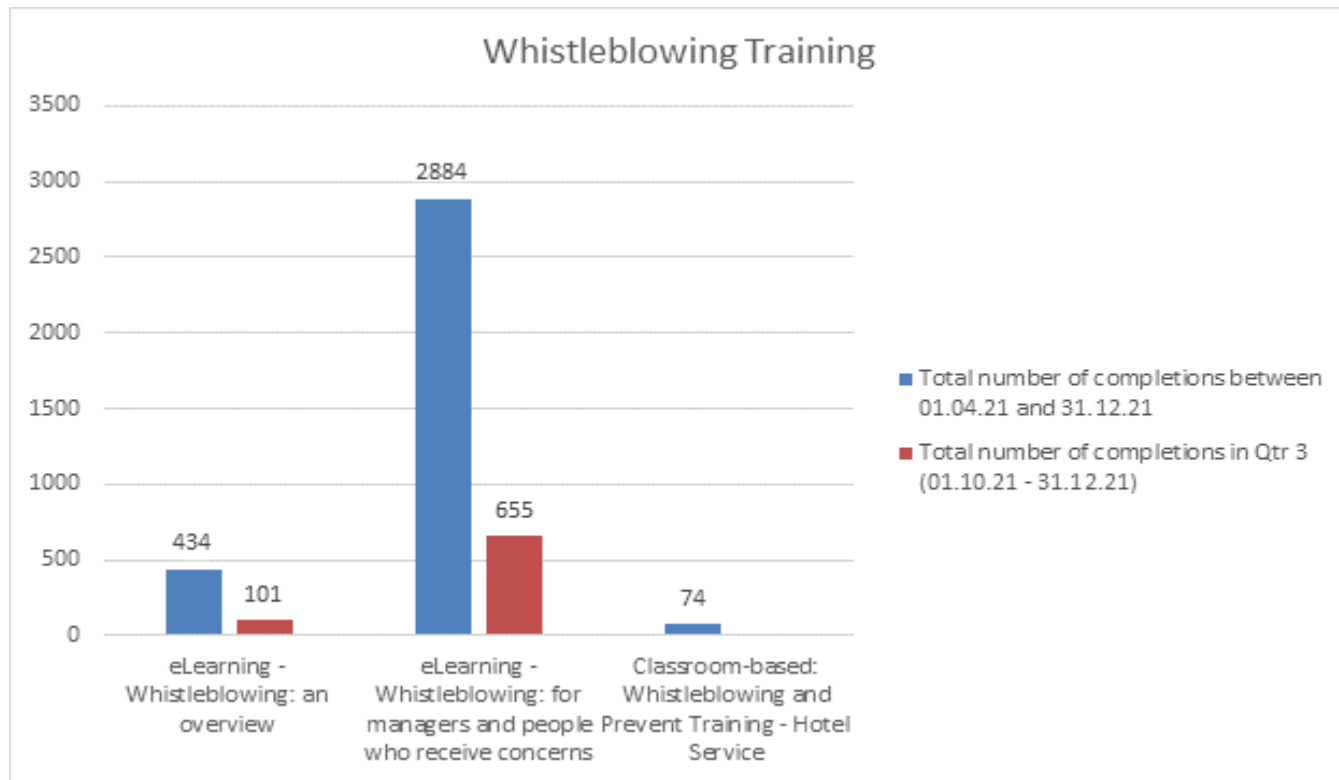
Theme	Quarter 3 1 October 2021 to 31 December 2021	Theme	Quarter 4 1 January 2022 to 31 March 2022
	Nil		

Concerns Raised by the Division

Division	Number
Acute Services Division	1
Health and Social Care Partnership	1
Corporate Directorates	0

Appendix 3 – Whistleblowing Training Data

The training data is summarised below, the blue data shows all the training that was undertaken between April and December 2021 and the red data is the training that was undertaken in Quarter 3.



Meeting:	Staff Governance Committee
Meeting Date:	Thursday 12 May 2022
Title:	Review of Staff Governance Committee Annual Workplan 2022 / 2023
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance / Approval

This report relates to a:

- Local Policy

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

- Effective

2. Report Summary

2.1 Situation

The Staff Governance Committee approved the Annual Workplan at the meeting on 3 March 2022. For assurance, the updated Annual Workplan, presented with amendments highlighted in yellow, will be presented to each future Committee meeting to enable the Committee to clearly monitor items that have been covered, 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.

The updated Workplan also includes the proposed dates for the planned Staff Governance Committee development sessions on 10 August 2022 and 16 February 2023. Topics will be confirmed in the near future.

2.3 Assessment

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

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 Review of the Annual Workplan report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided for:

- **Assurance / Decision** – Staff Governance Committee members are invited to **discuss** and **approve** the updated Staff Governance Committee Workplan for 2022 / 2023.

3. List of Appendices

The following appendices are included with this report:

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

Report Contact:

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

**STAFF GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2022 / 2023**

Governance – General							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Corporate Calendar – Proposed Staff Governance Committee Dates 2023 / 2024	Board Secretary			✓			
Annual Staff Governance Committee Workplan Review of 2022 / 2023 and Proposed 2023 / 2024 Workplan	Director of Workforce	✓ Review of 2022/2023	✓ Review of 2022/2023	✓ Review of 2022/2023	✓ Review of 2022/2023	✓ Review of 2022/2023	✓ Review of 2022/2023 & Proposed 2023/2024
Annual Review of Staff Governance Committee Terms of Reference	Board Secretary						✓
Board Assurance Framework (BAF)	Director of Workforce	✓	✓	✓	✓	✓	✓
Staff Governance Committee Annual Statement of Assurance 2021 / 2022	Board Secretary	✓ (Draft)	✓ (Final)				
Staff Governance Committee Self Assessment Report 2022 / 2023	Board Secretary						✓

Governance Matters Continued							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Update on Equality, Diversity and Human Rights, including BAME	Director of Nursing / Head of Workforce Planning & Staff Wellbeing	✓ (Presentation)					
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	Director of Workforce			✓			
Whistleblowing – Quarterly Report	Head of Workforce Resourcing & Relations	✓ Quarter 3 Report	✓ Quarter 4 Report		✓ Quarter 1 Report	✓ Quarter 2 Report	✓ Quarter 3 Report
Strategy / Planning							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Corporate Objectives 2022 / 2023	Director of Finance & Strategy	✓					
NHS Fife Three Year Workforce Plan for 2022 to 2025	Head of Workforce Planning & Staff Wellbeing	✓ (Draft)	✓		TBC		
H&SCP Three Year Workforce Plan for 2022 to 2025	Director of Health and Social Care Partnership	Delayed	✓		TBC		
Workforce Strategy 2022 to 2025	Deputy Director of Workforce						✓
Annual Workforce Projections for 2023 / 2024 – Not Required (Scottish Govt.)	Head of Workforce Planning & Staff Wellbeing						
Strategic Planning & Resource Allocation – TBC	Director of Finance & Strategy						
NHS Fife Operational Delivery Plan 2022 / 2023, including Winter Plan (RMP)	Director of Finance & Strategy	✓ (2021/2022 Update)					

NHS Fife Projects / Programmes							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Workforce Implications of Memorandum of Understanding (MOU2) Implementation	Director of Health & Social Care Partnership		✓		✓		✓
Quality / Performance							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓
Workforce Information Overview	Deputy Director of Workforce	✓	✓	✓	✓	✓	✓
Staff Governance & Staff Governance Standards							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Staff Governance Standards Overview	Contributors TBC			✓			✓
<ul style="list-style-type: none"> • Appropriately Trained <ul style="list-style-type: none"> - Medical Appraisal & Revalidation Annual Report 2021 / 2022 - Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Report 2021 / 2022 - Personal Development Planning & Review and Training Compliance Report 2021 / 2022 • Improved and Safe Working Environment • Well Informed – Communication & Feedback 	<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>		✓		✓		✓

Staff Governance & Staff Governance Standards (Continued)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
<ul style="list-style-type: none"> Treated Fairly and Consistently <ul style="list-style-type: none"> Workforce Policies Update Involved in Decisions 	Head of Workforce Resourcing & Relations TBC				✓		
iMatter Report	Head of Workforce Development & Engagement					✓	
Annual Reports							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Internal Audit Annual Report 2021 / 2022	Director of Finance & Strategy		✓				
Staff Governance Annual Monitoring Return 2021 / 2022	Head of Workforce Resourcing & Relations	Delayed	✓				
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021 / 2022	Co-Chairs of LPF			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2021 / 2022	Co-Chairs of LPF			✓			
Whistleblowing Annual Report 2021 / 2022	Head of Workforce Resourcing and Relations			✓			
Volunteering Annual Report 2021 / 2022	Director of Nursing				✓		

Annual Reports (Continued)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Occupational Health and Staff Wellbeing Service Annual Report 2021 / 2022	Head of Workforce Planning & Staff Wellbeing				✓		

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Risk Management Improvement Programme Progress Update	Director of Finance and Strategy	✓					

Briefing Sessions			
	Lead	10/8/22 (am)	16/2/23 (pm)
Topics to be finalised			
Topics to be finalised			

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 12 May 2022
Title:	Corporate Objectives 2022/2023
Responsible Executive:	Carol Potter, Chief Executive
Report Authors:	Margo McGurk, Director of Finance & Strategy, Linda Douglas, Director of Workforce

1. Purpose

This paper sets out the proposed Corporate Objectives for 2022/2023.

This is presented to the Staff Governance Committee for:

- Endorsement and Assurance

This report relates to:

- Annual Operational Plan
- Government policy/directive
- National Health & Well-Being Outcomes

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

The committee requires to consider the corporate objectives annually, these objectives have been derived from the SPRA process and will inform the Annual Operational Plan or RMP for 2022/2023.

2.2 Background

This is the second year of the SPRA process and the joint consideration of corporate objectives across the organisation and directorate functional areas.

2.3 Assessment

The corporate objectives of any organisation normally reflect the in-year, highest level actions which will inform the objectives of the Chief Executive. In that context, this paper

proposes a refinement of the SPRA generated objectives to reflect those at that corporate level. This is our second year of generating our corporate objectives in this way and we continue to develop and embed this process.

The corporate objectives are linked to one of the 4 NHS Fife agreed strategic priorities, there may be a number which span more than one however they have been initially linked to what is considered to be the “primary” strategic priority.

In setting corporate objectives it is important to ensure individual director role clarity within the executive team. The lead roles have been confirmed through EDG discussion. Directors will determine the allocation of the other roles and confirm this by the end of April. The table below sets out the categories of involvement proposed (LSCI).

Lead - Executive Lead, accountable for delivery of objective

Critical - critical role in supporting the delivery of objective

Supporter - actively engaged in supporting those with executive lead and others with critical roles

Informed - not actively involved in delivery of objective but informed and supportive.

Appendix 1 presents 25 corporate objectives for the Committee’s consideration.

2.3.1 Quality/ Patient Care

NHS Fife corporate objectives link directly to the strategic priorities to either “Improve Health and Wellbeing” or “Improve the Quality of Health and Care Services”.

2.3.2 Workforce

NHS Fife corporate objectives link directly to the strategic priority to “Improve Staff Experience and Wellbeing”. The content of the Corporate Objectives 2022/2023 report meets the Involved in Decisions strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other impact

Each corporate objective has a range of impacts which are documented through the SPRA process.

2.3.7 Communication, involvement, engagement and consultation

Directors have been involved in the SPRA process which has generated this initial proposal.

2.3.8 Route to the Meeting

EDG reviewed and approved the corporate objectives on 21 April 2022.

2.4 Recommendation

The Staff Governance Committee is asked to **consider** and **endorse** the corporate objectives.

3 List of Appendices

The following appendices are included with this report:

- Appendix 1 - Draft Corporate Objectives

Report Contacts:

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

Linda Douglas
Director of Workforce
Email linda.douglas@nhs.scot

Appendix 1 - Proposed Corporate Objectives

NHS FIFE STRATEGIC PRIORITIES - (Objectives are linked to a primary strategic priority but will contribute directly and indirectly to others)										
To Improve Health and Wellbeing	Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strategy	Director of Workforce	Director of Pharmacy & Medicines	Director of Property & Asset Mgt	Director of Acute Services	Director of Health and Social Care	
1 Develop the Population Health and Wellbeing Strategy				L						
2 Develop the strategic plan to secure teaching Health Board Status with the University of St Andrews	L									
3 Develop and deliver the Fife COVID Recovery and Rehabilitation Framework		L								
4 Deliver the OBC for the Mental Health Services Programme	L									
5 Refreshed mental health strategic plan informed through collaborative working with people with lived experience and trauma informed practice									L	
6 Deliver the OBC and progress to FBC for both the Kincardine and Lochgelly Health Centres			L							
Improve the Quality of Health and Care Services	Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strategy	Director of Workforce	Director of Pharmacy & Medicines	Director of Property & Asset Mgt	Director of Acute Services	Director of Health and Social Care	
7 Deliver the National Treatment Centre Fife and ensure operational readiness for opening		L								
8 Develop and implement a system wide medicines safety programme with initial focus on high-risk pain medicines						L				
9 Develop and deliver an enhanced model of care in the Emergency Department								L		
10 Develop and deliver an augmented ambulatory, interface care model (RUC) supporting early and appropriate discharge Integrated Unscheduled Care Programme								L		
11 Develop and implement an integrated planned care programme to address waiting list backlog, including the optimisation of day surgery at QMH								L		
12 Oversight of NHS Fife Anchor Institution delivery plan for 2022/23			L							
13 Deliver Home First to enabling Prevention of admission, person centred transfers of care and a responsive integrated system									L	
14 Deliver an approved Integrated Primary and Preventative Care Strategy to set the strategic direction supporting early intervention									L	
15 Increase the pace of delivery in the localities of Fife in line with the Plan for Fife.									L	
16 Develop and implement an NMAHP Care Assurance Framework		L								
Improve Staff Experience and Wellbeing	Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strategy	Director of Workforce	Director of Pharmacy & Medicines	Director of Property & Asset Mgt	Director of Acute Services	Director of Health and Social Care	
17 Deliver high quality systems to support staff health and wellbeing					L					
18 Deliver corporate and system leadership that contributes to system wide activities including Plan 4 Fife					L					
19 Develop and deliver the Faculty for Excellence in NMAHP education, training and professional development		L								
20 Develop and deliver strategic and career frameworks for NMAHP Bands 2 - 4		L								
Deliver Value & Sustainability	Medical Director	Director of Nursing	Director of Public Health	Director of Finance & Strategy	Director of Workforce	Director of Pharmacy & Medicines	Director of Property & Asset Mgt	Director of Acute Services	Director of Health and Social Care	
21 Develop and deliver the medium-term financial plan including the implementation of the Financial Improvement and Sustainability Programme				L						
22 Develop the Workforce Strategy to support Population Health & Wellbeing Strategy					L					
23 Implement the Climate Emergency and Sustainable Development Policy including agreed Net Zero commitments							L			
24 Develop the business case and commence implementation of Paper IIite systems across NHS Fife	L									
25 Develop the Initial agreement (IA) and Outline Business Case (OBC) for Robotics in Pharmacy						L				

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 12 May 2022
Title:	Draft Three Year Workforce Plan 2022–2025
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to a:

- Government policy/directive
- Legal requirement

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

In accordance with NHS Circulars DL(2022)9 (Appendix 1), the draft three year Workforce Plan for NHS Fife for 2022–2025, (Appendix 2), was prepared by the Operational Workforce Planning Group with the support of a number of other colleagues and has been distributed to the Staff Governance Committee, Population Health and Wellbeing Strategy Portfolio Board, Area and Local Partnership Fora and other key stakeholders for comment. Workforce Planning is considered as a regular item of business within the Staff Governance Committee Workplan.

The draft three year Workforce Plan requires to be considered and approved by the Staff Governance Committee, prior to being submitted to the NHS Fife Board on 26 July 2022 for approval and then submission to Scottish Government. Feedback from Scottish Government on the draft Plan will then be provided for our consideration before the final Plan is published by 31 October 2022.

2.2 Background

Revised Workforce Planning guidance to be adopted across NHS Scotland for the development and composition of Board and Health and Social Care Partnership three year Workforce Plans was issued in March 2022 and the overarching methodology detailed in CEL(2011)32 remains extant. CEL(2011)32 requires NHS Boards to follow the six step methodology in order to plan for current and future workforce requirements, ensuring they have

a sustainable workforce of the right size, with the right skills and competences, which is responsive to health and social care demand and ensures effective and efficient service delivery across a broad range of services and locations.

The draft three year Workforce Plan for 2022 to 2025, plus the high level actions being taken by Directorates, focuses specifically on the range of services delivered by the Acute Services Division and the range of Corporate functions and takes account of the actions and commitments within the Strategic Planning Resource Allocation process.

Following the creation of the Integrated Joint Board, the Health & Social Care Partnership is responsible for publishing a similar plan for the range of services it provides. The draft Health & Social Care Workforce Plan for 2022 to 2025 is being prepared and will be circulated for comment as soon as it is available.

2.3 Assessment

The draft Workforce Plan, attached at Appendix 2 is also being considered and reviewed by NHS Fife's Strategic Workforce Planning Group, chaired by the Director of Workforce. The Strategic Workforce Planning Group also includes Service Managers and Professional Leads engaged within the Health & Social Care Partnership, therefore ensuring a close working relationship and whole system approach is maintained.

The detailed operational action plans are monitored via the Operational Workforce Planning Group and will align to the new Scottish Government Annual Delivery Plan Guidance released in April 2022, the Fife Health & Social Care Partnership Workforce Plan, the Population Health & Wellbeing Strategy, the revised Clinical Strategy and the future NHS Fife Workforce Strategy. There is oversight by the Strategic Workforce Planning Group. This will ensure action plans remain live, evolving and relevant documents throughout the lifespan of this three year Workforce Plan.

The draft Workforce Plan for 2022 to 2025 has also been written within the context of a changing and evolving healthcare landscape and the legacy of the Covid-19 pandemic. The draft Plan reflects the different commitments and work being undertaken at National, Regional and Local levels, and the on-going impact of Covid-19 and the associated recovery.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Any specific workforce considerations aligned to the Workforce Plan will be included as appropriate in proposals and updates to be considered by the Committee. The content of this report and draft three year Workforce Plan meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Members of NHS Fife's Operational Workforce Planning Group, of the Strategic Workforce Planning Group, the Workforce Leadership Team and the Health & Social Care Partnership Workforce Planning Group have been involved in the production of the draft Plan, along with contributions from service leads and General Managers. This was complemented with a series of preliminary engagement meetings with key stakeholders.

2.3.8 Route to the Meeting

This paper has been considered by NHS Fife's Operational Workforce Planning Group and members of Strategic Workforce Planning Group, Workforce Leadership Team and the Health & Social Care Partnership Workforce Planning Group as part of its development and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

This paper is provided for:

- **Discussion** – Staff Governance Committee members are invited to **comment** on the content of the draft Three Year Workforce Plan 2022–2025, prior to approval of the final content at the July 2022 Staff Governance Committee and Population Health and Wellbeing Strategy Portfolio Board meetings, for submission thereafter to the Board and Scottish Government.

3. List of Appendices

Appendix 1: NHS Circular DL (2022)9

Appendix 2: Draft NHS Fife Three Year Workforce Plan 2022–2025 (separate document)

Report Contact:

Rhona Waugh
Head of Human Resources
E-mail: rhona.waugh2@nhs.scot



DL 2022 (09)

1 April 2022

Dear Colleagues,

NATIONAL HEALTH AND SOCIAL CARE WORKFORCE STRATEGY: THREE YEAR WORKFORCE PLANS

1. This Director's Letter provides guidance to NHS Boards and HSCPs on completion of their Three Year Workforce Plans, including the key information and analysis that should be set out in those plans. Boards and HSCPs are required to submit a copy of their plan to the Scottish Government by **31 July 2022**. An analysis and feedback process will then take place, pursuant to which the plans should be published on organisations' websites by **31 October 2022**.
2. The guidance follows publication on 11 March 2022 of the National Workforce Strategy for Health and Care, and should be read alongside the NHS Recovery Plan, published in August 2021. The guidance appended to this letter constitutes the first iteration of new medium term workforce planning guidance for health and social care, with the express intention of improving the strategic alignment between organisations' workforce, financial and service planning.
3. When developing their workforce plans, we expect NHS Boards and HSCPs to align with the key policy commitments set out in the NHS Recovery Plan, considering also, where relevant, projected recovery needs in Social Care services, in anticipation of the development of the National Care Service. We expect that Workforce Plans will also sit alongside the priorities and deliverables that will be set out in the upcoming medium-term operational planning guidance, also due for submission in July.
4. Three Year Workforce Plans are expected to use the Five Pillars of Workforce Planning outlined within the National Workforce Strategy (Plan, Attract, Train, Employ, Nurture) as the basis for outlining proposed actions to secure sufficient workforce to meet local projected short-term recovery and medium-term growth requirements across the health and/or social care services you manage.

Addresses

For action

NHS Board Chief Executives, Integration Joint Board Chief Officers and Local Authority Chief Executives.

For information

NHS Board Directors of HR, Local Authority Heads of Human Resources, NHS Directors of Planning, Medical, Nursing, AHP and Finance Directors; Employee Directors and National Staff-side representatives; National Workforce Planning Group
NHS Regional Workforce Planning Leads
NHS and Local Authority Workforce Planners

Enquiries to:

Stephen Lea-Ross
Scottish Government
Health Directorates
Health Workforce
Ground Floor Rear
St Andrew's House
Regent Road
Edinburgh EH1 3DG

Tel: 07411 239921

E-mail:
DeputyDirectorofHealthW
orkforce@gov.scot

Actions

5. NHS Boards and HSCPs are asked to use the Guidance to assess upcoming workforce demand and need in their Three Year Workforce Plans, and provide:
 - Information on their current workforce (undertaking a gap analysis comparing demand analysis with current workforce);
 - their assessment of workforce needs to fill the gap; and
 - an action plan to address the gap predicated on the Five Pillars of the Strategy.

Alignment with Service and Financial Planning

6. A key aim of the approach to workforce planning is to ensure a robust and aligned approach across workforce, operational service and financial planning. Three Year Workforce Plans should therefore align with priorities identified in Board Medium-term Operational and Financial Plans, and HSCP Strategic Commissioning Plans (SCPs). In particular, financial planning assumptions should reflect how you prioritise actions within your local workforce plans (i.e. to support training, new recruitment, retention etc.), so that investment is made in the areas that will make the greatest impact on achieving the Strategy's tripartite ambition leading to long-term workforce sustainability.
7. It is recognised that the financial outlook, over the medium term, is highly likely to remain very challenging. In the context of prioritising investment, Boards and HSCPs should, within their Plans, expressly consider approaches to filling existing funded vacancies, and/or opportunities to repurpose vacancies in order to support, inter alia, service reform and different models of recruitment.
8. As we finalise the Delivery Framework for health and care services, work is progressing on development of medium-term service planning guidance for NHS Boards, which is planned to be issued by 30 April 2022. As noted above, it is expected that your workforce plans, as far as possible, will reflect and align with the medium-term planning priorities.
9. In particular, this should consider where planned future changes to the shape, size, delivery infrastructure and location of services impacts on the quantum of workforce required, their skills and abilities, and changing education and training requirements. This might include, for example, the impact of expanding digital options in the future; of the improvement work being led and co-ordinated by the Centre for Sustainable Delivery; and the work of the National Treatment Centres.

Aligning workforce and service planning in HSCPs

10. We recognise that HSCPs are being asked to develop Workforce Plans at a time when they are yet to develop their Strategic Commissioning Plans (SCPs), setting out how they will plan and deliver services over the medium-term , using the integrated budgets under their control. These plans will generally include a high level summary of workforce issues.

Scope of Three Year Workforce Plans

11. The key elements of the guidance appended to this letter relate to all NHS Boards and HSCPs. We recognise however the distinct contribution made by National Boards, who will wish to engage with their respective Sponsor Teams in advance of submitting their Three Year Workforce Plans. All Boards and HSCPs are expected to discuss the development of their plan with relevant stakeholders and partners.

Timescales

12. The guidance below this Director's Letter sets out the following timescales:

- **By end July 2022:** Three Year Workforce Plans should be submitted in draft to the National Health and Social Care Workforce Plan Programme Office WFPPMO@gov.scot
- **By end August 2022:** Draft Three Year Workforce Plans will be reviewed and feedback provided by Scottish Government;
- **By end October 2022:** Three Year Workforce Plans to be published on organisations' websites with electronic side copy to the email link above.

Stephen Lea-Ross
Deputy Director
Directorate of Health Workforce

NHS Scotland Boards and HSCPs: Three Year Workforce Plan Development Guidance

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April 2022

INTRODUCTION: ABOUT THIS GUIDANCE

This document provides guidance to NHS Boards and HSCPs on completion of their Three Year Workforce Plans, for submission by **31 July 2022**, and for publication on organisations' websites by **31 October 2022**.

This guidance follows the March publication of the National Workforce Strategy for Health and Care, and should be read alongside the NHS Recovery Plan published in August 2021.

Although plans for social care reform are still in development, Three Year Workforce Plans should address the need to achieve a sustainable social care workforce, leading to the introduction of a National Care Service for Scotland.

NHS Boards and HSCPs are asked to assess upcoming workforce demand and need in their Three Year Workforce Plans, taking into account:

- their current workforce (undertaking a gap analysis comparing demand analysis with current workforce);
- their assessment of workforce needs to fill the gap;
- and an action plan to address the gap predicated on the Five Pillars of the Strategy

NHS Boards and HSCPs should:

Reflect the local workforce implications of the National Workforce Strategy (Recovery, Growth and Transformation) by describing:

- Short-term (12 months) workforce drivers focusing on recovery and remobilisation of local health and care services;
- Medium-term (12-36 months) workforce drivers focusing on sustaining growth and supporting longer term transformation;
- Outcomes of local establishment gap analysis comparing demand for future staff with current workforce numbers and skills; and in three year plans;
- Profile the numbers of staff and new roles required to achieve the above.

Use the 5 Pillars in the Workforce Strategy (Plan, Attract, Train, Employ, Nurture) as a framework in Three Year Workforce Plans, to:

- Detail the actions which organisations will take to recruit and train staff in sufficient numbers to deliver the future workforce;
- Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
- Identify any short/medium-term risks to service delivery in meeting projected workforce requirements and outline actions in place to mitigate shortfalls.

While Three Year Workforce Plans are an important element of organisations' local plans (including service and financial plans), they should also inform national developments, providing workforce planning information to support Scottish Ministers' decisions on health and social care services. A checklist of content is suggested at **Appendix 1** to support local organisations in achieving this balance.

NHS Boards and HSCPs should ensure that their workforce planning uses an approach which best meets their individual organisational needs. Further guidance on workforce planning methodologies and supporting tools currently in use across local authorities, the third and independent sector, and NHSScotland is set out at **Appendix 2**.

1. PURPOSE OF GUIDANCE

1.1 The purpose of this guidance is to support a consistent and collaborative approach to the development of local Three Year Workforce Plans by NHS Boards and Integration Authorities (through Health and Social Care Partnerships), across an integrated landscape.

1.2 Following publication of the National Workforce Strategy in March 2022¹, this guidance provides further advice on the process for development and submission of Three Year Workforce Plans and sets out the main aspects that NHS Boards and HSCPs should consider.

1.3 In developing Three Year Workforce Plans, NHS Boards and HSCPs should provide workforce planning information aligning local activity with the Strategy. Using the “5 Pillars” identified in the Strategy (Plan, Attract, Train, Employ, Nurture) they should clearly outline actions to address these objectives at a local level.

What this Guidance will be used for

1.4 Three Year Workforce Plans will inform Scottish Ministers’ decisions on:

- planned future models of care for health and social care services;
- aggregating local workforce needs into a national picture of workforce demand and supply requirements; and
- national approaches supporting the recruitment, training, and retention of a skilled and sustainable workforce.

1.5 It is imperative that organisations respond to each of the key questions set out in the ensuing sections as fully as possible, including quantitative detail throughout and clear narrative assessment.

1.6 Three Year Plans will also inform the Strategy’s commitment² to build a national projected growth trajectory based on the Medium-term Financial Framework. This will help achieve better understanding, for example, of the linkages between staffing capacity and affordability and modelling around pay, terms and conditions.

1.7 A suggested checklist for Three Year Workforce Plan content is attached to this guidance in **Appendix 1**.

1.8 NHS Boards and HSCPs should ensure that workforce planning uses an approach which best meets their individual organisational needs. Workforce planning methodologies and tools currently in use across local authorities, the third and independent sector, and NHSScotland are set out at **Appendix 2**.

¹ National Workforce Strategy <https://www.gov.scot/isbn/9781804350058>

² Page 45, National Workforce Strategy, “We will, for the first time, publish our indicative projections for Health and Social Care Workforce growth later this year. This will allow us to expressly incorporate evidence from a range of sources, including Three Year Workforce Plans and the forthcoming revised Medium-Term Financial Framework. We will review these projections annually, in line with new and emerging evidence.”

2. NATIONAL WORKFORCE STRATEGY

2.1 The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 sits within a wider planning landscape, supported at local level by NHS Boards' and HSCPs' Strategic, Operational, Financial and Workforce Plans:



2.2 The Strategy includes the following vision:

“A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do”

focuses on three objectives:

- **Recovery**
- **Growth**
- **Transformation**

and sets out “Five Pillars of the workforce journey”:

- **Plan** – supporting evidence-based workforce planning;
- **Attract** – using domestic and ethical international recruitment to attract the best staff into health and care employment in Scotland;
- **Train** – supporting staff through education and training to equip them with the skills required to deliver the best quality of care;
- **Employ** – making health and social care organisations “employers of choice” by ensuring staff are, and feel, valued and rewarded;
- **Nurture** – creating a workforce and leadership culture focusing on the health and wellbeing of all staff.

3. THREE YEAR WORKFORCE PLAN CONTENT

3.1 To support the Strategy, Three Year Workforce Plans must respond to the following four questions:

- i. What are your current service demands (including recovery requirements and projected Board/HSCP) population health needs), and the workforce requirements associated with these?
- ii. What is your current staffing profile (including quantitative detail)?
- iii. What is the establishment gap between projected service demand and your current staffing profile?
- iv. What actions are you taking at a local level, in accordance with the 5 pillars of workforce set out in the Strategy, to support service growth and transformation, in line with your gap analysis (as set out at iii. above)?

Organisations are expected to provide a sufficient level of detail in their responses to fully reflect their key local challenges and priorities. They should align their action planning with recovery objectives and new resource allocations, and prioritise actions accordingly.

3.2 Using the Five Pillars in the Strategy, Three Year Plans should:

- Detail actions to attract, recruit and train staff in sufficient numbers to deliver the future workforce in the context of changing local workforce demography - reflecting local, national and international employment markets;
- Describe the current workforce and issues affecting the quality of staff experience, wellbeing and actions to support the retention of current staff;
- Identify short/medium-term risks to service delivery in meeting projected workforce requirements, and outline mitigating actions including service design and implementation of new technology-enabled care;

4. ALIGNMENT WITH SERVICE AND FINANCIAL PLANS

4.1 A key aim of the national approach to workforce planning is to ensure a robust and aligned approach across workforce, operational service and financial planning. Three Year Workforce Plans should therefore align with local service priorities identified in Medium-term Operational Plans (incorporating Board Annual Delivery Plans for 2022/23). These plans will be developed in partnership with Integration Authorities and submitted to the Scottish Government at the end of July 2022.

4.2 Three Year Workforce Plans should also align with local Financial Plans and financial planning assumptions, reflecting appropriately any issues of affordability in achieving the required future workforce.

5. NHS RECOVERY PLAN

5.1 The Scottish Government published the **NHS Recovery Plan**³ in August 2021 which set out key ambitions aimed at addressing the backlog of care across the next five years while maintaining continued delivery of high quality health and care.

5.2 NHS Boards and HSCPs should ensure Three Year Plans reflect workforce implications associated with the priority areas outlined in the Recovery Plan i.e. Social, Primary & Community Care, Planned Care (including Outpatients and Diagnostics), Cancer Care, Unscheduled Care and Mental Health services.

6. NATIONAL CARE SERVICE FOR SCOTLAND

6.1 The Scottish Government's proposals for the development of a National Care Service (NCS)⁴ recognise the significant challenges facing social care in Scotland, exacerbated by the Covid-19 pandemic.

6.2 Although the scope and nature of social care reform is still in development, Three Year Workforce Plans (particularly for HSCPs) should consider workforce implications of ongoing social care demand in advance of the development of a National Care Service. Based on organisations' existing service provision responsibilities, they should describe their projected workforce needs across social care and social work services in the short and medium-terms.

7. HEALTH AND CARE (STAFFING) (SCOTLAND) ACT

7.1 Progress is continuing on measures within the Health and Care (Staffing) (Scotland) Act, with the Scottish Government (SG) continuing to fund the Healthcare Staffing Programme (HSP) through Healthcare Improvement Scotland (HIS), and the Safe Staffing Programme (SSP) through the Care Inspectorate. HIS and Chief Nursing Officer Directorate (CNOD) have also developed a number of real-time staffing resources (for use during Covid-19), which will inform further developments.

7.2 HIS has developed a Self-Assessment Template to support NHS Boards in preparations for implementing the Act and its reporting requirements once in force. Feedback from testing indicates that this is a useful tool, both for external reporting to Scottish Government and internal reporting within local Health Boards.

7.3 A care management safety huddle tool⁵ developed during the pandemic for use in care homes for older people is being used by HSCPs and others to mitigate identified risk. The tool is also informing the Care Inspectorate's approach to developing workload tools for social care.

³ NHS Recovery Plan 2021-2026 [NHS Recovery Plan 2021-2026 \(www.gov.scot\)](https://www.gov.scot/nhs-recovery-plan-2021-2026)

⁴ [National Care Service - Social care - gov.scot \(www.gov.scot\)](https://www.gov.scot/national-care-service-social-care)

⁵ [Safety Huddle Care Management Tool - update for Care Inspectorate newsletter - Final 20 August 2020.pdf \(careinspectorate.com\)](https://www.careinspectorate.com/newsletter/safety-huddle-care-management-tool-update)

7.4 NHS Boards and HSCPs should use all available workforce modelling tools to inform their assessments of projected workforce demand in Three Year Workforce Plans.

8. DEVELOPING PLANS IN PARTNERSHIP

8.1 NHS Board and HSCP workforce planning leads should develop their Three Year Plans in partnership with stakeholders (including those in third and independent sectors and in primary care) and Trade Unions, to present an aligned and cohesive picture of health and care workforce need across their geographic areas.

8.2 There are also strong interconnections between strategic commissioning, service procurement and workforce planning. To support longer term workforce planning, third and independent sector providers will need strategic commissioning and workforce plans to be clear about what kind of care and support will be required, in order that they can plan and develop their workforce appropriately.

9. SUBMISSION, FEEDBACK AND PUBLICATION TIMESCALES

9.1 The timescales below align as far as possible with other extant requirements of NHS Boards and Integration Authorities:

- **By end July 2022:** Three Year Workforce Plans should be submitted in draft to the National Health and Social Care Workforce Plan Programme Office WFPPMO@gov.scot
- **By end August 2022:** Draft Three Year Workforce Plans will be reviewed and feedback provided by Scottish Government;
- **By end October 2022:** Three Year Workforce Plans to be published on organisations' websites with electronic side copy to the email link above.

10. ANNUAL REVIEW OF WORKFORCE PLANS

10.1 NHS Boards and HSCPs will require to review and update their Workforce Plans annually in the years between publication of full Three Year Plans. This will not require full new Workforce Plans and should reflect progress on actions and workforce planning assumptions.

10.2 Annual revisions to Workforce Plans should be submitted to the Scottish Government WFPPMO@gov.scot and updated Plans published on organisations' websites by the end of October each calendar year.

11. REVIEW OF WORKFORCE PLANNING GUIDANCE

11.1 Scottish Ministers strongly support the role of clear and consistent guidance in supporting employers to improve and integrate workforce planning so it fully informs and addresses national as well as local responses to demand. They recognise the need for more consistent linkage between workforce, service and financial planning, as well as commissioning processes.

11.2 While this Guidance relates to the submission of Three Year Workforce Plans, existing guidance on wider workforce planning will be revised to reflect this document and other developments including those on the Health and Care (Staffing) (Scotland) Act and the National Care Service for Scotland and published in due course.

Appendix 1 THREE YEAR WORKFORCE PLAN – INDICATIVE

CONTENT CHECKLIST

Heading	Indicative Workforce Plan Content	Yes	No	n/a
Methodology	Our Workforce Plan has been developed using a methodology appropriate to the organisation's needs.			
Partnership Working	Our Workforce Plan describes the process for developing the three year plans.			
	A Responsible Officer has been appointed to ensure the development, submission and publication of our Three Year Workforce Plans in line with the timescales outlined.			
	Our Workforce Plan reflects discussions with stakeholders, including: <ul style="list-style-type: none"> • Local Service Planning Leads • Financial Planning Leads • Trades Unions • NHS/Local Authority/HSCP Workforce Planning Leads • Social work/social care Leads • Professional lead officers, including Nursing and Medical Directors, AHP Directors and Healthcare Science Leads • HR Leads • Third and Independent Sector Representatives • Primary Care Contractor Representatives • Other identified stakeholders 			
	Our Workforce Plan development process has support from the organisation's senior management team.			
Alignment with other strategic documents	Our Workforce Plan aligns with other local strategic, service and financial plans.			
	Our Workforce Plan reflects service priorities identified in our: <ul style="list-style-type: none"> • Medium-term Operational Plans (incorporating Board Annual Delivery Plans for 2022/23) • Strategic Plans 			
	Our Workforce Plan reflects our local Financial Plan assumptions and affordability in achieving the required future workforce.			
Planning the required workforce	Our Workforce Plan describes how the workforce will support recovery, growth and transformation.			
	Our Workforce Plan analyses the health and care needs of the population and identifies the impact on local workforce demand.			

	Our Workforce Plan has considered internal and external environments and how they may impact on our services and workforce.			
	Our Workforce Plan has been informed by the use of available national workforce planning and workload tools.			
	Our Workforce Plan describes and summarises the workforce required in the short (12 months) and medium-term (36 months) to deliver the key service recovery and growth priorities, outlining <ul style="list-style-type: none"> • Required staff numbers (FTE/WTE) • Job Families and Professional Roles 			
	Our Workforce Plan analyses our current workforce profile and considered the impact of <ul style="list-style-type: none"> • Age profiles and retiral projections • Leavers and turnover projections 			
	Our Workforce Plan contains an analysis/description of the establishment gap between the projected future workforce need and current staffing in terms of overall numbers (WTE/FTE).			
	Our Workforce Plan considers options to meet required workforce demand (e.g. increased supply, improved productivity, demand suppression including surge capacity, bank use etc.).			
Action Planning	Our Workforce Plan details local actions required to achieve necessary changes to the workforce through: <ul style="list-style-type: none"> • Domestic Recruitment • International Recruitment • Service Redesign • Role Redesign • Staff Training and Development 			
	Our Workforce Plan describes and quantifies opportunities to transform the delivery of health and care services identified or accelerated during the pandemic – e.g.: <ul style="list-style-type: none"> • Embedding and extending the role of Digital Health and Telecare using Virtual/Remote Consultations • Virtual Wards • Hospital @ Home • Extension of MDT (multidisciplinary team working) • Opportunities to support Mutual Aid, Joint and Regional Working. 			
	Our Workforce Plan describes areas of workforce skills development that will be required to support future models of care/ service. Our workforce plans describe the need for and development of new posts/new roles/extension of current duties including:			

	<ul style="list-style-type: none"> • Advanced Practice roles; • Physicians Associates; • Assistant Practitioners roles; • Extended Social Care roles in Primary Care and Community settings • Other new roles 			
Staff Wellbeing	Our Workforce Plan describes actions supporting the physical and mental wellbeing of our staff.			
	Our Workforce Plan considers workforce diversity and inclusion as a key part of profiling and defining future workforce requirements and needs.			
	Our Workforce Plan describes key workforce issues affecting the quality of staff experience, and projected impact of these on staff retention.			
Summary of Actions	Our Workforce Plan summarises actions being taken to address identified workforce challenges			
	Actions being taken align to the Five Pillars of the Workforce Journey contained within the National Workforce Strategy: <ul style="list-style-type: none"> • Plan • Attract • Train • Employ • Nurture 			
Implementing and Reviewing	Our Workforce Plan identifies key workforce targets to be achieved.			
	Our Workforce Plan describes how/when targets and milestones will be measured.			

Appendix 2

Workforce Planning Methodologies and Guidance Documents

Workforce Planning Methodologies and Supporting Documents		
Publishing Organisation	Document Title	Content Description
Skills for Health - Workforce Projects Team	The Six Steps Methodology to Integrated Workforce Planning http://www.skillsforhealth.org.uk/resources/guidance-documents/120-six-steps-methodology-to-integrated-workforce-planning	Developed for use in the NHS, this methodology provides a practical guide to sustainable and evidence based workforce planning applicable across workforce and service based planning to support designing new ways of working
Skills for Care	Practical Approaches to Workforce Planning http://www.skillsforcare.org.uk/Document-library/NMDS-SC,-workforce-intelligence-and-innovation/Workforce-planning/Workforce-planning-guide.pdf	This guidance, is aimed at owners, managers and organisational leads responsible for workforce planning in small and medium sized organisations delivering adult social care. Though developed for use by social care providers in England the advice contained will, in part, be transferable.
Voluntary Sector Social Services Workforce Unit	Workforce Planning - A Toolkit for Voluntary Sector Social Services in Scotland http://www.ccpscotland.org/wp-content/uploads/2014/02/Workforce-Planning-Update-July-2009.pdf	Developed for application within the voluntary sector, the toolkit provides an introduction to the key stages involved in workforce planning. The tools included help build up the information required for voluntary sector organisations to develop workforce plans. The toolkit is structured around a set of six key stages of Workforce Planning.
National Improvement Service for Local Government in Scotland	http://www.improvementservice.org.uk/workforce-planning.html	A suite of tools, checklists and training materials which promote better understanding of the requirements for workforce planning and ensure effective workforce planning within Councils



Draft Workforce Plan

2022 – 2025

Draft V0.6: 5 May 2022

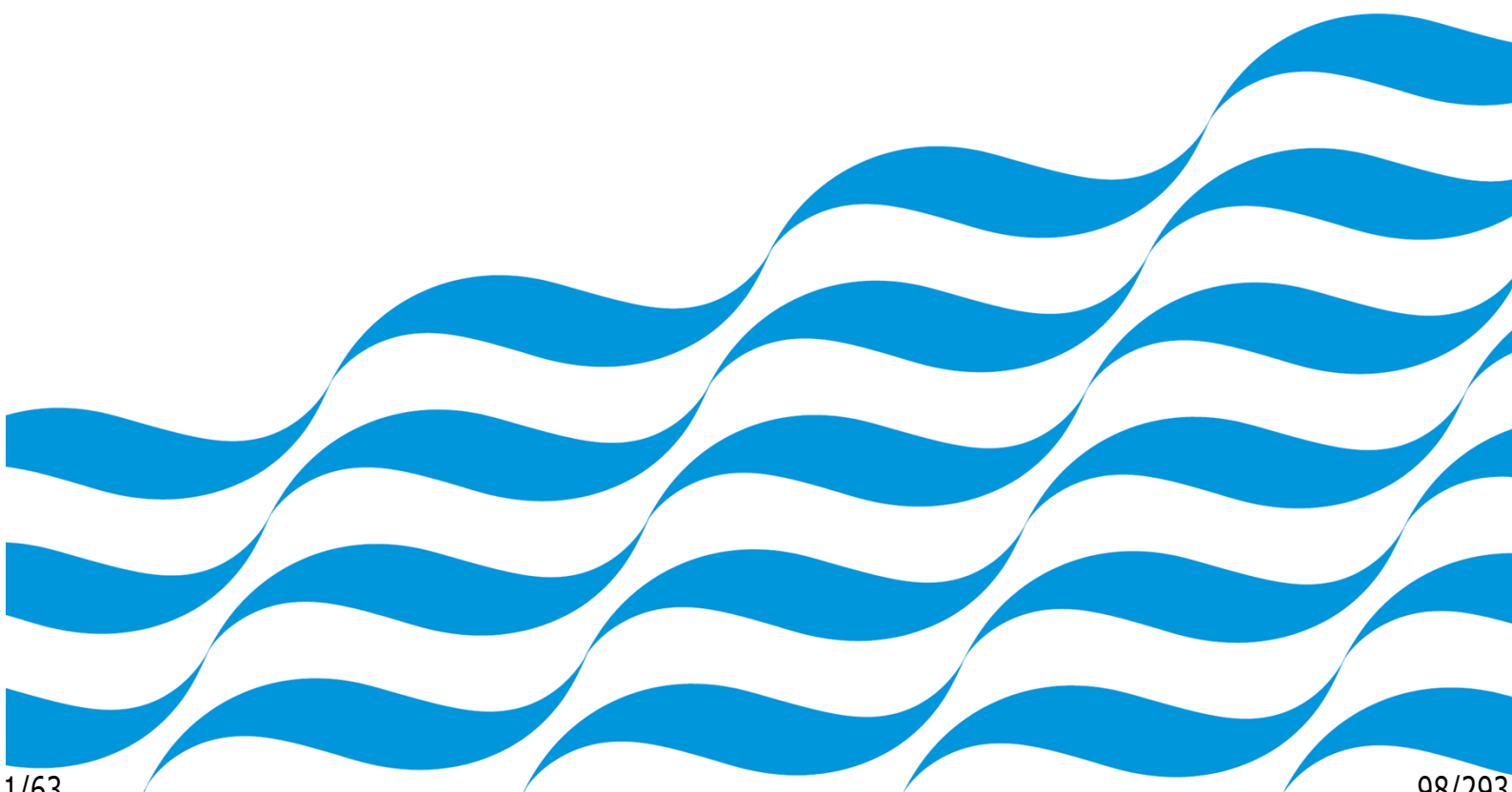


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Foreword

We would like to welcome you to the NHS Fife Workforce Plan for 2022 to 2025. This Plan sets out our direction of travel, for the workforce in anticipation of the changing landscape in health and social care and sits alongside the Fife Health & Social Care Workforce Plan for 2022 to 2025. The Plan has been written to take account of the Covid-19 pandemic, which has significantly altered the shape of health provision in Fife and will continue to do so for the foreseeable future.

Over the next three years, the requirements for the workforce will also be reflected within the Population Health & Wellbeing Strategy¹ due to be published by Q4 2022 / 2023 and it is recognised that this Plan will require to be updated to reflect the content of the Population Health & Wellbeing Strategy¹, the review of the Clinical Strategy currently under review and the Annual Delivery Plan 2022–2023 Guidance² which was issued in April 2022.

This Plan highlights NHS Fife's workforce intentions, whilst recognising that there will be other plans and activity supporting recovery, growth and transformation, as we emerge from the Covid-19 pandemic. We also acknowledge that aspects of Covid-19 will have an enduring impact on all aspects of care delivery, in terms of staff supporting Covid-19 activity, waiting times, outbreaks and overall impact on services.

The Board is committed to providing a culture which encourages all staff to provide feedback and influence improvements to provide high quality care. There will be a focus on staff wellbeing, communication and listening to the views of our workforce to take forward all of the commitments outlined within this Plan. What is clear from the information presented, is that change can only take place with the support of our valuable workforce. The role of all staff in supporting workforce solutions is key to delivering our ambitions and to provide better care for patients and the public.

In realising the transformation of services, there will be the expansion of roles such as Advanced Practitioners, Physician Associates and Health Care Support Workers, alongside the further development of career pathways and educational opportunities. There is an ambition to create an approach that enables the Board to support and grow the workforce. There will be opportunities for those who wish to continue their careers for longer. We will embed programmes for foundation and modern apprentices and improve opportunities for young workers.

Working with our teams, Divisions and Directorates across NHS Fife and Fife Health & Social Care Partnership will be essential to support services and to ensure our workforce is aligned to the needs of our patients. The Board will continue to work regionally alongside our partner Boards within the Region. The development of local and regional solutions to support service sustainability will remain a feature of much of the future work.

We recognise that there will be significant change and transformation ahead as we enter the post pandemic phase, which will feature within the commitments set out in the NHS Fife Workforce Plan, the Fife Health & Social Care Partnership Workforce Plan and the future Fife Population Health & Wellbeing and Workforce Strategies.

Section 1 – Introduction: Defining the Workforce Plan

1.1 Introduction

This Workforce Plan provides an overview of the future workforce required to ensure delivery of high-quality health services for the population of Fife. Due to the close synergies between NHS Fife and Fife Health & Social Care Partnership (H&SCP), this Workforce Plan should be considered alongside the Workforce Plan 2022–2025 published by Fife H&SCP to obtain a comprehensive overview of the future workforce required to deliver the range of Health and Social Care services within Fife.

The Plan sits within a number of national and local strategic documents, for example, the NHS Recovery Plan 2021–2026³, the National Workforce Strategy for Health and Social Care in Scotland (2022)⁴, and the Fife Population Health and Wellbeing Strategy (2022)¹. While these documents are referenced throughout this Plan, the Plan does not attempt to provide a comprehensive overview of each.

1.2 Workforce Planning Methodology

This Plan is structured around the Scottish Government workforce planning guidance CEL(2011)32⁵, which advocates the use of the six step workforce planning methodology, alongside the revised workforce planning guidance contained within DL(2022)09⁶.

Collectively the Workforce Plan provides a context to and vision for health care services in Fife. It provides a synopsis of current workforce capacity, and projected workforce requirements extracted from Service and Financial Plans, before detailing the range of actions being proposed over the next three years in order to bridge the resulting establishment gap. The Action Plan is based on the Five Pillars detailed within the National Workforce Strategy for Health and Social Care in Scotland (2022)⁴.

Overseen by NHS Fife's Strategic and Operational Workforce Planning Groups, this Workforce Plan is a live document which will take account of emerging National and Local priorities.

1.3 Purpose of the Workforce Plan

The purpose of this Plan is to set out the key workforce challenges which NHS Fife is facing between 2022 and 2025. It recognises the significant pressures that the workforce has faced in responding to the Covid-19 Pandemic, and how our staff need to recover from these pressures, at a time when health and care services need to recover from the disruption caused by the Pandemic and manage increased delays to routine treatment, the deterioration in the conditions of some patients, and significantly lengthened waiting times.

In recognising the NHS Scotland commitment to grow the size of the workforce by 1% by 2027, this Plan sets out the key workforce supply and demand challenges which NHS Fife will continue to face between 2022–2025.

Workforce Planning is evolving within the Health and Social Care Sector, therefore the Plan is considerate of the requirement for greater collaboration with our partners within the Local Authority, the potential for regional co-ordination of NHS services where appropriate and a national approach to common workforce challenges. The Plan details the workforce actions that NHS Fife is able to undertake to mitigate the challenges that will be faced over the coming years, and raises some critical risks where national solutions are required.

1.4 Scope of the Workforce Plan

NHS Fife is made up of the Acute Services Division, an agreed range of NHS Fife Services delegated to Fife's Health & Social Care Partnership's Integration Joint Board (IJB), plus a range of Corporate Directorates such as Estates, Facilities and Capital Services, Finance, Human Resources, Digital and Information and Public Health.

Many of the challenges and commitments detailed in this Workforce Plan are common across NHS Fife and Fife Health & Social Care Partnership. The broad workstreams detailed within Section 5 include those relating to the Acute Services Division and the range of Corporate Directorates. Reference should be made to the Fife Health & Social Care Partnership Workforce Plan 2022–2025 for the actions being progressed in terms of these delegated services.

This Plan also recognises the links and interdependencies that are necessary in workforce terms with partners in delivering quality services to the population of Fife. This includes neighbouring and national Health Boards; local authorities, including the Health & Social Care Partnership and Fife Council; the voluntary and third sectors.

Staff referenced within this Plan are covered under the following nationally recognised job families:

- Administrative Services
- Allied Health Professions
- Healthcare Sciences
- Medical and Dental
- Medical and Dental Support
- Nursing and Midwifery
- Other Therapeutic
- Personal and Social Care
- Support Services

This Plan is not intended to look at all aspects of workforce demand and supply for all job families. It will, however, highlight where there are emerging pressures that require to be addressed. This plan is a living document that is flexible, adaptable and responsive to further changes, given the constantly changing dynamics of service provision.

1.5 Implementing, Monitoring and Refreshing the Workforce Plan

Workforce Planning arrangements have been reviewed within NHS Fife and Fife Health & Social Care Partnership to ensure that these are fit for purpose and form an integral part of the financial and service planning frameworks. This is crucial as the Workforce Plan has to be driven by clinical and non-clinical services as they determine their workforce requirements in the short, medium and long term. Through their respective working planning groups, both NHS Fife and Fife Health & Social Care Partnership will drive the development and implementation of their Workforce Plans, ensuring they are live and interactive documents, and that implementation plans are regularly correlated, monitored, and updated.

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Section 2 – Visioning the Future

2.1 The National Context

2.1.1 The NHS Recovery Plan 2021–2026³

The NHS Recovery Plan 2021–2026³, published in August 2021, sets out NHS Scotland's long-term response to the Covid-19 pandemic. The Plan recognises that the measures applied throughout the pandemic in order to save lives and protect the NHS has come at a difficult cost, and that the necessary pausing of non-urgent elective procedures and screening, whilst unavoidable as part of the suite of measures to address the Covid-19 pandemic, has resulted in delays to routine treatment, deterioration in the conditions of some patients, and significantly lengthened waiting times. It has also affected accessibility to GPs, Dental Services and Care Homes, all of which can impact on the flow of patients to hospital settings.

To tackle the increased waiting times for treatment and recognising that a higher percentage of these patients will now require hospital treatment as would otherwise be the case, the NHS Recovery Plan 2021–2026³ sets out how the NHS will increase its capacity by 10%. This includes commitments to increase inpatient and day case activity by 20% over pre-Covid levels to be achieved in part by the introduction of 9 National Treatment Centres; increase outpatient activity by 10% compared to pre-pandemic activity levels; and increase diagnostic procedures nationally by 90,000 by March 2026.

The Plan also recognises that NHS and Care staff have been on the frontline in Scotland's efforts to tackle the Covid-19 pandemic. The Plan reinforces the measures applied to date to meet the physical and emotional needs of the workforce, including the PROMiS National Platform⁷ National Wellbeing Hub and Helpline; the national Workforce Specialist Service that is providing tailored, confidential mental health support to regulated staff in the NHS and Social Care workforces; additional funding for rest areas; and guidance to promote effective wellbeing conversations.

Significantly, the Plan also details a range of commitments to recruit more staff throughout the NHS to enable the NHS Recovery Plan 2021–2026³ to be realised, including:

- Recruit 1,500 new clinical and non-clinical staff for National Treatment Centres by 2026.
- Provide 1,000 additional staff in Primary care mental health, giving every GP practice access to a link worker.
- Increase the number of medical undergraduate places by 100 per annum and double the number of widening access places.
- Invest £11 million over the life of this plan in new national and international recruitment campaigns and establish a national Centre for Workforce Supply.
- Create new youth employment opportunities in health and social care through our national Young Person's Guarantee.
- Provide additional training opportunities through the NHS Academy for new and existing staff in key areas of need, including pre and perioperative care and endoscopy.
-

Urgent & Unscheduled Care – covered in more detail within Section 3.

Primary & Community Care – covered in more detail within the Fife Health & Social Care Partnership Plan.

Cancer Services – covered in more detail within Section 3.

Mental Health and CAMHS Investment – covered in more detail within the Fife Health & Social Care Partnership Workforce Plan.

Drug-related Deaths – covered in more detail within the Fife Health & Social Care Partnership Workforce Plan.

2.1.2 The Covid-19 Recovery Strategy for a Fairer Future⁸

The NHS Recovery Plan 2021–2026³ was one of a series of commitments laid out by the Scottish Government as part of the broader Recovery Strategy to create a fairer post Covid-19 future for Scotland. Central to this was the vision to address inequalities affected by Covid-19, to make progress towards a wellbeing economy, where success is judged on more than Gross Domestic Product, and to accelerate inclusive, person-centred public services.

The Covid-19 Recovery Strategy for a Fairer Future⁸ had three broad outcomes:

- To establish financial security for low-income households
- To enhance wellbeing of children and young people
- To create good, green jobs and fair work

Whilst this Strategy committed to the publication of a new 10-year vision for economic transformation, setting out the Scottish Government's plans for strengthening Scotland's economy, commitments which impact on this Workforce Plan include the drive to improve the wellbeing of children and young people, including a commitment that every person between 16 and 24 has the opportunity to study, take up an apprenticeship, a job or work experience, or take part in formal volunteering. In addition, to support employment following the pandemic and EU Exit, there was a commitment to ensure good green jobs are available, simplifying investment in skills and training to ensure that people have support throughout their lives, investing £200 million in adult upskilling and retraining opportunities, embedding fair work so people have 'good jobs' and also to increase productivity, and enhancing equality of opportunity so everyone can access and progress in work.

2.1.3 Scotland's Changing Population – the Fife Context

The health and wellbeing of people in Fife is influenced by many factors including age, sex, hereditary factors and psychology as well as health system factors, including the quality and accessibility of care. However, as important in creating our health and wellbeing, are the conditions in which we live and work; for example our education, employment, income, social networks, housing and broader socio-economic, cultural and environmental factors. These determinants are experienced unequally in our society with correspondingly worse health outcomes and life expectancy experienced by people living in the most deprived areas of Fife. People from other diverse or vulnerable groups also unjustly experience inequalities and

experience less good health and wellbeing as a consequence.

The Scottish Government Public Health Priorities (2018)⁹ reflect the most pressing health and wellbeing concerns for Scotland and mirror our priorities in Fife. Our priorities are:

- A Fife where we live in vibrant, healthy and safe places and communities
- A Fife where we flourish in our early years
- A Fife where we have good mental wellbeing
- A Fife where we reduce the use of and harm from alcohol, tobacco and other drugs.
- A Fife where we have a sustainable, inclusive economy with equality of outcomes for all
- A Fife where we eat well, have a healthy weight and are physically active

The Covid-19 pandemic has been one of the greatest public health challenges we have faced with significant consequences on health and wellbeing for the population of Fife. The pandemic and social restrictions are likely to have long term impact on our health and wellbeing. Measuring, responding to and supporting recovery from the Covid-19 pandemic has also been identified as a clear priority for public health in Scotland and this will be a key priority for us in Fife.

2.1.4 National Workforce Strategy for Health & Social Care in Scotland⁴

Published in March 2022, the Strategy acknowledges the efforts of the NHS, Social Care and Social Work staff throughout the pandemic and recognises the value of National and Local Government working together to make a positive contribution to every aspect of life, and across every community in Scotland. It sets out a national framework to achieve the collective vision for “a sustainable, skilled workforce, reflective of the communities they serve, with attractive career choices where all are respected and valued for the work they do”.

The Strategy sets out the evidence base and actions that will be taken over the short, medium and long term, to achieve the tripartite ambition of recovery, growth and transformation of the health and social care services and workforce, to achieve the following outcomes:

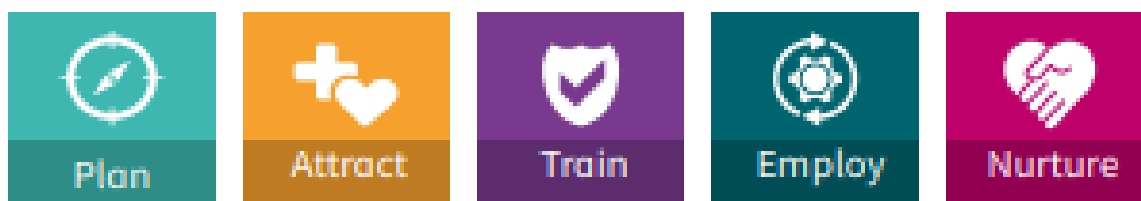


Putting our workforce vision and values at the heart of what we want to achieve, namely the tripartite ambition to:

- Create the conditions through which our workforce, and by extension our health and social care services, can successfully recover from the pandemic.
- Grow the health and social care workforce sustainably, in line with Scotland's population demographics, and the demands on our health and social care services.
- Transform the ways in which our workforce is trained, equipped and organised to deliver health and social care services, in order to achieve long-term sustainability through increased effectiveness and improved population health outcomes.

The strategy establishes the Five Pillars of the Workforce Journey, where action can have the maximum impact in terms of recovery, growth and transformation in our services and our workforce. The actions detailed within this Workforce Plan and contained in the accompanying Annex, are consistent with these Five Pillars.

The Five Pillars of the Workforce



2.1.5 Implementing Safe Staffing

The Health and Care (Staffing) (Scotland) Act 2019¹⁰ was passed in the summer of 2019, and whilst its implementation has been delayed due to the Covid-19 pandemic, the legislation will provide a statutory basis for the provision of appropriate staffing in health and care service settings, enabling safe and high-quality care and improved outcomes for service users.

By covering all clinical groups within its remit, this Act aims to ensure that the correct balance of occupational groupings, with the correct skill mix, delivers better outcomes for patients and service users, and support the wellbeing of staff. The effective application of this legislation will:

- Provide assurance that staffing is appropriate to support high quality care, identify where improvements in quality are required and determine where staffing has impacted on quality of care.
- Support an open and honest culture where clinical / professional staff are engaged in relevant processes and informed about decisions relating to staffing requirements.
- Enable further improvements in workforce planning by strengthening and enhancing arrangements already in place to support transparency in staffing and employment practice.
- Ensure the clinical voice is heard at all levels by ensuring arrangements are in place to seek and take appropriate clinical advice in making decisions and putting in place arrangements in relation to staffing.
- Ensure that NHS Boards have a robust system to identify, assess and escalate real-time risks to care arising due to staffing issues, and to ensure staff are aware of these, and relevant staff have appropriate training and time and resources to implement them.

2.1.6 Digital and Information

NHS Fife's Digital and Information Strategy "Digital at the Heart of Delivery"¹¹ was endorsed by the NHS Fife Board in September 2020. The strategy outlined the challenge which had been presented to NHS Fife from a National, Local and Regional perspective through various strategies and delivery plans.

During the creation and establishment of the Digital and Information Strategy 2019-2024¹¹, there was no indication of the global pandemic which the NHS were faced with in March of 2020, this pandemic has significantly impacted delivery of our key ambitions in both a negative and positive manner. A significant impact during this period was the delivery of the IT infrastructure to support staff to work from home or more effectively in the hospital, with a range of new technologies, including but not limited to Microsoft Teams, Near Me, extended use of Patientrack and Morse and the implementation of systems supporting Test and Trace and Immunisation activity, being adopted at pace.

The workplans associated with the Digital Strategy have been aligned, through additional engagement and NHS Fife's SPRA process, to the NHS Recovery Plan³ and the revised Digital Health and Care Strategy 2021¹¹.

For the remaining 2 years of the Digital Strategy focus returns to the 5 key ambitions:

- Modernising Patient Delivery – Ensuring we provide our patient/service users with a modern fit for purpose digital healthcare service.
- Joined Up Care – Joining Up Our Services to ensure all relevant information is available at the point of contact.
- Information and Informatics – Exploiting data to improve patient safety and quality outcomes to support developments.
- Technical Infrastructure – Ensuring the infrastructure on which digital is situated is fit for purpose, secure and meets the needs of our service.
- Workforce and Business Systems – Assisting our workforce by ensuring that the systems on which they operate are effective, efficient, and complement their working practices.

In support of our workforce, prioritisation has been given to the development of a Digital Enablement team to support our staff in their adoption of digital working and extended delivery of services through digital means. The enablement team consists of Senior Nursing, Midwifery and Allied Health Professional digital roles, digital facilitators and trainers and will be supporting our staff (and patients) in their adoption and use of digital capability.

This support of change will be critical for the key programmes that NHS Fife have committed to, which include:

- Selection and Implementation of Hospital Electronic Prescribing and Medicines Administration.
- Further development of the EPR Capability and Paperlite implementation.
- eRostering and delivery of the nationally selected system to support safe staffing.

As we prepare for the final years of the strategy, we will also consider the work necessary to ensure our wider workforce can feel supported in their digital adoption. We will work closely with Partnership and Workforce colleagues to provide this support.

2.1.7 Climate Emergency and Sustainability

The NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026¹² provides the basis for how we will achieve the ambitious net-zero carbon output by 2040. While some of this Strategy focuses on the Estate, such as the commitment that all health service owned buildings are to be heated by renewable sources by 2038, these are a series of commitments relevant to this Workforce Plan. These

include the development of environmentally sustainable care pathways and the reduction of waste, achieved in part through the continued introduction of technology enabled care initiatives, through to the reduction on the need to travel and the promotion of active travel across our workforce, patients, and communities.

Achievement of this Strategy will require a holistic, cross-sector and multidisciplinary approach, investment in a range of key skills and competencies not historically associated with the Health and Social Care Sector, in addition to regional collaboration.

2.2 The Regional Context

Covering a population of 1,293,500 (source ONO UK¹³), Health and Social Care Services within the East Region are managed across three Health Boards and six Health & Social Care Partnerships.

There are regional approaches in the following priority areas:

- Health Protection
- Cancer Services
- Regional Laboratory Medicine Collaboration
- Mental Health Recovery – CAMHS
- Thrombectomy
- Haematology Services
- Planned Care Service Pressures

2.2.1 Health Protection

Health Protection services are part of NHS Board's Public Health function, with multidisciplinary teams in each Board protecting citizens through surveillance, investigation and control of communicable disease and non-infectious environmental hazards. 24/7 on-call arrangements are in place within each Board. The Covid-19 global pandemic in 2020 has put significant pressure on Health Protection services in all Boards in maintaining this essential 24/7 service, with a recognition that there are elements duplicated across all Boards which could be coordinated and delivered more sustainably through a regional model.

Following a robust Options Appraisal process in early 2021, NHS Fife, Borders, Lothian and Forth Valley have agreed to implement a regional Health Protection model which will support sustainability and resilience and have in place a function that is fit for the future and designed to respond effectively to 21st century Health Protection challenges. Engagement with Health Protection colleagues from all three Boards is underway and to support the development of the regional Health Protection model three secondment roles are being introduced until 30 September 2022. These roles will lead the development and implementation the Regional Health Protection Service model on a professional and managerial basis.

2.2.2 Cancer Services

Cancer patients interface across our full healthcare system, making cancer everyone's business. In 2019, 2,446 Fife residents were registered as having a new cancer. Cases of cancer in Fife have been increasing which reflects the

growing and ageing population, this trend is expected to continue. Increasing numbers of cancer patients combined, new treatments, emerging technologies (e.g. robotic surgery) and patients living longer with cancer requires focus on the cancer workforce to in order to enable sustainable service delivery. The cancer workforce consists of a range of professionals across the healthcare system; pharmacists, medical staff, nursing staff, Allied Healthcare Professionals, specialist support roles (Cancer Trackers and Multi-Disciplinary Meeting Co-ordinators) and managers.

At a national level, the NHS Scotland NHS Recovery Plan 2021 – 2026³ (August 2021) has committed to increasing the cancer nursing workforce, upskilling clinical nurse specialists and investment in chemotherapy staffing. Locally the NHS Fife Clinical Strategy 2016–2021¹⁴(currently under review) committed to reviewing the cancer multidisciplinary workforce to meet the needs of the service and develop a workforce that has the appropriate training and education to deliver specialist tasks, considering key roles and responsibilities and role development.

The NHS Fife Cancer Framework (which is nearing completion) commits to supporting NHS Fife to address cancer workforce sustainability, identify system-wide approaches in relation to the wellbeing, education and training. The Framework aims to deliver effective cancer prevention, early diagnosis and high quality sustainable cancer care for those living with and beyond cancer.

Staffing gaps are already present, in particular in diagnostics, such as radiology, oncology, pathology and the specialist nursing workforce. In addition there are also challenges with recruitment for some surgical specialties. Currently there are pressures within Acute Oncology and Systematic Anti Cancer Treatment (SACT) multidisciplinary teams. There are also concerns around the ageing workforce and we therefore need to take the opportunity to look at how we resource the cancer workforce differently to ensure it is balanced, resilient and fit for the future.

The Cancer Framework sets out some key commitments to address the current issues and future risks:

- Ensure the wellbeing and resilience of the cancer workforce including improved access to Spiritual Care as part of the approach to staff wellbeing.
- Review the cancer workforce including skill mix and supporting roles to inform future service delivery models and succession planning.
- Transform nursing roles with consideration of Senior Professional Leadership / Management of Clinical Nurse Specialist / Advanced Nurse Practitioner workforce being aligned to support the broader vision and developments.
- Identify gaps in medical workforce working with regional partners to develop a regional plan to ensure resilience and equity of care e.g. oncology, haematology and radiology.
- Take forward leadership opportunities across the workforce to highlight opportunities available to cancer workforce colleagues, encouraging new talent to take up leadership roles.
- Ensure staff time to undertake appropriate training and development in order to

carry out their role and to equip them for future roles and for the delivery of services in view of new and emerging treatments.

- Optimise education and training from others in the workforce to ensure patients receive the most appropriate care, e.g. Realistic Medicine, Occupational Medicine, and Palliative Care.
- Review non-pharmacological roles, e.g. AHPs, palliative care to complement an integrated cancer care pathway.
- Take a holistic approach to the management of patients with cancer to include those treating patients who are not in cancer roles, e.g. inpatients.
- Introduce a Cancer Awareness programme in teaching of Junior Doctors to educate and ensure early understanding

Contributing to these workforce specific commitments will be the review of cancer pathways to ensure that patients are cared for by the right professional, at the right time and in the right place.

2.2.3 Regional Laboratory Medicine Collaboration

With recognised sustainability challenges in Laboratory Medicine specialties throughout the East Region, Health Boards continue to build on the existing collaborative working arrangements to identify and deliver a sustainable service model. Currently focused on Medical grades, initiatives being progressed include the review of Job Plans to identify opportunities for joint appointments or appointments with specific interests, Opportunities for Digital Enabled Care including Digital Pathology and Artificial Intelligence, plus building on new roles introduced to Laboratory Medicine, including Advanced Practitioners and Clinical Scientists.

These initiatives are in addition to a small number of specialist services being patriated to NHS Lothian, where the combination of skill set required, and limited patient numbers means that NHS Fife would be challenged to sustain the service locally.

- Mental Health Recovery – CAMHS – covered in more detail within the Fife Health & Social Care Partnership Workforce Plan
- Thrombectomy
- Haematology Services
- Planned Care Service pressures

2.2.4 South East Payroll Consortium

The South East Payroll Consortium was created in January 2017. It is one of three consortia in Scotland tasked with developing a consistent and sustainable approach to payroll services on a regional basis. The main issues driving change include the sustainability of the payroll services workforce, the Scottish Government 'Once for

Scotland' approach and limitations with existing technology and systems. The increasing complexity and volume has led to increasing demand.

The South East Payroll Consortium is made up of eight Boards: NHS Fife, NHS Forth Valley, NHS Lothian, National Services Scotland (NSS), Healthcare Improvement Scotland (HIS), NHS Education for Scotland (NES), the Scottish Ambulance Service (SAS) and Public Health Scotland.

In January 2022, the formal Business Case was approved and NHS Fife agreed to join the Consortia and consequently change to a payroll consortium model. The appointment of NSS as the Single Employer of Payroll Services across the South East Payroll Consortium will require that payroll staff employed within the seven other NHS Boards to transfer their employment to NSS. The current timeline envisages the staff consultation period running between July and September with a provisional date of 1 November 2022 for the NHS Fife Payroll staff transferring to NSS, along with the payroll staff from the other six boards.

2.3 The Local Context

2.3.1 Anchor Institution

NHS Fife has a strong desire and conscious sense of responsibility to become an "Anchor Institution" within the lifetime of this Plan. An Anchor Institution is an organisation whose long-term sustainability is tied to the wellbeing of the population/s they serve. The key objectives of NHS Fife's Anchor Institution Programme are:

- Purchasing more locally and for social benefit
- Widening access to quality work
- Using buildings and spaces to support communities
- Reducing NHS Fife environmental impact
- Working more closely with local partners

These key objectives, include maximising growth, community, health and environmental benefits through the design and procurement of buildings, land, and other assets. It also includes how we manage land and built assets and the ways in which they can benefit local communities, help the environment, and create great places.

2.3.2 Supporting Staff Physical and Psychological Wellbeing

NHS Fife does all it can to support employees to stay well, to support employees in the most appropriate way when they are unwell, and to create a culture of kindness, where employees look after each other. This is achieved, in part, by a multidisciplinary group, including Occupational Health specialists, Health Promotion, Psychology and Spiritual Care professionals delivering a broad range of workplace and related staff support services, co-ordinated by the Staff Health and Wellbeing Group, and is evidenced by NHS Fife holding the Healthy Working Lives Gold Award since 2016. "Well@Work" is the branding of NHS Fife's employee Health and Wellbeing programme.

Providing a healthy working environment which supports, promotes and protects the

physical and mental wellbeing of our employees is an integral part of this Plan, and more generally supports the NHS Scotland Staff Governance Standard and NHS Fife's values, alongside the aims of the Fife Population Health & Wellbeing Strategy¹ and the ambition of achieving Anchor Institution status.

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



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; introduction of 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 Platform⁷, to make the best of their life circumstances; Pause Pods for employees to rest and recharge their bodies and minds; and Staff Hubs on the main Acute Hospital sites and Community Hospitals provide spaces for relaxation and refreshment.

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 extensive generic and bespoke wellbeing course offers, are detailed within StaffLink, with the NHS Fife Staff Health & Wellbeing Framework due to be published by the Summer of 2022.

2.3.3 General Medical Services Contract Implementation

The General Medical Services (GMS) contract, introduced in 2018, refocused the General Practitioner (GP) role as expert medical generalists. Enabling GPs to perform this role meant reducing challenging workload pressures and transferring certain tasks previously carried out by GPs to members of a wider primary care multidisciplinary team. Importantly, it meant that, in certain cases, employment of the wider primary care multidisciplinary teams would be transferred from GPs to the local H&SCPs and Health Boards.

Locally, the immediate priorities for implementation of the GMS Contract, shaped by necessity and service pressures during the Covid-19 pandemic response, has focused on Vaccine and Immunisation Delivery, Local Co-ordinators, Mental Health Triage Nurse input at practice level, Pharmacotherapy and Community Treatment and Care (CTAC) Services. Other priorities will continue to evolve throughout the

lifetime of this Workforce Plan, in line with the specification set out in the Memorandum of Understanding 2¹⁵. Further details are set out within the Fife Health & Social Care Partnership Workforce Plan.

Moving forward, implementation plans have been refreshed to reflect learning and revised methods of working introduced in response to the COVID-19 pandemic, and recruitment to a number of pharmacotherapy and Mental Health Nurse Triage positions, enhancing the skill mix of teams working in General Practice and ensuring the most appropriate clinician is available to meet the patient's needs.

The Primary Care Improvement Programme (PCIP) will also support wider General Practice sustainability challenges. Work continues through the Clinical Director for Primary Care, to work with GP Practices facing recruitment concerns, and a plan will be developed ensuring that an increasingly proactive approach is utilised to support General Practice, mitigate recruitment issues and ensure continued patient care. This is described in more detail within the H&SCP Workforce Plan.

2.3.4 Waiting Times and the Covid-19 Challenge

The Scottish Government have traditionally set national waiting times standards for the maximum time patients should have to wait for NHS services in Scotland. For example, these standards include a 12-week maximum waiting time for treatment of all eligible patients who are due to receive planned treatment delivered on an inpatient or day case basis; no patient should wait longer than 12 weeks for a new outpatient appointment at a consultant-led clinic; and 6-week maximum waiting time for eight key diagnostic tests and investigations.

Pre-pandemic, NHS Fife performed strongly against a range of these measures, and by December 2019 had already achieved the October 2020 target of:

- 85% of outpatients will wait less than 12 weeks to be seen (December 2019 position 92%).
- 85% of inpatients / day cases will wait less than 12 weeks to be treated (December 2019 position 90%).

While NHS Fife continued to perform favourably against a range of these standards, as measured against the NHS Scotland average, it is evident that our performance, and the performance of NHS Scotland more generally, was impacted in the previous two years when NHS Scotland was placed on emergency footing and a range of measures applied to protect services and patients during the pandemic.

The number of patients waiting 12 weeks and over for new outpatient appointments increased from just over 500 in March 2020 just before lockdown to over 11,000 in January 2022 (chart 1). During this period, priority has been given to urgent new and reviewed patients. In May 2020, 2 months after lockdown, 50% of new outpatients who were determined to be urgent were being seen within 4 weeks and this has improved to 78% of patients in January 2022 (chart 2).

Chart 1: Patients Waiting for New Outpatient Appointment

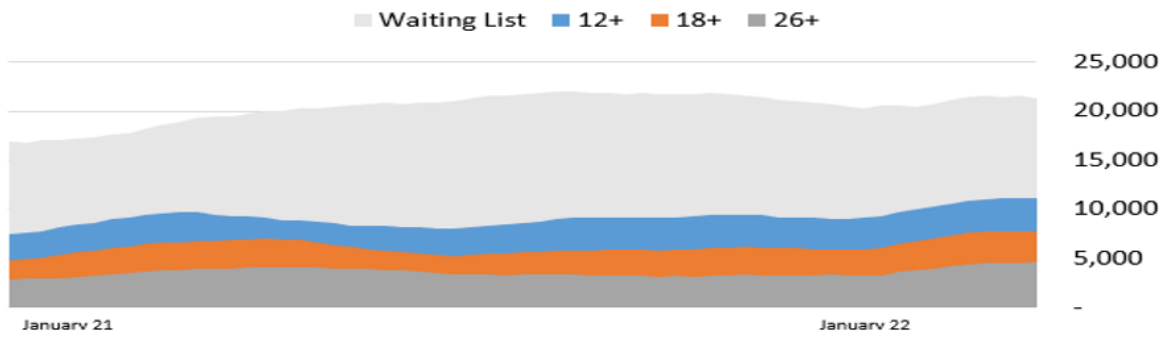
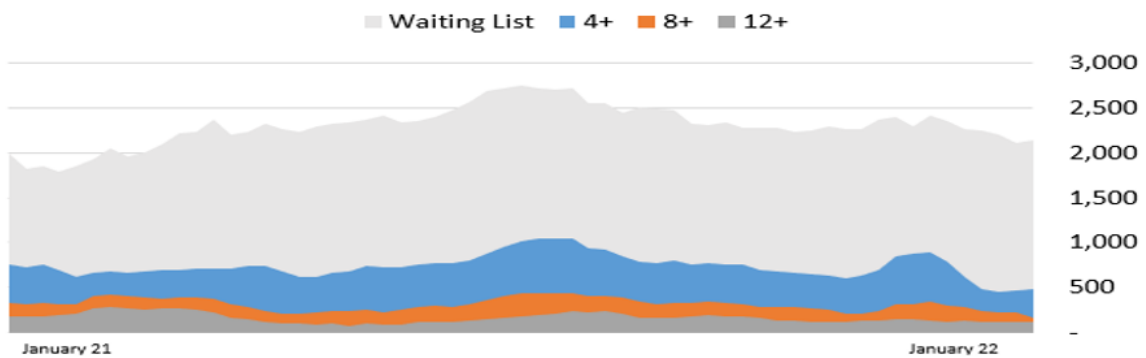
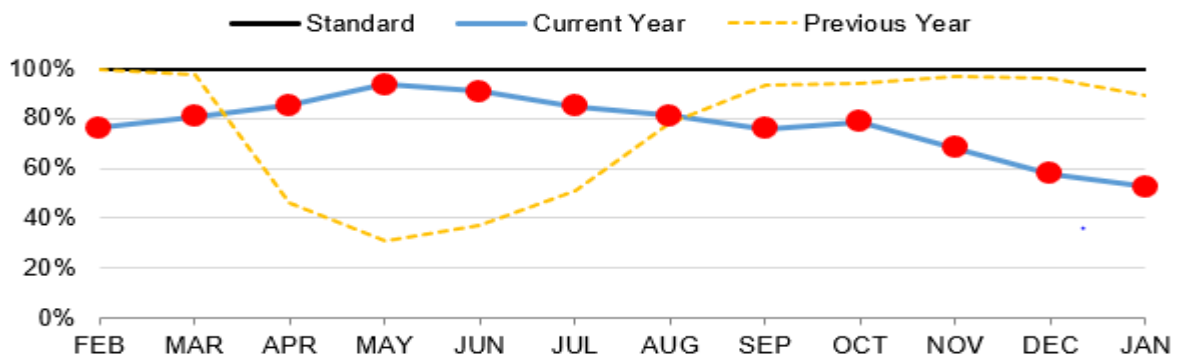


Chart 2: Urgent patients waiting for new Outpatient appointment



Similarly for diagnostic tests, the number of patients waiting 6 weeks and over was less than 20 just before lockdown. Whilst waiting times recovered during the first quarter of 2021, waiting times have deteriorated in the remaining 3 quarters. Patients waiting over 6 weeks sat at over 3,000 at the end of January 2022 as demand for urgent and inpatient diagnostic tests increased (chart 3).

Chart 3: Key Diagnostic Tests <6 weeks



Two years on, it is hoped that we are in a calmer phase of the pandemic and on a path to the virus becoming endemic. There is now a need to set out how we will safely and efficiently increase capacity to meet heightened levels of demand, before focusing on recovering the waiting times position to pre-covid activity. Discussions are live with the Scottish Government on the additional funding necessary to

achieve this, based on the assumptions that the extant guidance on physical distancing of 2 metres, infection prevention and control procedures remain the same and a proportion of our staff remain unavailable due to Covid-19 related absences.

2.3.5 Financial Improvement and Sustainability Programme

The Financial Improvement and Sustainability Programme Board has been established to develop and agree a programme of productive opportunities and savings targets for 2022–2025. Through the focus on service transformation, productive opportunities and capacity building, the Programme Board seeks to support enhanced quality of patient care and effective allocation of resources against the backdrop of commitments to increase capacity within the system.

Supported by NHS Fife’s Programme Management Office, a project management approach is taken to oversee governance of the Portfolio of programmes prioritised through Fife.



- Co-ordination and review of all priority schemes across the Health Board to enable the cumulative impact to be assessed.
- Rigour in planning.
- Systematic tracking and transparency of each project initiatives’ performance.
- Supporting framework to raise issues and address them.
- Drive the pace of project delivery, performance and visibility through the introduction of project management standards.

A summary of the programmes relevant to the Workforce Plan, and how these programmes fit within the wider NHS Fife Portfolio is shown in the table below.

Productive Opportunities	Programme Alignment
Optimising Day Case Capability (Queen Margaret Hospital)	Integrated Planned Care Programme
Theatre Utilisation Repatriation of Services	Integrated Planned Care Programme
National Treatment Centre	Integrated Planned Care Programme
Digital – Outpatients & Long-Term Conditions	Integrated Planned Care Programme

Ambulatory Interface Care - Service Redesign including potential to create new staffing roles and pathways. Includes redesign of Front Door and Redesign of Urgent Care

Integrated Unscheduled Care Programme

Population Health & Wellbeing Strategy¹ (not available until Quarter 4 of 2022 / 2023)

Annual Delivery Plan 2022–2023 Guidance² issued in April 2022.

DRAFT

Section 3 – Health and Social Care Services Across Fife: Now and in the Future

3.1 Fife's Interim Workforce Plan 2021–2022

NHS Fife and Fife Health & Social Care Partnership published an Interim Joint Workforce Plan in April 2021¹⁶. This Interim Plan explained how health and social care services across Fife continued to respond to the Covid-19 pandemic and detailed a number of longer-term workforce drivers and workforce opportunities. These longer-term drivers and opportunities have informed the Workforce Plans (2022–2025) for NHS Fife and Fife Health & Social Care Partnership.

3.2 Transformational Programmes

3.2.1 Fife Elective Orthopaedic Centre

Opening in Winter 2022, the new National Treatment Centre will support NHS Fife to increase Orthopaedic capacity by more than 700 procedures, promote best practice and innovation, enable cutting edge research to be carried out on site, and provide a platform where staff and trainees can be educated to the highest possible standards.

The service is already leading the way in innovative procedures including minimally invasive surgery, day hip replacement and computer-navigated surgery. This will be enhanced with the purpose-built Fife Elective Orthopaedics Centre with its integrated theatres, allowing digital images to be visible around the theatres. It ensures the surgical teams can position images from cameras, monitors, x-rays or arthroscopic equipment on the most suitable screens to get the best possible results.

The theatres have also been designed and future proofed to ensure they can support advances in surgical techniques such as the development of robotic assisted orthopaedic surgery for hip and knee replacements, and advances in intra-operative imaging. These technologies are in development and are likely to become a key part of future practice within the timeline of this Workforce Plan.

In addition to this, the service boasts close links to local universities for research and teaching, and regularly hosts undergraduate medical, nursing, physiotherapy professions. The new Centre will have two meeting rooms included for teaching and training. These will be linked to theatres, so students will be able to watch surgery in real time, via theatre cameras. This will support teaching of medical students and training all grades of medical staff.

3.2.2 Vaccination and Immunisation Delivery

Transformation of immunisation services presents a real opportunity for NHS Fife and Fife H&SCP to demonstrate the benefits of collaborative working. In identifying different ways to deliver safe and sustainable immunisation services, this collaboration will deliver a collective vision for a Fife where everyone, everywhere, has confidence in and equitable access to high-quality, safe, sustainable immunisation services throughout their life time.

The recent experience of the Covid-19 pandemic demonstrates how outbreaks can overwhelm and profoundly disrupt health programmes, clinical services and health and social care systems and has emphasised the critical importance of vaccines in the battle against emerging and re-emerging infections to protect people and save lives as detailed in the UK Covid-19 Vaccines Delivery Plan 2021¹⁷. Building on this experience is therefore important, to achieve the collective vision, as responsibility for delivering the service continues its move away from General Practice to NHS dedicated teams.

As immunisation service provision is modernised over the next three years, in line with the Immunisation Strategic Framework 2021–2024¹⁸, it is also essential that health inequalities are addressed in the model of delivery. Immunisation uptake has been shown to be lowest in poorer families, those from minority ethnic backgrounds and those who may find it more challenging to access services. For Immunisation programmes to be successful the final service delivery model needs to support access for all, utilising tailored communications and engagement, outreach and targeted models, where required, to support access for under-served groups and minimise the risk of incidence in preventable diseases at both an individual and population level, maximising the benefits associated with herd immunity. This model will be supported by robust digital systems.

NHS Fife and Fife H&SCP are progressing at pace to implement the priorities detailed within the Immunisation Strategic Framework 2021–2024¹⁸. This will ensure sustainable and skilled Children’s and Adult’s Immunisation teams designed to facilitate cross over between two previously distinct groups, capable of responding to instances of surge or increased activity impacting either team, and thereby safeguard the specific knowledge skills and experience of individuals, but also allow for increased opportunity for skill development for staff seeking to support across the wider Immunisation service.

3.2.3 Scottish Government Health and Social Care Directorates Policy

The 2022–2025 Workforce Plans for NHS Fife and Fife H&SCP outline how the national policy commitments impacting on our workforce will be implemented. In addition to a number of long-term commitments referenced within the extant plans, this also includes the following programmes:

- Healthy Living and Wellbeing
- Integrated Unscheduled Care
- Preventative and Proactive Care
- Integrated Planned Care

3.2.4 Rehabilitation Services

The impact and prevalence of Long Covid is yet to be understood, although it is apparent that its impact will be felt within Rehabilitation Services. Through the Post Covid Response Oversight Group, Community Rehabilitation has been reviewed to develop a more integrated service across day hospital, Intensive Care Unit, Community Ward and Community Occupational Therapy with a pilot being undertaken for patients suffering from symptoms associated with Long Covid Syndrome within Chest, Heart and Stroke specialities. The results of this pilot, and

the recommendations made as to the appropriate workforce model, will be reviewed by the Oversight Group and factored into future iterations of this Workforce Plan.

3.2.5 Redesign of Urgent Care

The Redesign of Urgent Care (RUC) commenced in 2020, led by the Medical Director, and involves representatives across Acute Services, Health & Social Care Partnership and Fife Council. Whilst the work initially looks at safe and effective scheduling to Emergency Departments and Minor Injury Units across Fife, phase two of the programme will involve the review of all existing pathways to Unscheduled Care settings, identifying transformational changes that improve current patient pathways and capitalise on opportunities provided by digital healthcare. Tasked with identifying and implementing a revised workforce model as part of this redesign, the medium-term plan for the Review of Urgent Care will be built the publication of phase 2 of the National programme.

3.2.6 Elective Care and Waiting Lists

The waiting list position in Fife has grown though the Covid-19 pandemic due to efforts to reduce the spread of coronavirus and prepare for potential increases in critical care demand. In addition to the postponement of non-critical elective care, there was a reduction in the demand for services from the general population. The full impact of this on services such as Elective Surgery, Cancer Care and Mental Health will only be known once services are mobilised and the population of Fife starts to engage with them.

Remobilisation plans are built on the immediate-term assumption that we will continue to follow extant guidance on physical distancing, that infection prevention and control procedures remain the same, and that a proportion of our workforce remain unavailable for work due to Covid-19 related absence.

To meet the workforce implications, a range of options are available to increase capacity including: additional theatre lists, in-source activity from external providers, 7 day working for some specialities, and mobilising supplementary staffing options to minimise impact of Covid-19 absences within the substantive workforce. In addition to these options, the new Fife Elective Orthopaedic Centre will support the management of elective orthopaedic activity in Fife by bringing together multidisciplinary musculoskeletal expertise within a purpose built facility described above.

3.2.8 Radiography Recovery Plan

Diagnostic Imaging services underpin the NHS Scotland Recovery Plan³, and one of its priorities is the reduction on waiting times for diagnostic tests. As covered above, the number of patients waiting 6 weeks and over for diagnostic tests has increased markedly during the course of the pandemic, and in January 2022, 3,000 patients were waiting 6 weeks and over for tests as demand for urgent and inpatient diagnostic tests increased.

The Scottish Government have set a target to increase diagnostic procedures by 78,000 by 31 December 2022, with NHS Fife required to submit a 5-year plan to support both the recovery of waiting times and to meet the envisaged increased

demand caused by the pausing of services.

To deliver on the commitments detailed within NHS Fife's 5-year plan, significant investment is required in order to increase the Medical and Allied Health Profession workforce. This in itself presents significant risk given the on-going recruitment challenges throughout the profession(s), a shortfall in the training pipeline numbers in order to satisfy current recruitment numbers, and concern that those new Registrants who will enter the labour market could potentially be consumed by the larger Teaching NHS Boards.

3.2.9 Women's Health Plan and Best Start

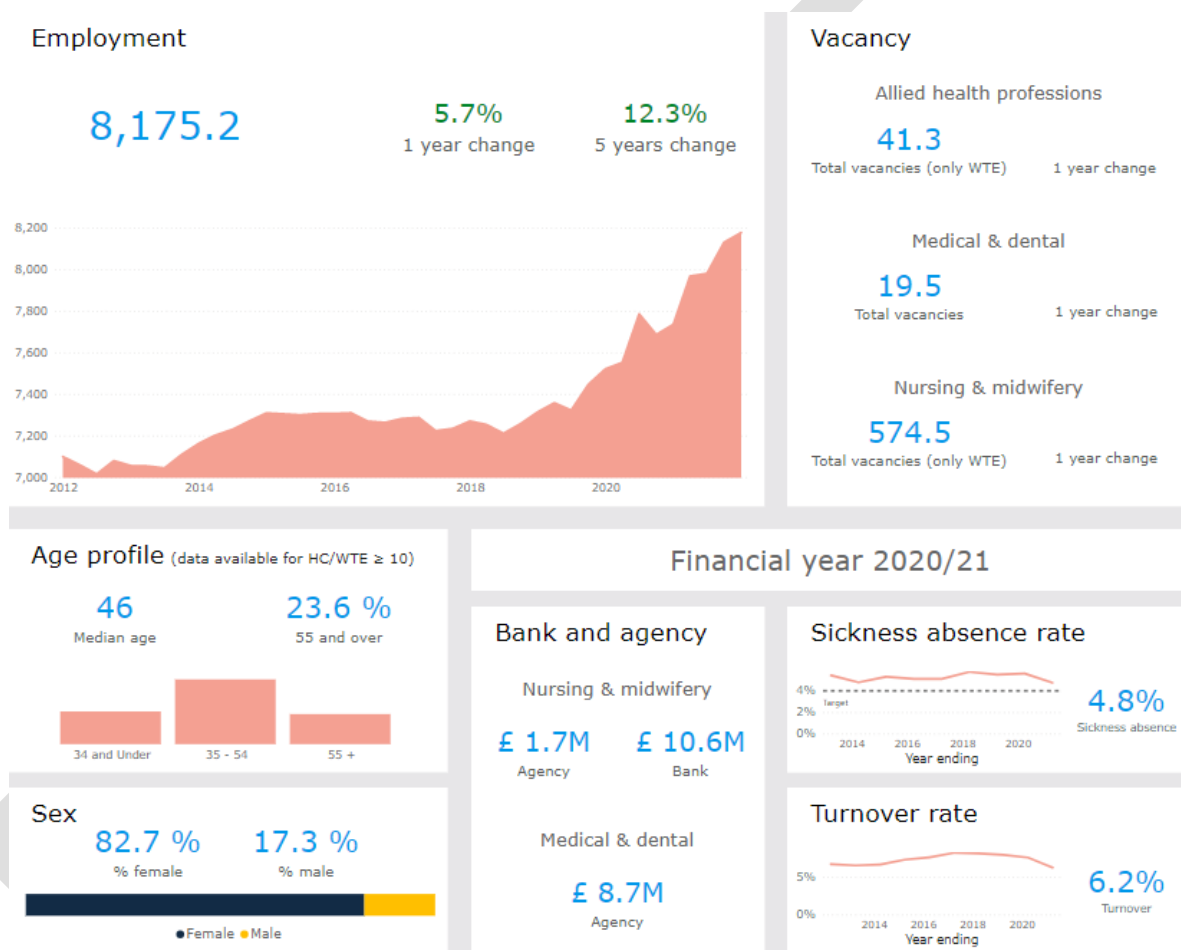
The Scottish Government's Women's Health Plan¹⁹ for 2021–2024, and the Best Start: A Five Year Forward Plan continues to be the principle drivers for change within Maternity Services. Best Start in itself made 76 recommendations which would fundamentally reshape maternity and neonatal services, with Continuity of Care seen as a cornerstone recommendation, with a particular focus on high risk women and an increase in the number of babies born at home.

Due to delays caused by the Covid Pandemic, a full review of the recommendations are being undertaken taken account of current service provision, the financial implications of recruiting the numbers required to meet the full list of recommendations within both documents, in addition to the potential of recruiting the numbers of midwives required from the local labour market.

Section 4 – Workforce Capacity and Capability

4.1 Distribution of Current Workforce (based on data as at 31 December 2021)

The size of our workforce increased significantly in the previous 5 years, with this growth being most visible since 2020 and the start of the Covid-19 pandemic. Whilst this has meant the Health Board employ a larger whole time equivalent (wte) resource, this expansion has occurred in areas which were responding directly to the pandemic, with other core areas continuing to be challenged by factors such as an aging workforce, increased vacancy levels, and a growing reliance on supplementary staffing.

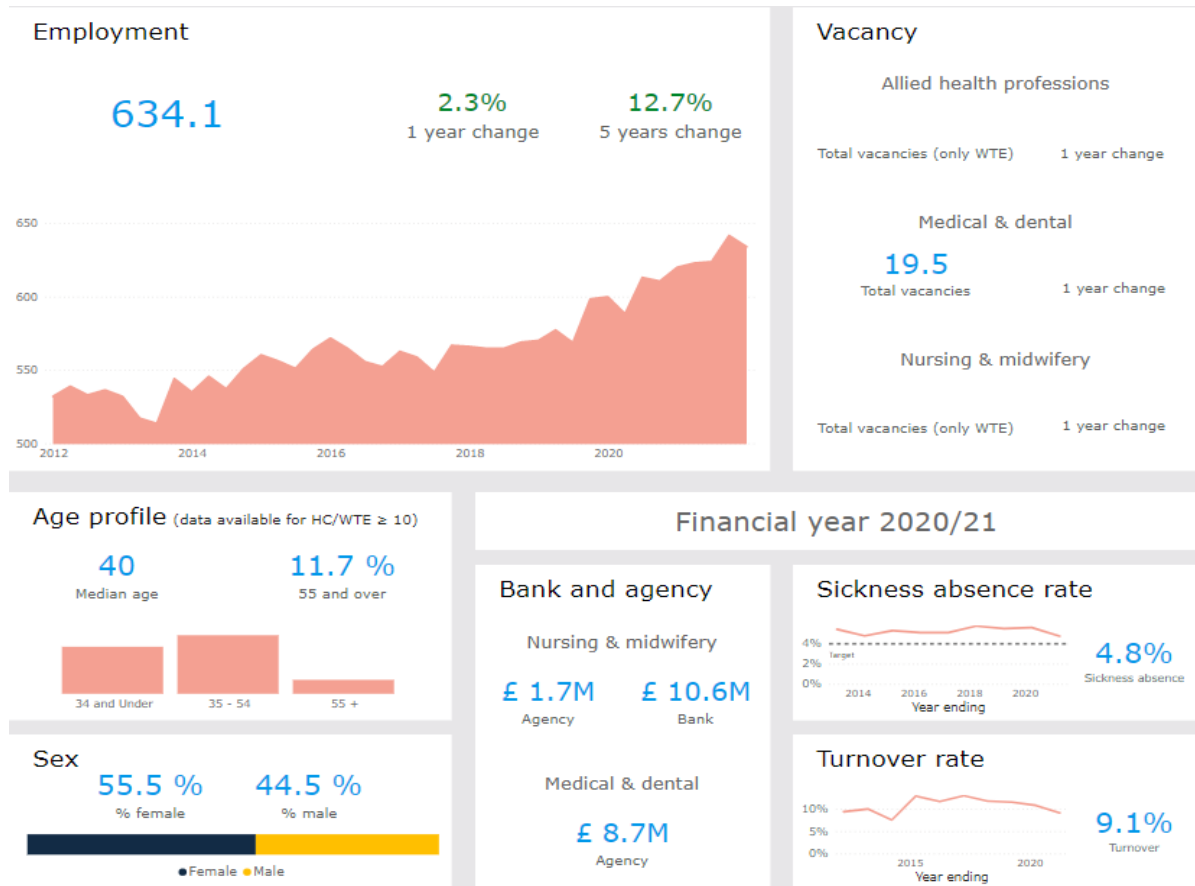


Source: ISD

As part of the co-ordinated approach to service planning, all Directorates will be required to introduce workforce plans in conjunction with service and financial planning, detailing the actions they aim to take to ensure the sustainability of these services against current and future patient demand and projected staffing changes.

4.2 Medical Workforce

Over the previous five years, the Medical and Dental workforce has increased by 12.7% due to the success of recruitment campaigns and decreases in the turnover rate within the job family (NHS Scotland average 12.9%). These factors have led to a reduction in the wte vacancies over the same period, with notable growth in some specialties.

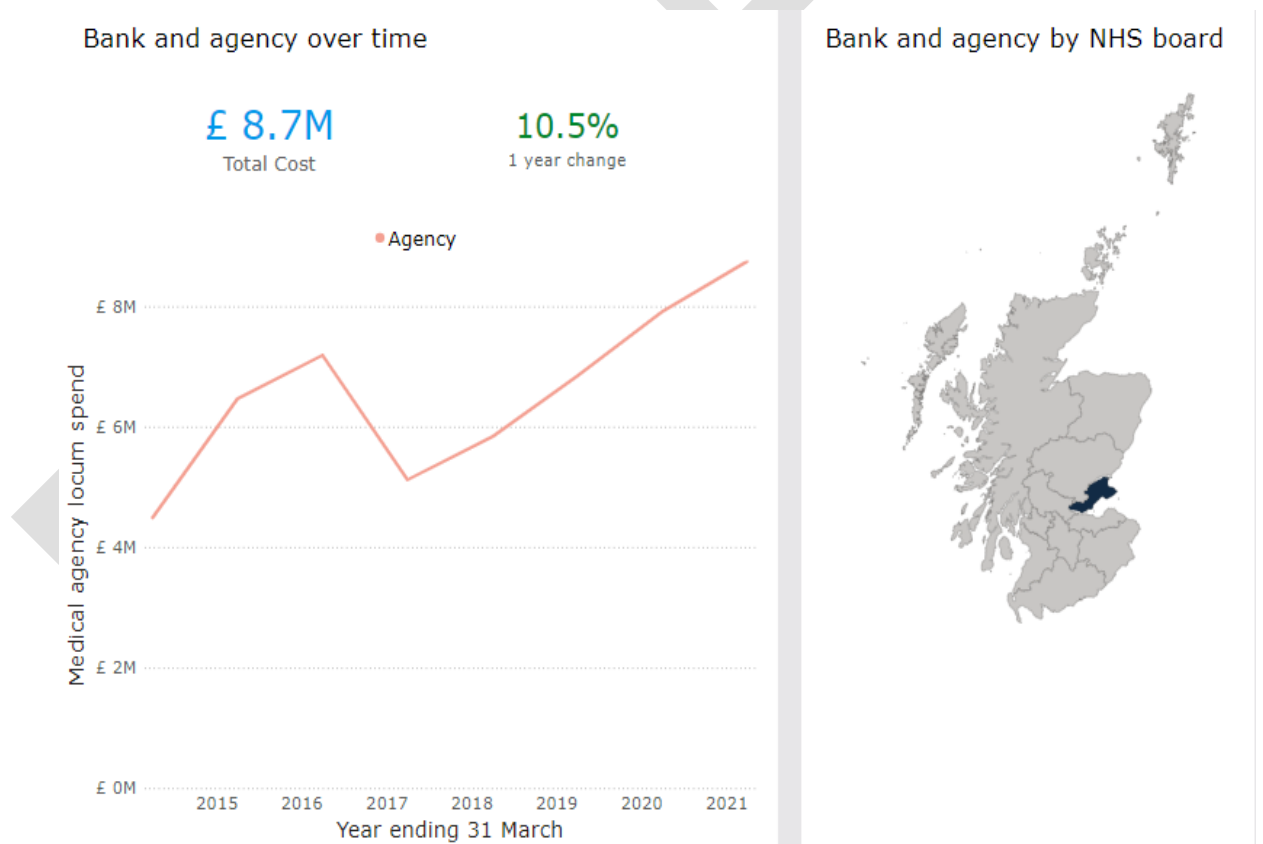
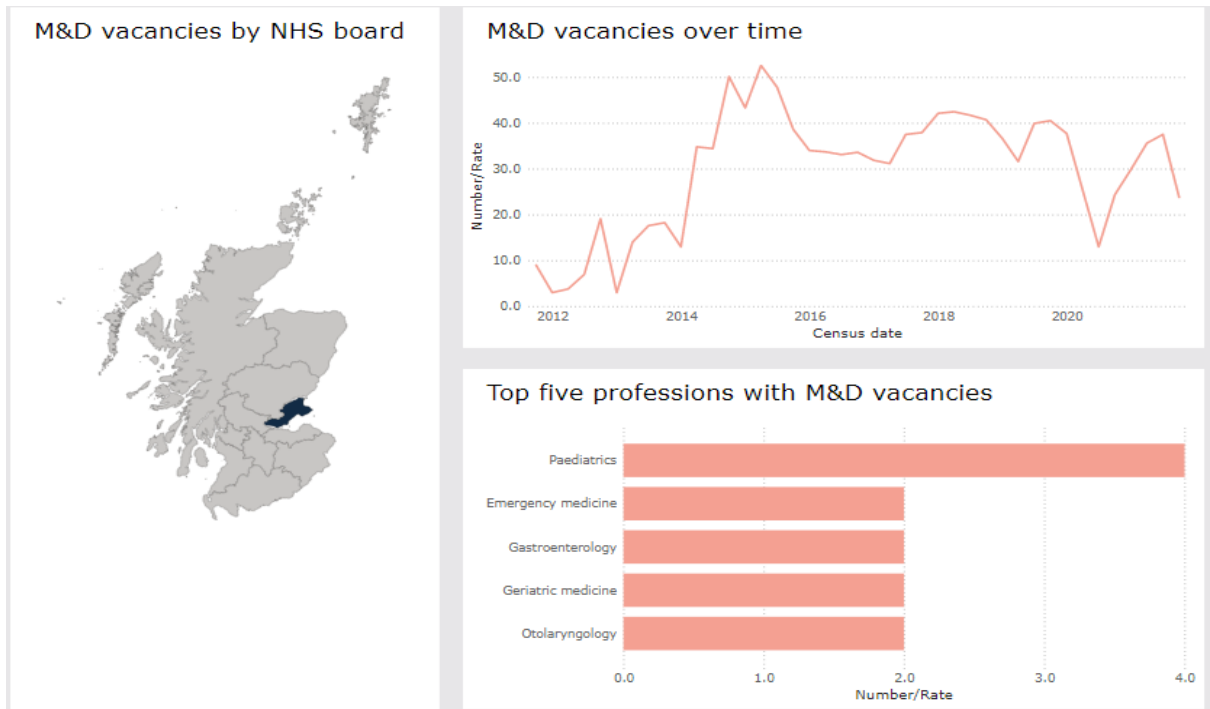


4.2.1 Workforce Planning Governance

As a profession, Workforce Planning is overseen by the Associate Medical Directors and Clinical Directors, in conjunction with the Medical Workforce Operational Group. Over the course of this Plan, there is an aim to reinvigorate workforce planning to achieve a clearer understanding of the challenges being encountered within each individual Specialty, consider the flow of career grade Doctors through training pipelines, and assess the fragility and sustainability of each service, at Directorate level.

4.2.2 Current Workforce Challenges

Although the wte resource across the job family has continued to increase in recent years, staffing challenges continue to be encountered within operational areas due to a combination of factors, including a national shortage of candidates in certain specialties, the continued reliance in external agencies for short term supplementary staffing solutions, and future sustainability concerns linked to training numbers in particular specialties being insufficient to meet current or future workforce requirements.



NHS Fife continues to experience challenges in the supply of the medical workforce which necessitates the need for change and further development of transformational roles. Consultant vacancies continue to present challenges across NHS Fife within certain specialties, with reported vacancies at ~10% of establishment as at 31 March 2022. Specialties with the highest vacancies have continued to include Clinical Radiology, General and Old Age Psychiatry, Anaesthetics and Laboratory specialties. These enduring issues have meant

services have found it necessary to rely on external agencies to provide short term supplementary staffing solutions. The total spend on the provision of medical and dental agency staff for the year ending 31 March 2021 had increased by 10.5%, continuing the trend in recent years. This also highlights the need for change, and to consider vacancies as an opportunity to ensure a more resilient workforce through the introduction of alternative roles and automation.

These challenges are exacerbated, in part, by generational shifts affecting the supply of labour. Candidates now entering the Medical and Dental labour market have a stronger focus on achieving a work / life balance and seeking a job plan which balances both personal and career growth compared to their predecessors. The implications of this means that training pipelines need to allow for a greater output in headcount numbers to replace the wte loss of current workforce numbers due to a range of factors including age demographics and an increase in those making life decisions and leaving the profession early. The BMA have recently calculated that the number of Doctors retiring early across the UK has tripled since 2008 ([Number of NHS doctors taking early retirement has tripled since 2008 | BMJ](#))²⁰, listing one of the factors behind this being the Income Tax implications associated with the NHS Scotland Pension Scheme.

4.2.3 General Practice Sustainability

Although contractually General Practitioners (GPs) hold Independent Contractor status, distinct from the NHS employed workforce, General Practice in Fife has been under pressure for the past decade. The widespread difficulty in recruiting new GPs to substantive posts is placing a growing number of practices in jeopardy with the risk of significant pockets of the population without ready access to general medical services. The inevitable return of independent General Medical Services (GMS) practice contracts to the Board exacerbates NHS Fife's challenge to recruit medical practitioners. Traditional solutions of locum tenens are rarely available and distributing a list to barely managing neighbouring practices risks further practice closures.

Fife has 53 General Practices, 4 of which have been returned to the Board and operate as 2C practices. Of the remaining 49, there are two confirmed for closure within the coming year and a further 20 trying hard-but failing to recruit replacement GPs with resultant rising list sizes and diminishing resilience in the event of further practice stressors, such as workforce illness. The prolonged period of disinvestment coupled with significant delay with the delivery of the PCIP 2018 contract has left General Practice behind as a career option for new medical graduates. That said, General Practice has embraced the MDT model, however, there remains a critical number of General Medical Practitioners required to provide sustainable and quality medical practice and we are all too frequently breaching that line.

Significant work has been done from the training side to redress several important contributors including the Undergraduate experience of General Practice, the creation of Foundation Year jobs and rotational training into General Practice, as well as the development of the ScotGEM post graduate medical course which has community based general practice learning at its heart. The first ScotGEM cohort graduate in 2022, however it will be a further 5 years before those who choose a General Practice career will enter the qualified workforce.

We need to carefully consider the actions that could encourage recently qualified GPs to enter the General Practice workforce, as well as supporting the current workforce to remain in practice to ensure we build a stronger workforce and turn the ebbing tide on the profession which has been at the heart of the delivery of UK medical practice since the inception of the NHS

4.2.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The Strategic Planning and Resource Allocation (SPRA) 2022–2026 process has outlined a number of developments which will impact on the Medical and Dental Job Family over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associated workforce planning arrangements, developments of note include:

- In response to increased cost associated with medical locums, particularly within specialism's hosted by the Emergency Care and Medicine Directorate, a review of the current recruitment model will be undertaken within the next twelve months. The objective of this review is to identify permanent solutions to circa 10 positions currently filled via supplementary / locum arrangements.
- The expansion of the Emergency Department floor space, to ensure patients are seen and treated within 4 hours of arrival, will increase the wte resource of Medical Consultants (5.0 wte) and Junior Clinical Fellows (6.0 wte).
- The establishment of the £33m purpose-built Fife Elective Orthopaedic Centre (FEOC), bringing together multidisciplinary musculoskeletal expertise from across Fife, to provide outpatient, inpatient and short stay provision inclusive of a 3-theatre surgical complex will require further investment within the Consultant and Specialty Doctors, with active consideration of a further 5.0 wte in order to increase the procedures undertaken within the FEOC beyond the initial target.
- The backlog of treatment caused by NHS Scotland's response to the Covid-19 pandemic.
- It is likely the high admission avoidance rates would be further improved if Acute Oncology moved to a seven day working model. There would be further benefits such as:
 - Access for medical and community teams to Acute Oncology over weekends.
 - Improved patient experience with reduction in unnecessary acute admissions.
 - Reduced pressure on acute admitting areas.
 - Freeing up acute ANPs and Haematology staff to concentrate on their core areas.
 - Expediting discharges when admitted over weekends.
- The introduction of the Health and Care (Staffing) (Scotland) Act 2019¹⁰ will impact on the Radiology Services, where there is already significant gaps within the Consultant workforce. It is envisaged that the establishment will need to increase by 5.0 wte to reflect recent and planned changes to activity.

Medical and Dental

Grades	2022 / 2023	2023 / 2025
Consultant Level	14.0	10.1
Other Career Grade		2.0
Other Grades	6.0	1.0

4.2.5 Actions to Sustain the Medical Workforce

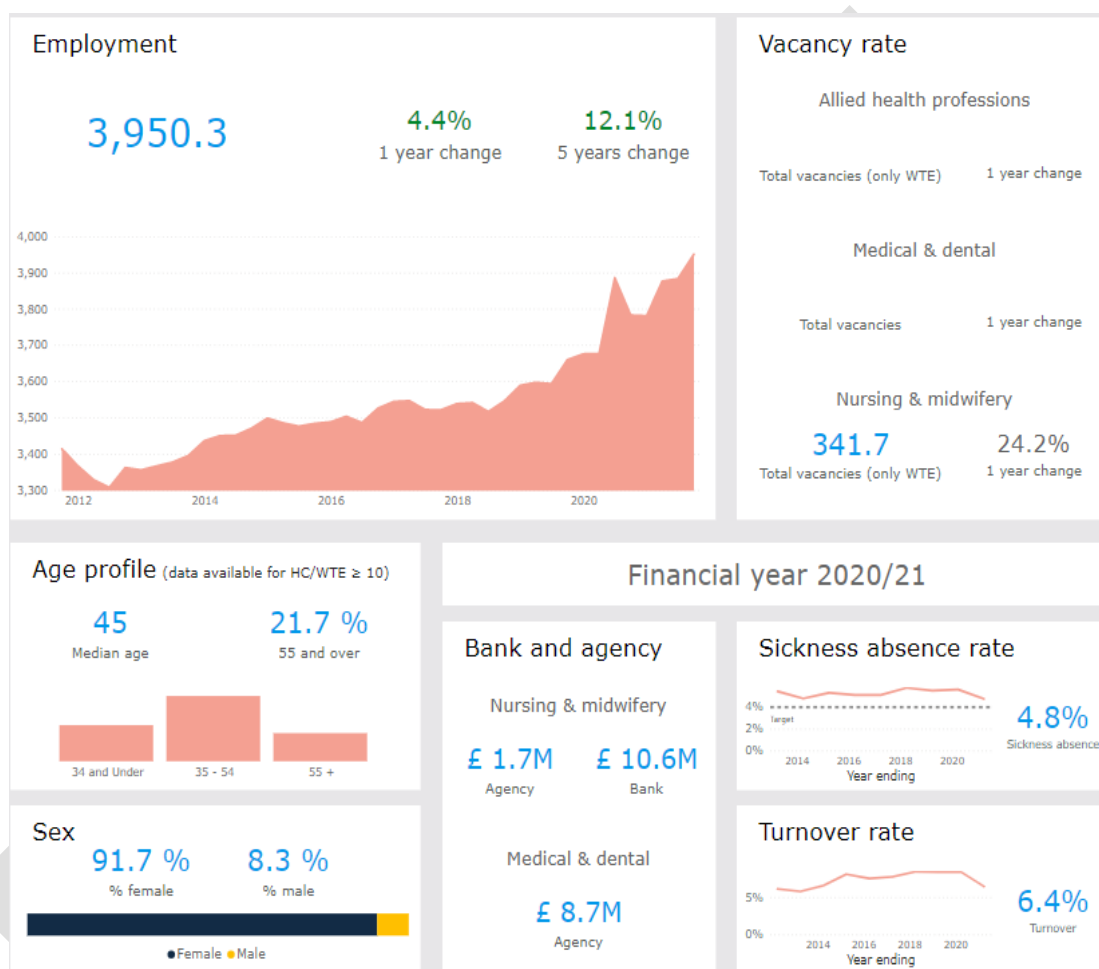
Clinical Leads, Clinical Directors, Associate Medical Directors and Service Managers are working together to mitigate the current risks facing the medical workforce. These mitigations include:

- Co-ordination of recruitment to align to trainees achieving Certificate of Completion of Training (CCT).
- Continue the expansion of Advanced Practitioners (APs) in supporting roles and changes in mixed skill mix models throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal & Paediatrics, Urgent and Unscheduled Care.
- Consideration of service areas which could benefit from the introduction of Physician Associates roles, as described in Section 5 of this Plan.
- Supporting eligible candidates to achieve CESR, (Certificate of Eligibility of Specialist Registration), strengthening the commitment to working in Fife in the longer term as a result of this support.
- Ensuring that NHS Fife has a positive, healthy working environment for new Consultants including appropriate rest facilities, access to Peer Support, highlighting the benefits of working in a District General Hospital setting, #Team NHS Fife and of living and working in Fife.
- Enhancing Multidisciplinary Team (MDT) / Allied Health Profession (AHP) led services by encouraging non medical prescribing, clinical decision making and more virtual MDT work with specialties e.g. Neurology / Pharmacy.
- Investment in and expansion of Hospital at Home / Community Services / Home First strategies in partnership with Council and Third Sector partners.
- Building on the success of the Rapid Access and Assessment Inpatient Unit within the Elderly service, supporting excellent discharge profiles. Consideration of service areas which could benefit from the introduction of Physician Associates roles, as described in Section ? of this Plan.
- Highlighting and promoting the innovations within NHS Fife such as the Robotic Surgery Programme and the simulated training facilities at Queen Margaret Hospital and the new Elective Treatment Centre to increase interest in NHS Fife posts.

4.3 Nursing and Midwifery Workforce

4.3.1 Workforce Profile Overview

The Nursing and Midwifery job family has increased in previous five years, driven by a number of National Workforce Planning commitments and the implementation of the Nursing & Midwifery Workload and Workforce Planning Tools. More recently, this increase has been driven by the response to the Covid-19 pandemic and the appointment of a vaccination workforce responsible for administering an unprecedented vaccination programme within Fife.



4.3.2 Workforce Planning Governance

As a profession, Workforce Planning is overseen in conjunction with the Nursing and Midwifery Workforce Planning Group. This group is responsible for overseeing work streams including the implementation of Health and Care (Staffing) (Scotland) Act 2019/10 across the profession, profession specific recruitment and retention initiatives, and the implementation of initiatives and measures to reduce the demand on supplementary staffing across Nursing and Midwifery.

4.3.3 Current Workforce Challenges

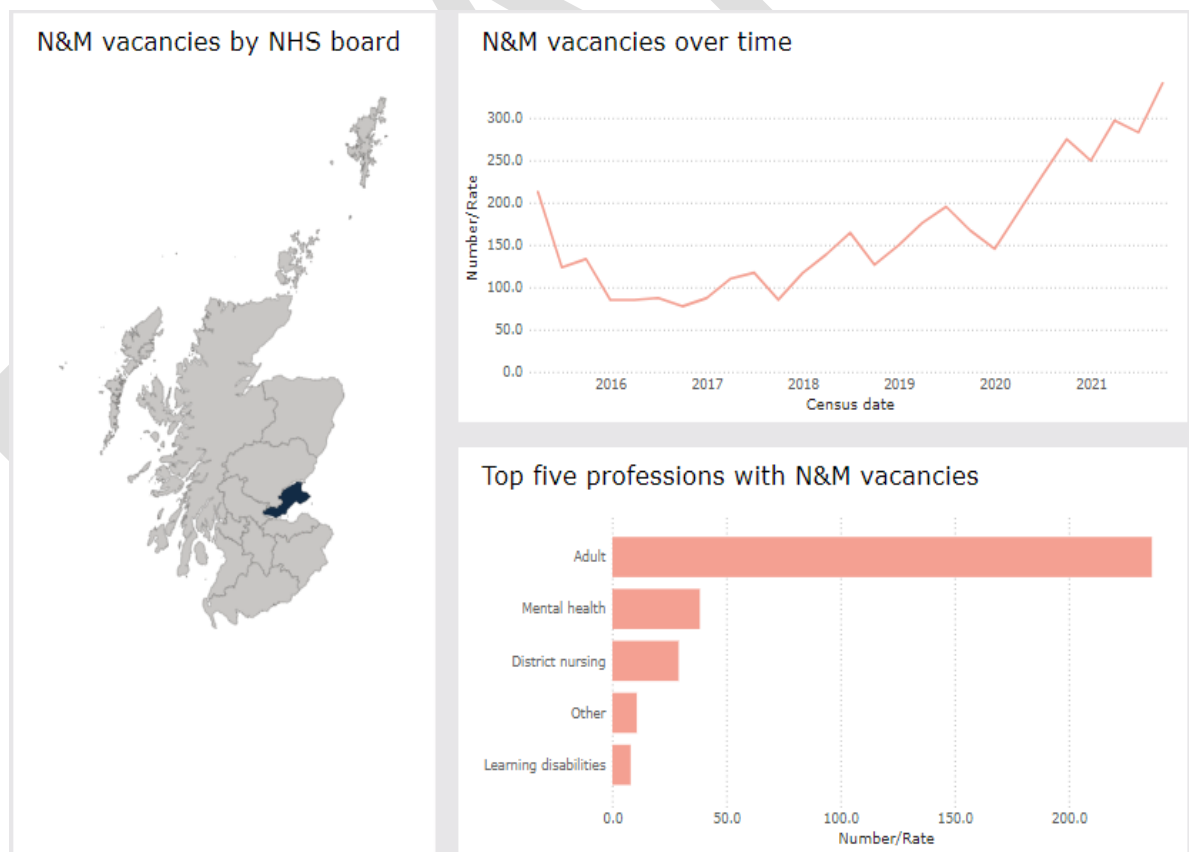
Although the wte resource across the job family has continued to increase in recent years, this increase is being matched by the number of vacancies recorded. Whilst these recruitment initiatives have successfully grown the wte strength of the

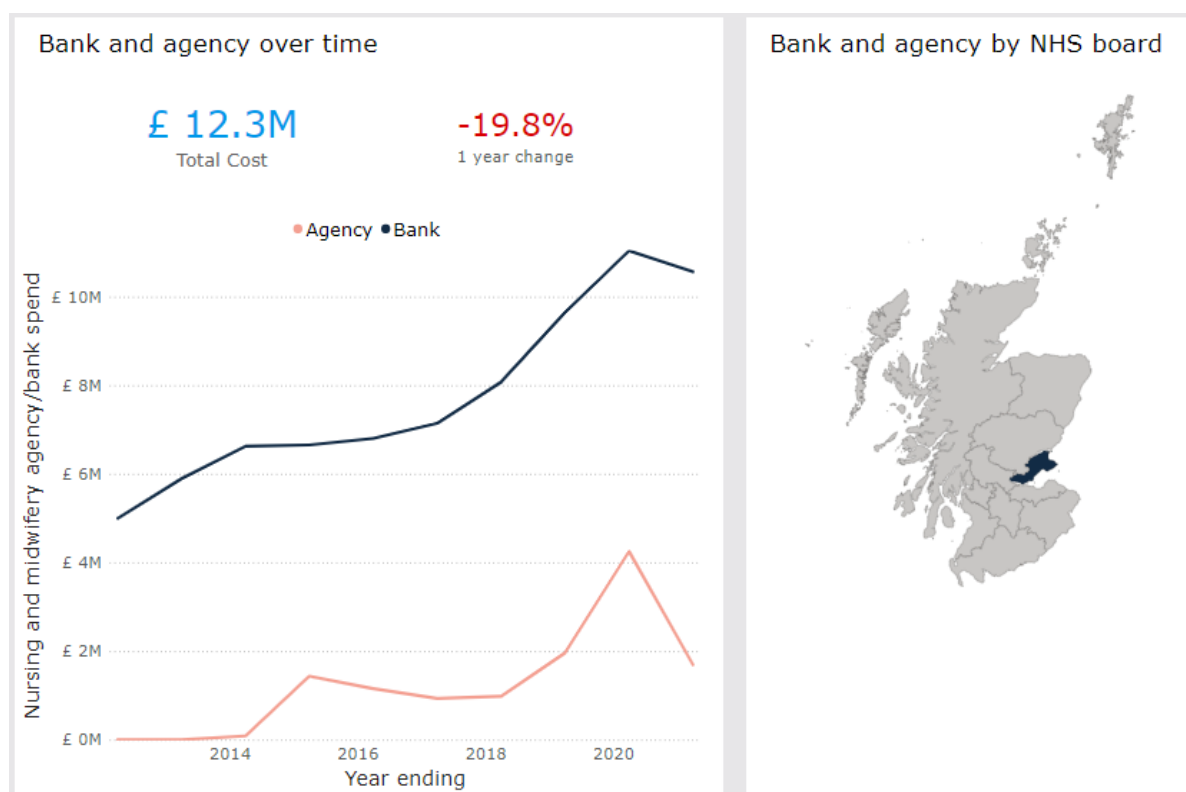
profession, staffing challenges continue to be encountered within operational areas due to a combination of factors including age demographics, increased absence, and turnover.

Locally, there is a contrast in the success of recruitment campaigns aimed at Non-Registered Nurses and Midwives versus the recruitment of Registered Nurses and Midwives. Overall, there is a supply of suitable candidates to fill non-Registered vacancies from the local labour market. It should be noted that whilst this supply is available, there is a growing perspective that such recruitment is not increasing the wte resource engaged in these roles across the Health and Social Care Sector in Fife. The implications of this are that those services overseen by the Fife H&SCP, and in particular the third, independent and voluntary sectors, are becoming increasingly destabilised. Further analysis on this will be undertaken when the results of Scotland's Census 2022 are published.

The success of recruitment campaigns aimed at the Registered workforce has become increasingly dependent on the annual output of Newly Qualified Registrants from local universities rather than a supply of suitable candidates electing to move to Fife. More recently, the annual output of Newly Qualified Registrants is proving insufficient to meet internal demand.

As highlighted in the diagram below, the total wte vacancies being advertised across NHS Fife has increased significantly since 2020.





In addition to vacancies, staff absence has proven problematic. Whilst NHS Fife recorded a reduction in sickness absence throughout the 2020 / 2021 financial year, this has increased in 2021 / 2022, and is exacerbated by Covid-19 related absences, recorded under the Covid-19 Special Leave provisions. The combination of sickness absence and Covid-19 related leave presents a further drain to the available resource across the profession.

The impact of these challenges has resulted in inflationary pressures on supplementary staffing, inclusive of Nurse Bank and Agency Nurse usage. Whilst there was a short-term reprieve from these pressures for the year ending 31 March 2021, largely because of the NHS increasing its resilience to the possible impact of the Covid-19 pandemic, supplementary staffing reliance has now returned to pre-pandemic levels.

4.3.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on the Nursing and Midwifery Job Family over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associated workforce planning arrangements, developments of note include:

- Delivering key deliverables within the Primary Care Improvement Plan, notably the establishment of Community Treatment and Care (CTAC) plus Vaccination and Immunisation Services under the GMS Contract²², requires both significant investment and careful management to accommodate the multitude of current employment models and the requirement for greater synergy and flexibility within teams.

- The expansion of the Emergency Department floorspace, to ensure patients are seen and treated within 4 hours of arrival, and the introduction of new pathways to support patients presenting with mental health conditions or conditions which can be triaged to Minor Injuries, will require significant investment in Advanced Practitioners (8.5 wte), Registered Nurses (15 wte) and Health Care Support Workers (9.0 wte AfC Bands 3 and 4).
- The establishment of the £33m purpose-built Fife Elective Orthopaedic Centre will lead to further investment in Advanced Practice (3.0 wte), Registrants (2.8 wte) and Health Care Support Workers (5.8 wte).
- Expansion of Critical Care / Increased resilience for Critical Care Beds.
- An initial review of the recommendations from 'The Best Start: five-year plan for maternity and neonatal care', the implementation for which is a priority over the course of this Workforce Plan, is estimated to require significant investment in the Midwifery job sub family. Full details of these are being considered, in conjunction with current service priorities and projections over the number of Midwives it will be possible to recruit in the coming years, and details will be incorporated into the annual 'interim workforce plan' submissions to Scottish Government.
- Continue the expansion of Advanced Practitioner (AP) positions across all nursing services throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal and Paediatrics, Urgent and Unscheduled Care. Commitments within the SPRA process, and other transformational programmes, mean Fife aim to employ in excess of 100 APs within the Nursing and Midwifery Job Family through the course of this Workforce Plan, with the training provisions to sustain these levels being considered given the age demographics across this profession.

Nursing and Midwifery

Banding	2022 / 2023	2023 / 2025
Advanced Practitioners (Band 7+)	9.5	10.0
Registrants (Bands 5-7)	17.0	27.3
HCSW (Bands 2-4)	8.9	15.1

4.3.5 Actions to Sustain the Nursing and Midwifery Workforce

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the Nursing & Midwifery Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

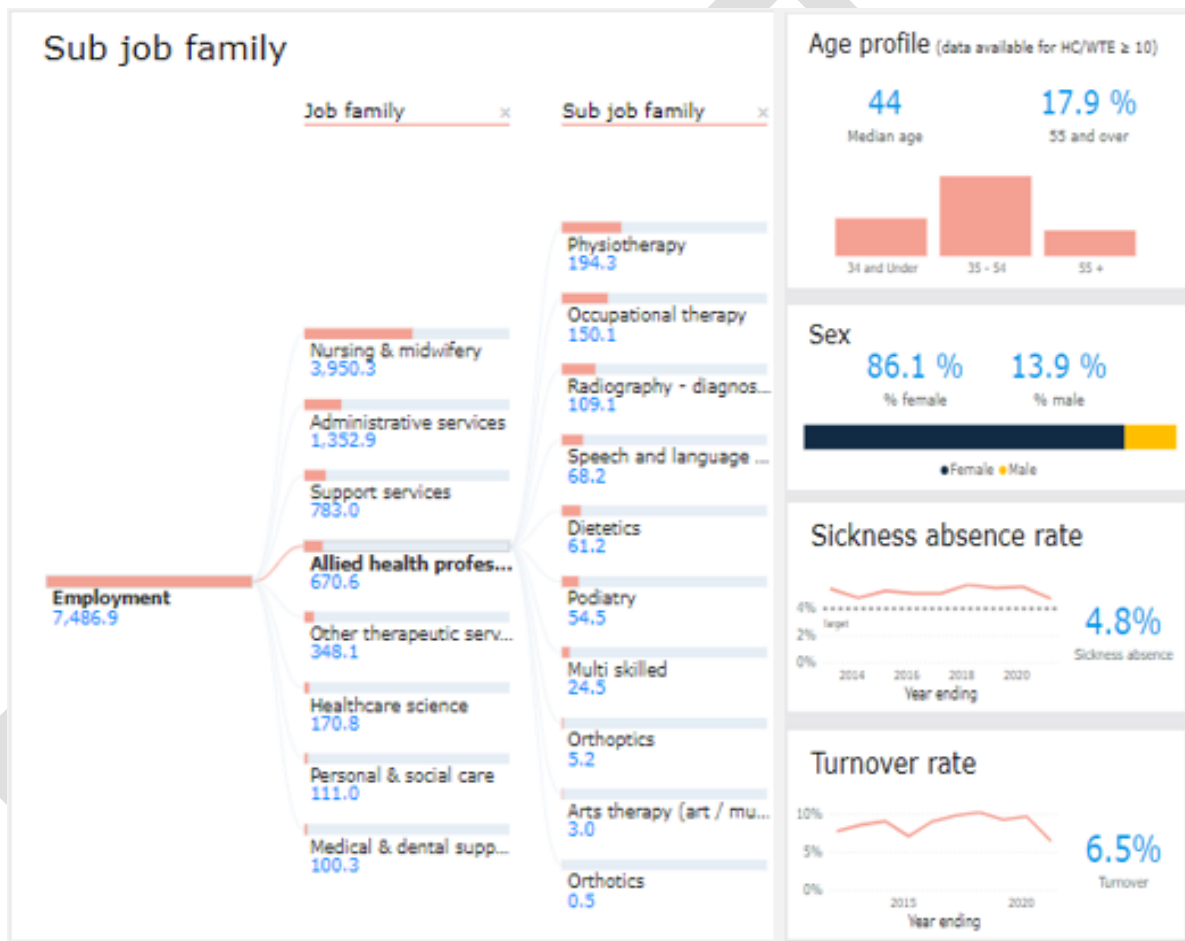
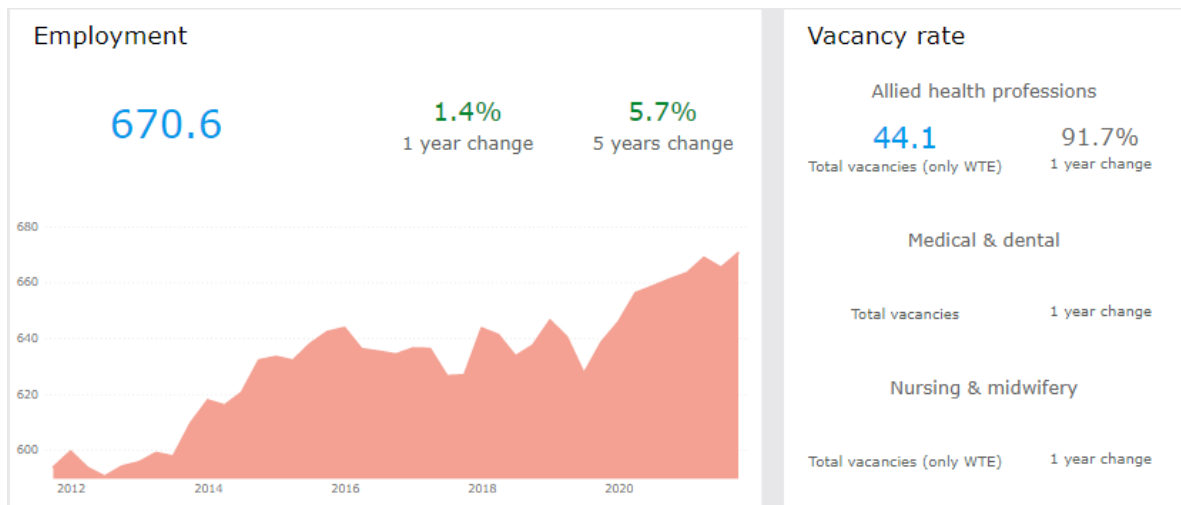
- Co-ordination of recruitment with local universities to maximise the number of newly qualified Registrants electing to work in Fife.

- Responding to the current recruitment difficulties, and limited success of national recruitment campaigns for Registrants, a programme has been established in conjunction with Yeovil Hospital NHS Trust which will see overseas candidates recruited to, and supported in, vacancies throughout NHS Fife. The first recruits joined in early 2022, with an on-going recruitment programme continuing thereafter. The support offered to these candidates will include preparation for their Objective Structured Clinical Examination (OSCE) to ensure NMC registration requirements are met in full and moving forward continued collaboration with clinical services will ensure ongoing recruitment is targeted to current vacancies.
- Continue the expansion of Advanced Practitioner (AP) positions across all nursing services throughout Fife, ensuring positions are appropriately embedded within Acute, Community and Primary Care settings, including Mental Health, Neonatal & Paediatrics, Urgent and Unscheduled Care. Commitments within the SPRA process, and other transformational programmes, mean Fife aim to employ in excess of 100 APs within the Nursing & Midwifery Job Family through the course of this Workforce Plan, with the training provisions to sustain these levels being considered given the age demographics across this profession.
- Responding to the Scottish Government's drive to expand and develop the Band 2-4 workforce to ease workforce pressures within health and social care, a Band 4 Assistant Practitioner pathway is being developed. The development of this role across Nursing & Midwifery will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care. This framework is being progressed with national groups and Higher Education institutes.
- Recruitment of ward administrative staff to support clinical service delivery.
- Oversight of the implementation of Health and Care (Staffing) (Scotland) Act 2019¹⁰ across the profession and mapping the correlation between quality of care and staffing numbers through embedding Excellence in Care key priorities, implementation of the national Care Assurance Improvement Resource (CAIR) by March 2023, and the Regional Workforce Dashboard.

4.4 Allied Health Professionals

4.4.1 Workforce Profile Overview

Allied Health Professions is the collective term used for several professional groups. Within Fife, AHPs are managed within the Acute Services Division and Fife H&SCP. Overall, the wte engaged within this job family has increased in the previous five years. This increase has been supported, in part, by the success of AHPs accessing external funding opportunities, such as those aimed at major trauma, critical care expansion, mental health programmes and child health initiatives.

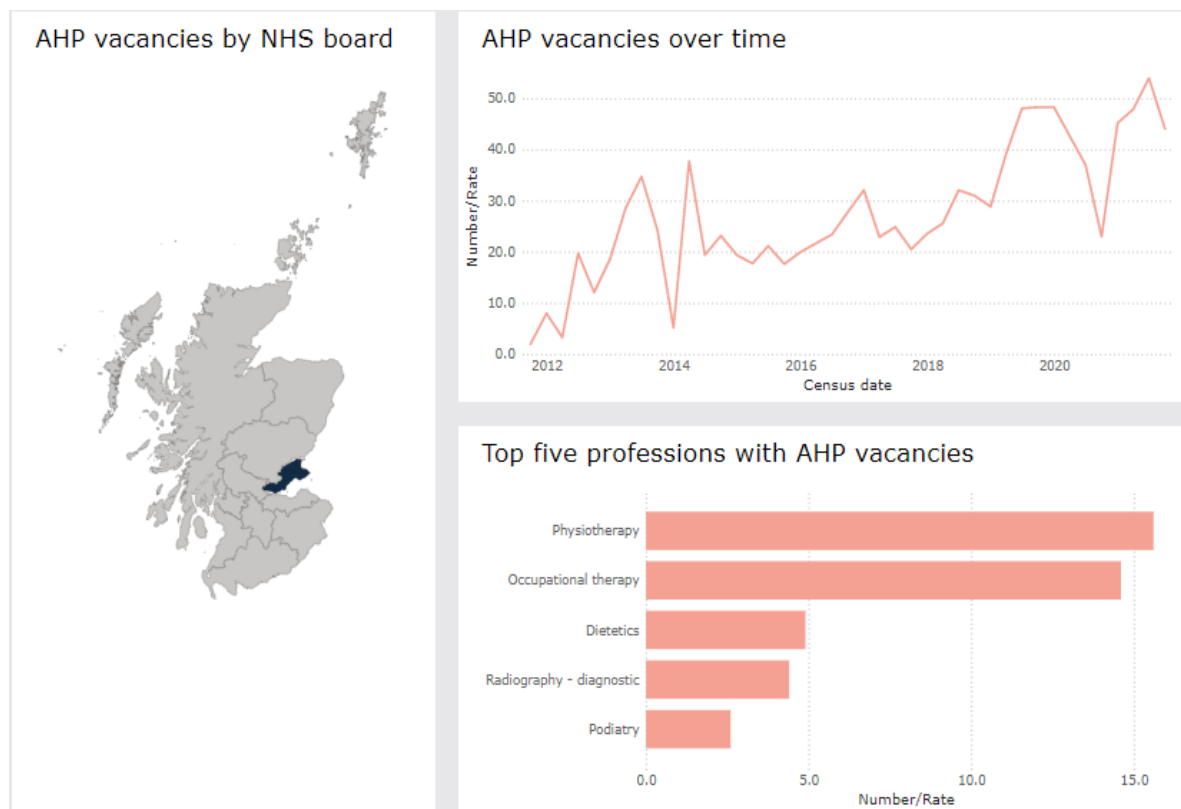


4.4.2 Workforce Planning Governance

As a profession, Workforce Planning is overseen in conjunction with the AHP Senior Leadership Team. This group is responsible for over-seeing work streams, including the implementation of Health and Care (Staffing) (Scotland) Act 2019¹⁰ across the profession, profession specific recruitment and retention initiatives, and the implementation of initiatives and measures to compliment supplementary staffing across Allied Health Professions.

4.4.3 Current Workforce Challenges

Although the wte resource across the job family has increased in recent years, this increase is being matched by the number of vacancies recorded. Whilst overall, these recruitment initiatives have successfully grown the wte strength within the overall Job Family, staffing challenges continue to be encountered within operational areas and within individual professions.



In Radiography, for example, the demand for Registrants, driven by a series of national and local priorities increasing the demand for diagnostic imaging services, will not be met by the future supply of newly qualified AHP Registrants. This supply and demand pressure is exacerbating sustainability pressures already faced within Radiography.

The imbalance between the supply of newly qualified AHP Registrants and service demand is also impacting on the Physiotherapy and Occupational Therapy services. These services will be required to consider their future skill mix structure in light of the supply of newly qualified Registrants from local Universities, skill mix targets, and the promotion of Advanced Practice opportunities within the profession.

4.4.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on the Allied Health Professions over the duration of this Workforce Plan. These developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, however developments of note include:

- The introduction of Health and Care (Staffing) (Scotland) Act 2019¹⁰, coupled with a range of developments including, as examples, the intention to introduce 7-day cover, the investment in the Fife Elective Orthopaedic Centre, and initiatives aligned with the Children’s Health & Wellbeing Strategy²¹, will require additional workforce resources in services managed within the Acute Services Division.
- Planned investment in Digital Imaging technology within the Radiography Service, in support of a range of commitments aligned to the NHS Recovery Plan 2021–2026³, will require the appointment of additional Radiographers throughout the timescales involved in this Workforce Plan.
- In support of the Children’s Health & Wellbeing Strategy²¹, investment will be made to the provision of Physiotherapy services supporting Neurodisabilities; Respiratory and Rheumatology, including the introduction of new Advanced Practice roles.
- The Scottish Government’s Women’s Health Plan 2021 to 2024¹⁹ describes how Healthcare professionals must work with women to understand their individual circumstances, health needs and preferences in order that personalised and tailored care is provided. This will require AHP investment.
- In response to the Scottish Government’s commitment to increase the number of Paramedics employed across NHSS, work has progressed in partnership with the University of Stirling to identify educational placements for students undertaking the Paramedic Science degree programme within services such as Urgent Care, Emergency Department and a range of GP led services. This will allow NHS Fife to utilise the unique skills and expertise of a professional group typically employed by the Scottish Ambulance Service, in order to better meet the future health needs of the local population.

Allied Health Professionals

Job Sub Family and Banding	2022 / 2023	2023 / 2025
Occupational Therapy		
Registrants (Bands 5-7)		
HCSW (Bands 2-4)		
Physiotherapy		
Registrants (Bands 5-7)	2.5	1.2
HCSW (Bands 2-4)		0.6
Radiology		
Registrants (Bands 5-7)	17.0	1.0
HCSW (Bands 2-4)	3.6	

4.4.5 Post Covid-19 Recovery and Waiting Time Management

- Whilst hybrid outpatient models have allowed for service continuity throughout the pandemic, the virtual model together with social distancing for essential face to face consultations has notably reduced the capacity with consequential uplift in waiting times and the number of patients waiting over 12 weeks.
- Deconditioning secondary to lockdowns and isolation and long Covid both require access to a range of AHP rehabilitation services. Post Covid-19 recovery and waiting time management will require significant backing.

4.4.6 Actions to Sustain the Allied Health Professions Workforce

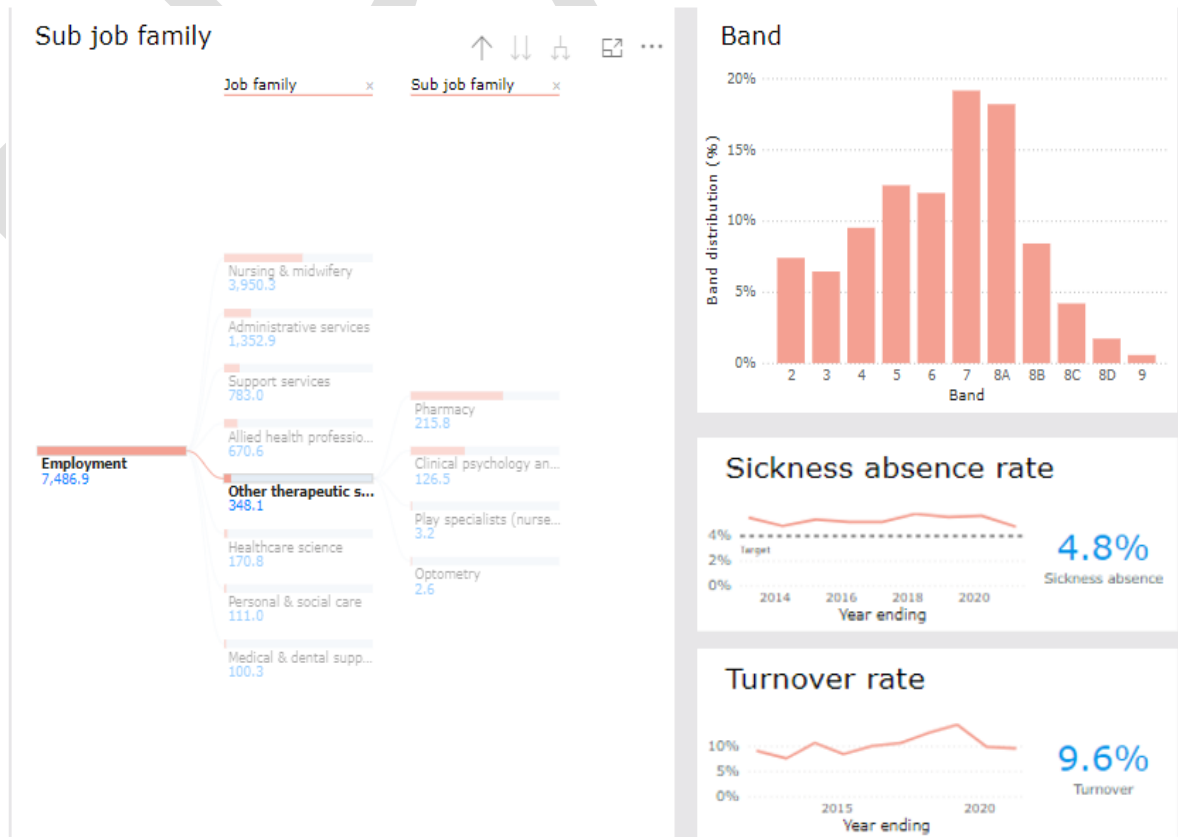
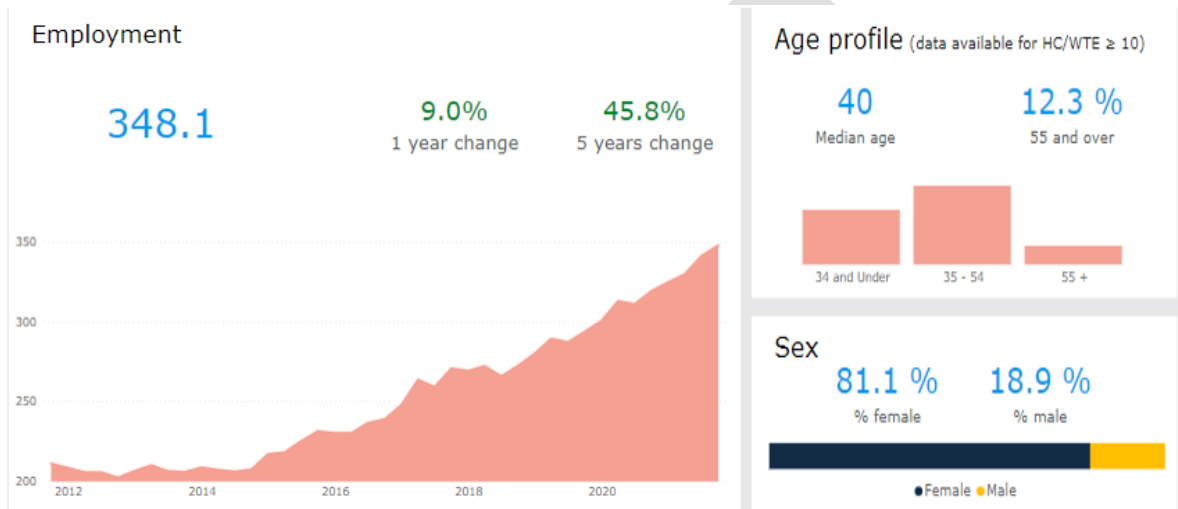
Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the AHP Senior Leadership Team in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

- To continue to improve and embed the co-ordinated recruitment programme which sees NHS Fife work in conjunction with local schools, colleges and universities, to promote both the Allied Health Professions and NHS Fife more widely.
- With increases in the number of providers of Allied Health Professional pre-registration academic programmes, actively engage with these providers to maximise the number of places and placement requirements within Fife.
- Responding to the current recruitment difficulties, particularly within Radiography, work in collaboration with Nursing & Midwifery colleagues and Yeovil Hospital NHS Trust to introduce a programme of international recruitment.
- Actively promote the Flying Finish Initiative which aims to enhance retention of highly experienced staff entering the latter stages of their professional careers, promote the retention of workforce knowledge and leadership capacity, reduce burnout, and enable seamless cross board working.
- In light of age demographics in particular positions and / or bands, review service sustainability strategies, particularly for Advanced Practice positions or those roles with single occupants, establishing succession plans as appropriate, and in other instances (for example Orthotics), work flexibly with existing external contractors to ensure contingencies are in place.
- Through the implementation of the Health and Care (Staffing) (Scotland) Act 2019⁸, undertake a thorough review of the skill mix of AHP teams, ensuing collaborative working practices between professions and the introduction of Advanced Practice and Consultant level roles as appropriate.

4.5 Other Therapeutic Services

4.5.1 Workforce Profile Overview

Other Therapeutic Services combines four distinct professions: Pharmacy, Clinical Psychology, Optometry and Play Specialists. Pharmacy Services, which is responsible for providing services throughout acute, community and primary settings, is managed within the Corporate functions, with Clinical Psychology managed within Fife H&SCP. The wte engaged within this job family has increased in the previous five years. This increase has been driven by a combination of factors, including the GMS contract²² and increased demand for clinical pharmacy input across services and an investment in Mental Health Services for Clinical Psychology.



4.5.2 Workforce Planning Governance

Within Pharmacy, where the professional group is managed within a single organisational hierarchy, Workforce Planning is overseen by the Senior Leadership Team. This group is responsible for over-seeing work streams including recruitment and retention initiatives, increasing independent prescribers within the service, implementation of initiatives and measures to increase the number of training grade and non-clinical posts and the implementation of Health and Care (Staffing) (Scotland) Act 2019¹⁰ across the profession

4.5.3 Current Workforce Challenges

The wte resource within Pharmacy has increased significantly in recent years, making it the third largest clinical subgroup family after nursing and medical staff and this trend is projected to increase and possibly accelerate within the duration of this Workforce Plan. A series of NHSS commitments, for example, the continued implementation of the GMS Contract²², will lead to a significant increase in primary care staff over the next 12 months, with other increases linked to investments in Mental Health services and the introduction of a Hospital Electronic Prescribing System across inpatient and outpatient areas. These commitments, whilst supporting other health care professional groups and ensuring patients receive the most appropriate advice, will present sustainability pressures on the service.

The impact of significant changes to pharmacy initial and post graduate education programmes, and an increased demand for independent prescribers, is also being considered by the Senior Leadership Team. The introduction of a foundation training year post graduation, replacing the current pre-registration requirements, will result in revised learning outcomes for newly qualified pharmacists. The intention for all graduates to register as Independent Prescribers from 2026 will require further development of the current workforce to ensure good supervision and support for trainees from experienced prescribers during their period of learning in practice and early careers.

The Health and Care (Staffing) (Scotland) Act 2019⁹ will also have an impact on Pharmacy Services, with a range of workforce & workload tools being discussed nationally to determine how this can be introduced appropriately within the profession.

4.5.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on services over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, developments of note include:

- The continued introduction of the GMS contract²² will require further investment in the workforce supporting General practice, which is estimated to expand by a further 45.0 wte by the end of the 2022 / 2023 financial year.

- The introduction of the Hospital Electronic Prescribing and Medicines Administration (HEPMA) system for inpatient areas will require an investment of 25 wte over the duration of this workforce plan, inclusive of IT and Data Analytic roles.

4.5.5 Actions to Sustain the Pharmacy Workforce

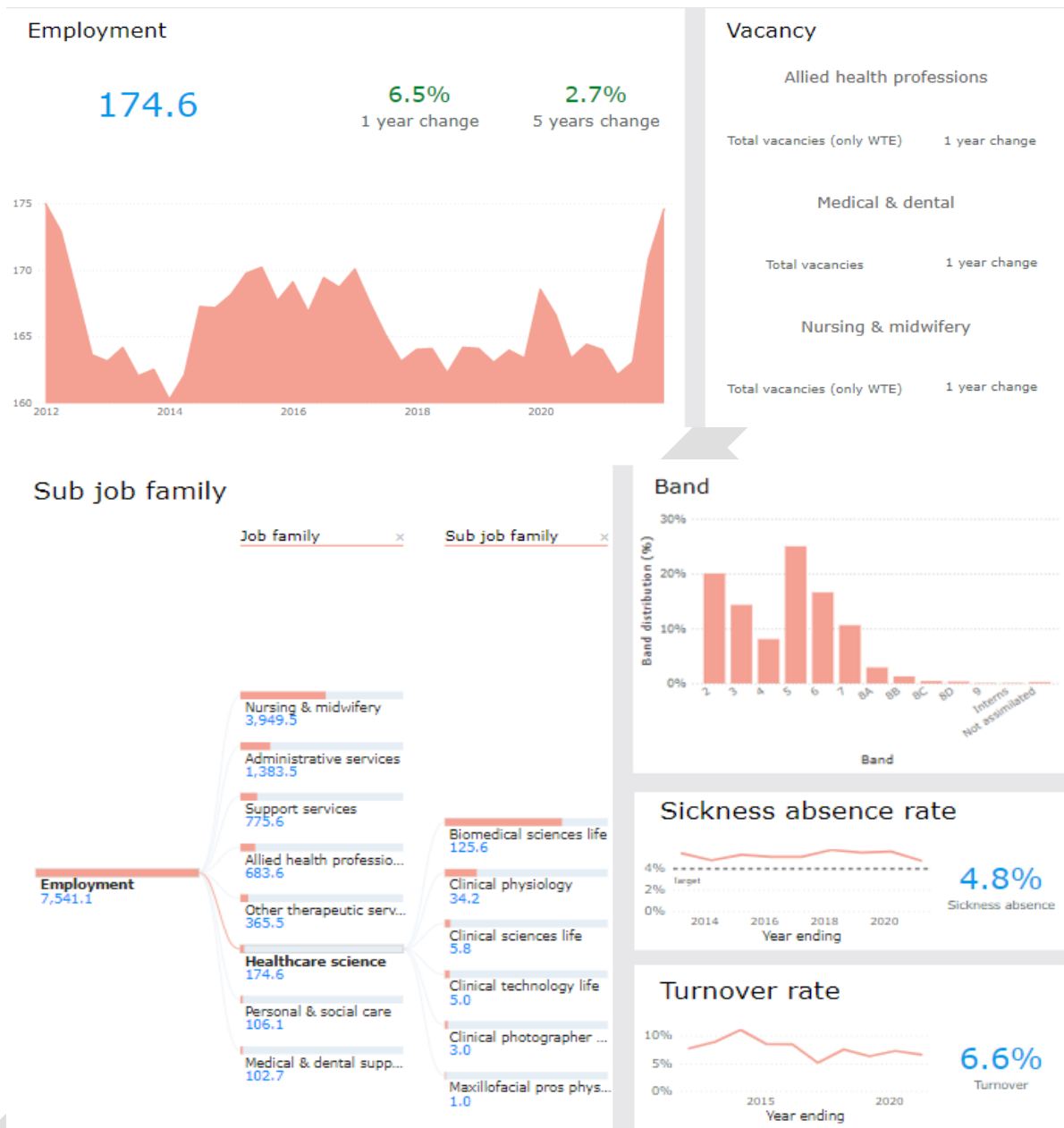
Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore Pharmacy Services, in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

- Engagement in national discussions regarding the application of professional judgement tools in support of the Health and Care (Staffing) (Scotland) Act 2019⁸, informing staffing decisions and ensuing adequate staffing numbers.
- Review of workforce requirements in line with digital developments within the service, including HEPMA, Automation, and Electronic Prescribing.
- Review of career pathways in the service, with the introduction of Modern Apprenticeships for Pharmacy Support Worker Roles.
- Increase number of training posts, including rotational and cross-sector posts, to attract more applicants.
- Revision of job plans to ensure all staff have protected for their own development and to support the development of others.
- Build Capacity to support newly qualified pharmacists graduating with an Independent Prescribing qualification from 2026.

4.6 Healthcare Scientists

4.6.1 Workforce Profile Overview

Healthcare Scientists combines a number of professions who play a vital role in the prevention, diagnosis, and treatment of a range of medical conditions. Within Fife, Biomedical Science Life and Clinical Physiology make up the majority of the directly employed staff engaged within this job family, although there are other integral roles within the Job Family including, for example, those engaged in Clinical Photography and Maxillofacial Prosthetist. Whilst the wte engaged in this job family has fluctuated, it has grown in the previous year in response to the Covid-19 pandemic. The rate of growth is slower than the rate seen in other job families.



4.6.2 Workforce Planning Governance

Within Healthcare Sciences, where the profession group is managed within different organisational hierarchies, Workforce Planning is overseen by the relevant senior leadership team in each hierarchy. In conjunction with the Operational Workforce Planning Group, these groups are responsible for over-seeing work streams including recruitment and retention initiatives, introduction of new roles and the implementation of the Health and Care (Staffing) (Scotland) Act 2019¹⁰.

4.6.3 Current Workforce Challenges

The ambitious commitments detailed within the NHS Recovery Plan 2021–2026³, specifically the commitment to increase diagnostic procedures nationally by 90,000 and the focus on cancer services, will have an impact on this Job Family. These commitments are coupled by expected turnover pressures resulting from those employees who returned to the profession to support the NHSS response to Covid-19, or those delaying life choices to retire, leaving the service in 2022 / 2023.

Other challenges, particularly in relation to the Biomedical Science Life group, relates to the requirement to maintain a 24-hour, 7-day per week service. The frequency of the unsocial hours commitment for this group, in addition to their age demographics, is reflected in wider health and wellbeing considerations. This challenge is exacerbated given the relative size of the professional group when measured against similar services in Fife, or against the Biomedical Science Life groups engaged in neighbouring boards.

The Health and Care (Staffing) (Scotland) Act 2019⁸ will also have an impact on Healthcare Sciences Services, with a range of workforce and workload tools being discussed nationally to determine how this can be introduced appropriately within the profession.

4.6.4 Future Demand: Strategic Planning and Resource Allocation 2022–2026

The SPRA 2022–2026 process has outlined a number of developments which will impact on services over the duration of this Workforce Plan. Although these developments will be managed at a Directorate Level in accordance with the SPRA process and associate workforce planning arrangements, developments of note include:

- The introduction of Digital Pathology will require additional clinical and non-clinical resources as we progress a key deliverable identified within the Regional Laboratory Medicine Collaboration.
- The upgrade to Q-Pulse, a series of integrated software applications designed to assist with information management of numerous quality activities including Laboratories, Pharmacy & Clinical Governance, will require additional resources to ensure the successful implementation of the project.
- Advances in current diagnostic testing, such as those linked Cardiac Physiology, Sepsis Testing and Qfit, will necessitate a greater resource in order to continue to meet increasing service demand.

4.6.5 Actions to Sustain the Healthcare Science Workforce

Collectively, the service plans outlined in the SPRA process could exacerbate the current challenges faced across the Job Family, and therefore the Healthcare Science professions, in conjunction with the Operational Workforce Planning Group are progressing several initiatives to improve resilience across the profession. These include:

- In response to recruitment and training challenges in the Clinical Physiology job family, review of career pathways and the development of Support Worker roles within the profession to embed a more sustainable skill mix.
- Participation in the Scottish Government funded campaign to train additional Cardiology Physiologists across NHS Scotland, responding to increasing demand in diagnostic services.

- Continue the introduction of new roles within Biomedical Science Life, including Advanced Practice and Clinical Scientists, in order to alleviate continued pressures on the service by transferring tasks previously undertaken by Medical Consultants to other suitably skilled professionals.
- Continued engagement with local education providers, including Abertay University and Glasgow Caledonian University, to promote NHS Fife as an employer of choice.
- Engagement in national discussions regarding the application of professional judgement tools in support of the Health and Care (Staffing) (Scotland) Act 2019⁸, informing staffing decisions and ensuing adequate staffing numbers.
- Review of workforce requirements in line with digital developments within the service, including Digital Pathology, developments in Artificial Intelligence, QFit and Matrix-assisted laser desorption / ionization time-of-flight (MALDI-TOF)

4.7 Supplementary Staffing

There continues to be significant Agency spend across NHS Fife, particularly in relation to medical locums, with services highlighting the requirement for a robust medical workforce to reduce locum costs. With the continued creation of Clinical Development Fellow roles and Physician Associates, robust management through the implementation of a consolidated bank for NHS Fife and scrutiny processes, there will be continued consideration of the appropriate use of bank and agency staff. NHS Fife is actively progressing initiatives, both locally, regionally and nationally to ensure better workforce supply and the creation of a more resilient workforce. There will continue to be a focus on the transformational workforce such as Advanced Practitioners, Clinical Development Fellows, Physician Associates, Health Care Support Workers and other supporting roles.

Section 5 – Building Future Organisational Capacity

As detailed within the National Workforce Strategy for Health & Social Care in Scotland (2022)⁴, building additional capacity within the NHSS workforce is integral to meeting our future needs. A means of achieving this is the introduction of the NHS Scotland Academy, offering accelerated training for a wide range of health and social care roles and professions. Importantly, the Academy offers an opportunity to existing staff to advance their current knowledge or learn new skills, using a range of residential, distance and virtual reality learning approaches.

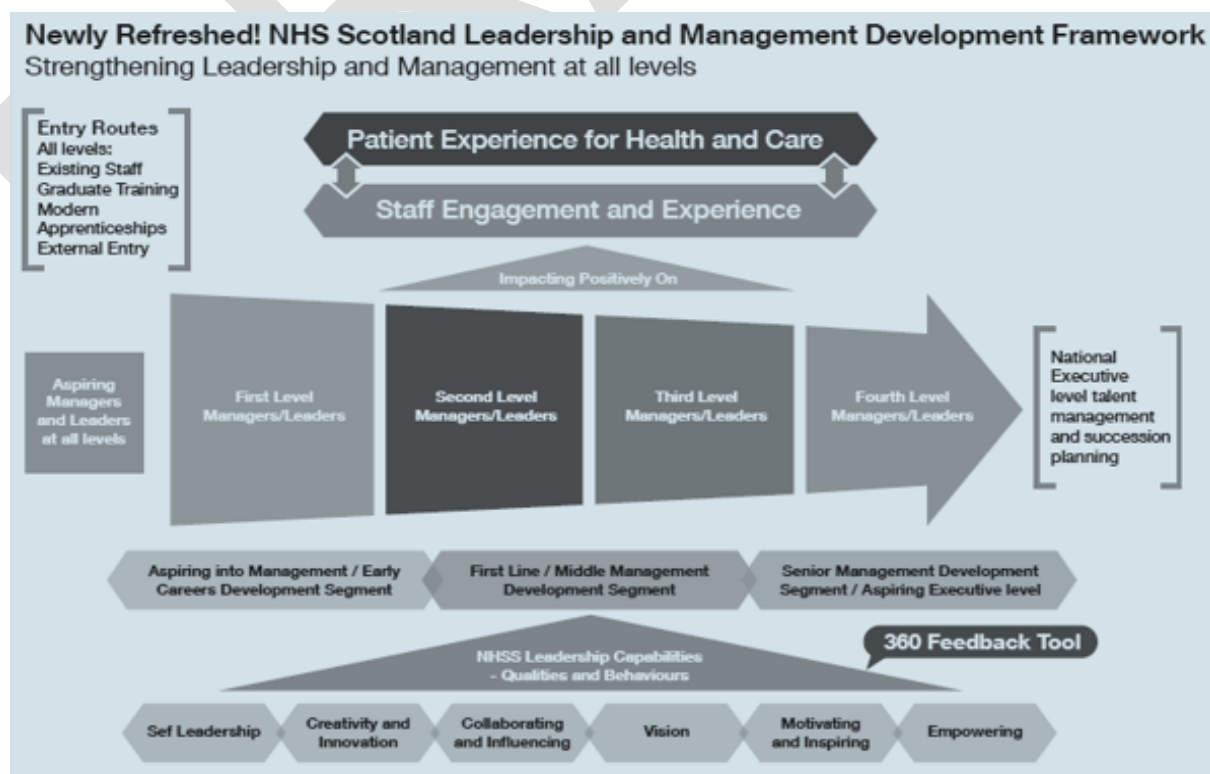
The Academy will add to existing educational programmes and respond to evolving and emerging workforce needs. By addressing recruitment gaps and training needs, it aims to help ensure the health and social care workforce is prepared for future needs in Scotland

Locally, this Academy will contribute to a range of programmes and approaches being progressed within NHS Fife. The following section provides an overview of some of this activity and its importance of shaping future organisational capacity and the direction of travel to meet the Five Pillars.

5.1 Leadership Development Framework

Launching in 2022, NHS Fife’s Leadership Development Framework supports staff to maximise their potential, by learning new leadership and management skills or refreshing existing skills. It provides the opportunity to staff to stretch themselves in their current role or to prepare for future career progression/succession planning.

The Framework is available to all staff interested in developing their leadership career, regardless of current role. It is built around four Leadership Levels, each identifying a phase of leadership development, and supports the overarching NHSS Leadership and Management Development Framework.



The framework brings together the range of local and national programmes and development opportunities under a single coherent model. Ensuring our staff have a clear understanding of the expectations relevant to their stage of development, the opportunities open to them and how this intertwines with NHS Fife's Culture, Vision and Values.



5.2 Values

NHS Fife is committed to recognising and valuing staff. A common set of values are to the benefit of everyone working in the organisation and most importantly to our patients and the communities that we support. Our workforce will need to be able to see how the embedding of these values will help us to deliver safe and patient focused care. We are looking to achieve long-term goals rather than short term behaviours.

Our values inform the decisions we take and how we work together, they must be at the heart of how we attract, recruit, develop, reward and retain people to work for NHS Fife.

Our culture is reflected by what we value, and we need to support and empower our workforce to give their best in an organisation where the values are evident every day. Phase One commenced in 2020, with other phases requiring more planning before coming on-stream at later dates.

It is important that we all have the same understanding of how we're expected to work. We all interpret things differently therefore moving the values from being conceptual (a single word) to tangibly described (a behaviour) enables our workforce to recognise that everyone's got a part to play. There will be a need to understand how each of our values affects them personally, benefits their team and the people of Fife. Over time and with reinforcement this will determine how employees act every day and become 'the way things are done around here'.

This framework should be a statement of who we are: what our patients can expect from us and what we expect from each other. In order to create a behaviour's framework that is 'lived' and 'understood' by the whole organisation there will need to be a need for co-creation with the workforce to understand what is important/what matters to them. Our staff side colleagues will be key partners to drive this work forward.

The Behaviours Framework will:

- Define the behaviours that our staff must demonstrate, including what they should expect from colleagues and leaders.
- Help us recognise people who are doing a great job.
- Help identify training needs.
- Support career development.
- Helps us recruit people with the right behaviours.

In addition, the Board will continue to develop and offer support for employability opportunities for the workforce by exploring alternative approaches to retain the skills and experience of staff. In balance, employability opportunities for the development of the younger workforce will continue in offering apprenticeships, further developing links with schools, colleges and Higher Education providers. There is an ambition to continue to develop and grow our existing staff.

Alongside continued participation in international recruitment initiatives, promotion of career opportunities and further expansion of development roles will all increase the employability pipeline and ensure there is an on-going supply of people choosing to work for NHS Fife. This is against a backdrop of significant Band 5 registrant vacancies, so it is clear that change is required to sustain service delivery.

5.3 LinkedIn Campaign

NHS Fife is increasing the use of LinkedIn, which is the world's largest professional network with more than 830 million members worldwide, about how the company may be able to support the recruitment and retention of staff. Whilst this has previously not been used as regularly as our other social media accounts, such as Facebook, Instagram or Twitter, our Corporate Communications Department considers it a central resource going forward and are developing a programme of bespoke LinkedIn content.

Central to the success of any relationship with LinkedIn, will be the creation of a network of active ambassadors for NHS Fife - our employees sharing their successes, experiences, and opportunities. With this in mind, LinkedIn recently hosted a 'Rock Your Profile' session for NHS Fife employees, aimed at encouraging our staff to not only join the platform, but also helping them make their LinkedIn profiles the best they can be. This session was well attended and received positive feedback by attendees - similar sessions may be held in future.

5.4 Career Conversation Lite

Expanding on the Project Lift support and Self-Assessment Questionnaire, we will support staff career and leadership development by offering Career Conversations. Career Conversation Lite (CCL) provides staff with the opportunity to explore their career to date and define the most suitable development route forward for them. Increasing their self-awareness, facilitating the understanding and appreciation of their career, and outline impactful career development areas.

5.5 International Recruitment

The number of advertised vacancies throughout NHS Fife, and most noticeably vacancies within the registered Nursing and Midwifery Job Family grades, has increased significantly in current years. This has been caused by a number of interrelated factors including the age demographics of the current workforce, Scottish Public Pension Scheme reforms, the Covid-19 pandemic impacting on life choices, in addition to increased demand of staff.

In view of the sustained challenges in securing sufficient candidates to appoint to the registered health care professional roles from traditional labour markets sources, it is increasingly recognised that recruitment options need to be extended beyond the UK job market.

In response, NHS Fife has been collaborating with Yeovil District Hospitals NHS Trust to progress International Recruitment. NHS Fife is also part of the Centre for Workforce Supply Short Life Working Group which aims to support and oversee the consultation on the roles and responsibilities required to deliver the Scottish Government's commitment of establishing a centre of expertise on international recruitment.

NHS Fife commenced a programme of international recruitment in November 2021, which will mean recruitment of an initial pilot of 40 Nurses and 3 Radiographers over with start dates from March to June 2022. The first 40 Nurses will be recruited to posts within the Acute Services Division. Unfortunately it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 to 9 months.

Accommodation for recruits has been identified within the Fife Campus of the University of Dundee's School of Health Sciences and 6 recruits within Queen Margaret Hospital. The availability of furnished accommodation which facilitates establishing communities, is close to good transport links and the main acute hospital site, will make NHS Fife very attractive to overseas candidates.

Pastoral support of overseas recruits and the welcome to Fife is crucial to the success of this initiative, and engagement of the NHS Fife's Volunteering Services, Fife Equalities and Fife Voluntary Action, as well as those with lived experience as overseas recruits, will inform the development of a supportive network. Work is underway to create a Welcome Pack and the role of how the volunteering services can assist with the wider supported for each international nurse who joins NHS Fife.

5.6 Collaboration with Local Universities

NHS Fife Board has an ambition to attain teaching Health Board status. With higher education institutions NHS Fife has the shared responsibility of training the next generation of healthcare workforce. Achieving this would deliver significant benefits to NHS Fife and support the Board aspiration to become an Anchor Institution. This ambition would deliver includes improved recruitment and retention. This would also augment our educational culture in NHS Fife and build on research and innovation opportunities.

5.7 Youth Employment and Employability

It is recognised that the range of measures applied to manage the Covid-19 pandemic has exacerbated many inequalities, disproportionately affected young people and those with socio-economic disadvantages. Locally, these measures resulted in the suspension of volunteer and job experience opportunities, the halting of career fairs and related school activities, and delayed our establishment of a Modern Apprenticeship programme.

Over the duration of this workforce plan, and as part of our commitment to be an Anchor Intuition, NHS Fife aims to redress this impact. Our initial focus for Youth Employment & Employability will be on securing more funding to support the implementation and sustainability of future employability programmes aimed at increasing the pathways for young people to engage with NHS Fife as part of the Young Person's Guarantee.

This sustainable vision will see better engagement with the range of No One Left Behind (NOLB)²³ funded employability opportunities, a commitment to widen modern apprenticeship and graduate apprenticeship programmes throughout NHS Fife, and working with key partners, increase the in-placement support offered to develop and retain participants.

5.8 Specific Role Development

5.8.1 Consultant Pharmacists

There is the potential for the development of Consultant Pharmacist roles during the lifetime of this Plan. Whilst still being considered by Pharmacy leaders within NHS Scotland, it is anticipated that these roles will provide leadership for innovation within their practice area and across their organisation and beyond, taking a strategic role in the development of guidelines, policies and governance. They may implement policy for their area of practice, their organisation(s), and the profession. Consultant Pharmacists are expected to conduct and supervise research, driving practice forward and demonstrating improvement in care outcomes. They contribute to the development of research which delivers on local and national priorities.

Consultant Pharmacists will lead, design and deliver education and supervision and contribute to curriculum development in partnership with Higher Education Institutions. They are expected to work to upskill staff across grades, professions and across organisational boundaries, to assure that optimal value is gained from medicines at a population level. Consultant Pharmacists actively seek to mentor and coach pharmacist colleagues and work to develop the consultant workforce, with succession planning for their role. Across all of these activities, these consultants act as clinical leaders, enhancing the standing of Pharmacy professionals, advocating for patients and driving improvements in care. The innovation and boundary-spanning provided by such posts offers particular advantages for the continued investment in Pharmacy services.

5.8.2 Physician Associates

The use of transformation funds to develop the East Region Physician Associates (PA) Programme was agreed by the Chief Executives, HR and Medical Directors of Borders, Fife and Lothian in December 2018, to address the existing workforce gaps and other emerging delivery pressures to fulfil national commitments such as new GMS contract²² implementation. The anticipated uplift in staffing for GMS was in the region of 700 wte across the East Region and therefore the use of PAs as a previously untapped resource for 'alternative healthcare roles' and 'urgent care' aspects of the Memorandum of Understanding ²¹⁵ has been considered due to insufficient training pipelines in existing AHP, medical and nursing workforces.

The East Region Physician Associates Programme has progressed largely unaffected by Covid-19. In addition, a Band 8a Physician Associate Education Lead has been appointed and a Regional Medical Lead is also in place to oversee the ongoing development and governance of the East PA programme. A monthly teaching programme has been established for the PAs already in post with contributions from medical staff, ANPs and PAs. This programme is open to all East Region NHS and independently employed PAs as well as AHPs and ANPs.

The use of simulation training has also been introduced at induction and as an ongoing means of increasing training opportunities in core procedures. Audit and evaluation of the role is underway along with discussions with Radiology colleagues around the benefits of pending General Medical Council (GMC) regulation, to enable ionising radiation requests. It is hoped that PAs will be a regulated GMC profession during 2023, at which point prescribing rights can also be achieved. These timescales tie in with the East Region sponsorship of 25 students, who graduated in the summer of 2021, sat their National certification exams and commenced employment in the region in 2022.

While NHS Fife did not secure PAs from the East Region sponsorship route, further work is now underway locally on the expansion of the PA role into General Practice, Mental Health, Urgent Care and Rheumatology, where workforce pressures are particularly evident. Employment of PAs within the Board so far has been opportunistic and whilst feedback has been extremely positive, there was no established funding route until recently.

NES are now leading the Medical Associated Professions commission and a national 'pump primed' approach to development would help support training capacity and the integration of these roles as a further branch of advanced practice. Given the timescale for regulation of the profession and prescribing rights, there is now an even greater potential to expand the employment of PAs within the Board.

5.8.3 Advanced Practitioners

Advanced Practitioners are experienced Registered Health Care Professionals, primarily from Nursing, Midwifery and Allied Health Profession disciplines, who have completed higher education to a minimum of Post Graduate Diploma level. The role of an Advanced Practitioner is to manage the complete care of a patient, not solely any specific condition. The core role and function of an Advanced Practitioner focuses on the four areas of Clinical Practice, Leadership, Facilitation of Learning and Evidence, Research and Development (NES, 2018)²⁴.

It is recognised that Advanced Practitioners play an important role in determining patient and system outcomes. There is growing evidence of the positive impact that Advanced Practitioners have on patient outcomes, including promoting access to care; reducing complications and reducing costs of care by improving patient knowledge; self-care management; and patient satisfaction (Scottish Government, 2021).

Advanced Practitioners are recognised as being integral to developing and sustaining the capacity and capability of the health and care workforce now and in the future. Consideration of the process of identification of potential trainee Advanced Practitioners earlier in the career journey, combined with robust business

plans to support the development of these roles will help sustain this workforce. Opportunities for further progression to Lead Advanced Practitioner or (non-medical) Consultant posts within appropriate services will encourage highly qualified and experienced Advanced Practitioners to continue their career within Fife.

5.8.4 Band 4 Roles

Responding to the Scottish Governments drive to expand and develop the Band 2-4 workforce to ease workforce pressures within health and social care, a Band 4 Assistant Practitioner pathway is being developed within the Nursing and Midwifery Job Family. The development of these roles will support the professional development of the non-registered workforce, ensuring they have the skills and competencies to deliver safe, effective, person-centred care. This framework is being progressed with national groups and Higher Education Institutes.

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Section 6: Broad Action Themes

As detailed within this plan, there are a wide range of workforce demands and supply pressures that need to be planned for to ensure workforce and service sustainability. The following section sets out broad themes that are being taken forward to mitigate potential gaps within the workforce in terms of numbers and skills within the Acute Services Division and Corporate functions. The actions being taken within the Health and Social Care Partnership are detailed separately within their Workforce Plan. The Partnership's Workforce Planning and Organisational Development Steering Group is reviewing the workstreams to be progressed within services delivered by the Integrated Joint Board.

NHS Fife will continue to identify opportunities to expand the areas in which transformational roles are utilised and establish these roles as part of multidisciplinary teams; such as Advanced Clinical Practitioners, Physician Associates and a range of Health Care Support Worker roles. Collaboration will continue with NHS Education for Scotland and St Andrews University, as well as other local and national training providers, to provide development and educational opportunities for our workforce. This is complemented by the combined efforts of our Workforce Learning and Development, Medical Education and Practice and Professional Development teams. We will continue to work regionally to build on existing managed clinical networks. The development of regional solutions to service sustainability will remain a feature of this Plan e.g. Cancer Services, Haematology and the South East Radiology Reporting Insourcing Solution. The importance of Digital and Information to support service sustainability and new developments is key.

Continued development career pathways and promotion of development opportunities will be key for our workforce. There will be a focus on staff well-being, communication, our values, application of the NHS Scotland Staff Governance standards and listening, to ensure the workforce continues to feel valued and make NHS Fife an employer of choice.

NHS Fife has a long-term commitment to supporting staff health and wellbeing. We are a committed health working lives employer with achieving and retaining the Gold Healthy Working Lives (HWL) Award. Prior to the pandemic this meant actively supporting staff health and wellbeing by raising awareness of health promotion and protection topics. In recognition of a requirement to improve the depth of the approach, a plan for "Going Beyond Gold" was developed in 2018. The plan is focused upon achieving a culture of kindness and a shift in organisational culture. The learning from this approach, coupled with the investment in health and wellbeing during the Pandemic, will form the foundation of the Staff Health & Wellbeing Framework, to be published by the Summer of 2022 and the requirement to provide robust mechanisms to support both staff and organisational resilience.

The pandemic period saw innovations in communication from senior management within NHS Fife, with strong messages around staff health and wellbeing. Alongside this, a range of staff wellbeing and support initiatives were developed and implemented and a focus on our Staff Hubs. This work was guided by the principles of Psychological First Aid which recognises individual's resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping mechanisms.

There will be the continued support of staff through effective partnership working. We will

continue to measure the experiences of staff through the use of local and national tools, such as iMatter, to support and empower staff and teams and to improve their experience at work.

This section is not intended to be a detailed implementation plan. The more detailed implementation / Action Plan is attached to this Plan as an Annex and will be developed and monitored on a regular basis throughout the year by the two Workforce Planning Groups within NHS Fife and the Health & Social Care Partnership respectively.

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Section 7: Implementation, Monitoring and Refresh

The implementation of this Workforce Plan is the responsibility of the Chief Executive, Directors and General Managers of NHS Fife. Levels of partnership working are supported by the Local Partnership fora and the Area Partnership Forum. Performance scrutiny is provided by the management structure of NHS Fife and assurance through the Staff Governance Committee.

Whilst the Director of Health & Social Care is a Director of NHS Fife, it is recognised the post holder is responsible for a range of delegated services operating within an integrated environment and responsible to the Chief Executive Officers within NHS Fife and Fife Council. The Director of Health & Social Care, along with their Senior Leadership Team, is responsible for implementing the actions which impact on NHS Fife staff engaged within the Health & Social Partnership. Working with colleagues from NHS Fife, Fife Council, the Voluntary and Third Sectors, these actions will be progressed via the appropriate governance arrangements.

This Plan is a live document that is flexible and adaptive in response to change and will complement the Fife H&SCP Workforce Plan, the future Fife Population Wellbeing Strategy¹, our Workforce Strategy and our Annual Delivery Plans. This Plan will, therefore, remain a live document, continually under review.

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ANNEX – Summary of Actions across the Five Pillars of Workforce

i. Summary of Short-term Actions Across Five Pillars of Workforce

Plan	Attract	Train	Employ	Nurture
<p>Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, giving cognizance to Health & Care (Staffing) (Scotland) Act, Digital enhancements and opportunities, and national difficulties in recruitment certain professional groups / specialties.</p> <p>Where appropriate, explore all options to ensure sustainability of those services at increased risk, including regional / national working; Joint appointments etc.</p> <p>Resource implications and effect on overall service sustainability from those services requiring to move from a 5 day to 7 day service (e.g. Pharmacy, Allied Health Professions).</p> <p>Analyse and address the gap between the current provisions of workforce data, versus the needs of the</p>	<p>Continue to increase the number of employment programmes, such as Modern Apprenticeships and other such initiative, in order to strengthen pipelines of candidates from the local community.</p> <p>Increase Active engagement in undergraduate placement provision</p> <p>Continue to explore and establish opportunities to showcase NHS Fife, including but not restricted to Participation in recruitment events, Use of Social Media, Training events</p> <p>Build on the international recruitment programme to attract overseas nurses, midwives and AHPs to Fife, mitigating shortage of applicants from the domestic labour market.</p> <p>Review recruitment model for Consultant level medical and dental posts, establishing options to identify permanent solutions to range of roles</p>	<p>Continue to promote and grow new roles, such as:</p> <ul style="list-style-type: none"> - non-medical Consultants, - Associate Specialists (AS's) and Physician Assistants (PA's), - Advanced Practitioner (AP's), - Band 4 HCSW <p>Based on the outcomes of service sustainability reviews, support the establishment and implementation of alternative models of care (e.g. Nurse Led Models)</p> <p>Continue to engage in national initiatives for recruitment and training within a range of professions with recognized shortages (e.g. Physiology, Operating Department Practitioners etc)</p>	<p>Review skill set and banding structure within Health Care Support Worker Roles</p> <p>Review measures to support retention of current senior clinical and non clinical staff</p> <p>Once for Scotland Policies</p>	<p>Implementation of the Career Conversation Lite program, enabling staff to establish the most suitable development opportunity for them.</p> <p>In conjunction with the Once for Scotland work, contribute to and promote Carer Friendly Employment Practices</p> <p>Review and enhance provision of information capturing the protected characteristics of our workforce, ensuring information supports meaningful discussion at the appropriate forums.</p>

<p>various Workforce Planning Groups.</p>	<p>filled via supplementary staffing / locum arrangements.</p> <p>Promote the FEOC as one of the first National Treatment Centre's to secure 32 WTE staff across a range of job family specialties.</p>			
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ii. Summary of Medium-term Actions across the 5 Pillars of Workforce

Plan	Attract	Train	Employ	Nurture
<p>Review sustainability of all Clinical Services by running available Workforce and Workload Planning Tools, giving cognizance to Safe Staffing Legislation, Digital Opportunities and national difficulties in recruitment across certain professional groups / specialties.</p> <p>Directorates / Divisions to introduce Workforce Plans, detailing how they will manage sustainability pressures identified by the W&WPT exercise, caused by factors such as the inability to recruit sufficient key professional groups; increased capacity requirements; age demographics etc</p> <p>Establish a clearer understanding of the challenges being encountered within each individual medical Specialty, consider the flow of career grade Doctors through training pipelines, and assess the fragility and sustainability of each service, at Directorate level</p> <p>Evidence correlation with safe staffing levels and quality of patient care through regular updates from the Excellence in Care and Workforce Leads.</p>	<p>As part of the Directorate level Workforce Plans, consider succession planning implications for range of critical roles, including advanced practitioners grades and above.</p> <p>Strengthen delivery of cancer services through introduction of comprehensive Systemic Anti-Cancer Therapy (SACT) service, and further enhancements within Acute Oncology</p> <p>Establish implications of the increased reliance on Digital and Information solutions, and drive for Paperlite solutions, on range of D&I measures, including Digital Fitness Training; Information Governance and Security (including Records Management, Caldicott, Freedom of Information); Data Quality,</p>	<p>Build capacity to support newly qualified pharmacists graduating with an Independent Prescriber Qualification (2026) by ensuring existing IP pharmacists are fully integrated into multidisciplinary teams and maximising use of prescribing skills</p> <p>Continue to promote and grow Advanced Practitioner (AP) opportunities as appropriate in response to wider service sustainability pressures</p> <p>Engage with the NHS Scotland Academy to provide pathways for creation of Enhanced Practitioner Roles within relevant services, for example Endoscopy</p>	<p>Measure progress against Scottish Government target to recruit additional 1% staff within next 5 years.</p>	

References

- ¹ Population Health & Wellbeing Strategy 2022
- ² Annual Delivery Plan 2022–2023 Scottish Government Guidance
- ³ NHS Recovery Plan 2021–2026
- ⁴ National Workforce Strategy for Health and Social Care in Scotland (2022)
- ⁵ CEL(2011)32
- ⁶ DL(2022)09
- ⁷ PROMiS National Health & Wellbeing Platform
- ⁸ Covid-19 Recovery Strategy for a Fairer Future
- ⁹ Scottish Government Public Health Priorities (2018)
- ¹⁰ Health and Care (Staffing) (Scotland) Act 2019
- ¹¹ NHS Fife “Digital and Information Strategy “Digital at the Heart of Delivery”
- ¹² NHS Scotland Climate Emergency & Sustainability Strategy 2022–2026
- ¹³ ONO UK
- ¹⁴ NHS Fife Clinical Strategy 2016-2021
- ¹⁵ Memorandum of Understanding 2 -
- ¹⁶ Interim Joint Workforce Plan in April 2021
- ¹⁷ UK Covid-19 Vaccines Delivery Plan 2021
- ¹⁸ Immunisation Strategic Framework 2021–2024
- ¹⁹ Scottish Government’s Women’s Health Plan 2021–2024
- ²⁰ [Number of NHS doctors taking early retirement has tripled since 2008 | BMJ](#)
- ²¹ Children’s Health & Wellbeing Strategy
- ²² GMS Contract Implementation
- ²³ No One Left Behind (NOLB)
- ²⁴ Clinical Practice, Leadership, Facilitation of Learning and Evidence, Research and Development (NES, 2018)

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 12 May 2022
Title:	Integrated Performance & Quality Report
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Head of Performance

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to the:

- Joint Fife Remobilisation Plan for 2021/22 (RMP4)

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

- Safe, Effective and Person Centred

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 (with certain exceptions due to a lag in data availability) up to the end of February 2022.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board. It is produced monthly and made available to Board Members via Admin Control.

The report is presented at the meetings of the Clinical Governance, Staff Governance, Finance, Performance & Resources and Public Health & Wellbeing Committees, and an 'Executive Summary' IPQR (ESIPQR) is then produced as a formal NHS Fife Board paper.

2.3 Assessment

Performance, particularly in relation to Waiting Times across Acute Services and the Health & Social Care Partnership has been hugely affected during the pandemic. NHS Fife is

working according to the Joint Fife Remobilisation Plan for 2021/2022 (RMP4), and the IPQR provides a high-level activity summary on Page 4. This will be updated monthly until the end of the FY.

The Staff Governance aspect of the report covers Sickness Absence, and its current status is shown in the table below.

Measure	Update	Local / National Target	Current Status
Sickness Absence	Monthly	3.89% for 2021/20222 (4.00% is the LDP Standard)	5.63% in February, above planned position at this stage (3.94%) Excludes COVID-19-related absence

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

IPQR contains workforce measures. The IPQR report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Financial aspects are covered by the appropriate section of the IPQR.

2.3.4 Risk Assessment/Management

Not applicable.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

The April IPQR will be available for discussion at the round of April / May Standing Committee meetings.

2.3.8 Route to the Meeting

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

2.4 Recommendation

- **Assurance** – The Staff Governance Committee is requested to **discuss** and take **assurance** from this report.

3. List of Appendices

Appendix 1 – IPQR Report April 2022

Report Contact

Bryan Archibald

Head of Performance

Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report

Produced in April 2022

Introduction

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

A summary report of the IPQR, the Executive Summary IPQR (ESIPQR), is presented at each NHS Fife Board Meeting.

The IPQR comprises of the following sections:

I. Executive Summary

- a. LDP Standards & Local Key Performance Indicators (KPI)
- b. National Benchmarking
- c. Indicatory Summary
- d. Remobilisation Summary
- e. Assessment

II. Performance Assessment Reports

- a. Clinical Governance
- b. Finance, Performance & Resources
 - Operational Performance
 - Finance
- c. Staff Governance
- d. Public Health & Wellbeing

Section II provides further detail for indicators of continual focus or those that are currently experiencing significant challenge. Each 'drill-down' contains data, displaying trends and highlighting key problem areas, as well as information on current issues with corresponding improvement actions.

MARGO MCGURK

Director of Finance & Strategy
19th April 2022

Prepared by:

SUSAN FRASER

Associated Director of Planning & Performance

I. Executive Summary

At each meeting, the Standing Committees of the NHS Fife Board consider targets and Standards specific to their area of remit. This section of the IPQR provides a summary of performance against LDP Standards and local Key Performance Indicators (KPI). These indicators are listed within the Indicator Summary, which shows current, previous and (where appropriate) 'Year Previous' performance as well as benchmarking against other mainland NHS Boards.

Health Boards are planning the recovery of services following the first and second waves of the COVID-19 Pandemic. NHS Fife agreed its Joint Remobilisation (RMP3) for 2021/22 at the start of 2021, and this effectively replaced the previous 1-year or 3-year Annual Operational Plans. It has now been superseded by RMP4, addressing the status and forecasts for the second half of the FY. Both RMP3 and RMP4 include forecasts for activity across key outpatient and inpatient services, and progress against these forecasts is included in this document by two methods:

- Update of monthly activity (Remobilisation Summary)
- Enhancement of drill-downs to illustrate actual v forecast activity

The RMP provides a detailed, strategic view of how NHS Fife will approach the recovery, while the IPQR drills down to a level where specific Improvement Actions are identified and tracked. In order to provide continuity between the IPQR from version to version (year to year), Improvement Actions carry a '20', '21' or '22' prefix, to identify their year of origin. They are shaded in **BLUE** if they are assessed as being complete or no longer relevant.

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

a. LDP Standards & Key Performance Indicators

The current performance status of the 29 indicators within this report is 12 (41%) classified as **GREEN**, 2 (7%) **AMBER** and 15 (52%) **RED**. This is based on whether current performance is exceeding standard/trajectory, within specified limits (mostly 5%) of standard/trajectory or considerably below standard/trajectory.

There were notable improvements in the following areas in February:

- Rate of Falls and Falls with Harm both reducing to be below their targets for FY 2021/22
- Closure of FOI requests above the local target after several challenging months
- % bed days lost due to patients in delay continuing a downward trend towards target

Additionally, it has now been 22 months since the Cancer-31 DTT performance fell below the 95% Standard, with 7 months out of 11 this FY reporting no breaches.

b. National Benchmarking

National Benchmarking is based on whether NHS Fife performance is in the upper quartile of the 11 mainland Health Boards (●), lower quartile (●) or mid-range (●). This benchmarking information indicates that whilst a number of areas continue to experience significant levels of challenge, in over 85% where we are able to compare our performance nationally we are delivering performance within either the upper quartile or the mid-range.

c. Indicator Summary

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

Benchmarking	
●	Upper Quartile
●	Mid Range
●	Lower Quartile

Section	Measure	Target 2021/22	Reporting Period	Performance			Trend	Benchmarking						
				Year Previous	Previous	Current		Reporting Period	Fife	Scotland				
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Feb-21	24	Jan-22	23	Feb-22	36	↓	N/A			
	HSMR	N/A	Year Ending	Sep-20	1.01	Jun-21	1.03	Sep-21	1.04	↓	YE Sep-21	1.04	●	1.00
	Inpatient Falls	7.68	Month	Feb-21	9.51	Jan-22	8.33	Feb-22	7.30	↑	N/A			
	Inpatient Falls with Harm	1.65	Month	Feb-21	1.87	Jan-22	2.02	Feb-22	1.59	↑	N/A			
	Pressure Ulcers	0.42	Month	Feb-21	1.44	Jan-22	1.32	Feb-22	1.23	↑	N/A			
	Caesarean Section SSI	2.5%	Quarter Ending	Sep-20	2.2%	Jun-21	3.6%	Sep-21	2.5%	↑	QE Dec-19	2.3%	●	0.9%
	SAB - HAI/HCAI	18.8	Quarter Ending	Feb-21	19.4	Jan-22	15.0	Feb-22	15.4	↓	QE Dec-21	12.8	●	17.3
	SAB - Community	N/A	Quarter Ending	Feb-21	10.8	Jan-22	9.6	Feb-22	8.7	↑	QE Dec-21	8.5	●	9.9
	C Diff - HAI/HCAI	6.5	Quarter Ending	Feb-21	5.2	Jan-22	5.8	Feb-22	4.7	↑	QE Dec-21	4.6	●	13.3
	C Diff - Community	N/A	Quarter Ending	Feb-21	5.4	Jan-22	1.1	Feb-22	1.1	↔	QE Dec-21	1.1	●	5.0
	ECB - HAI/HCAI	33.0	Quarter Ending	Feb-21	33.6	Jan-22	28.9	Feb-22	27.3	↑	QE Dec-21	33.6	●	34.1
	ECB - Community	N/A	Quarter Ending	Feb-21	29.3	Jan-22	37.3	Feb-22	39.3	↓	QE Dec-21	39.2	●	39.8
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Feb-21	88.5%	Jan-22	61.2%	Feb-22	69.2%	↑	2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Feb-21	31.1%	Jan-22	12.2%	Feb-22	12.8%	↑	2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Feb-21	100.0%	Jan-22	100.0%	Feb-22	100.0%	↔	N/A			
	4-Hour Emergency Access	95%	Month	Feb-21	91.1%	Jan-22	76.1%	Feb-22	83.0%	↑	Feb-22	83.0%	●	74.2%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Feb-21	48.6%	Jan-22	56.6%	Feb-22	52.7%	↓	Dec-21	64.5%	●	34.6%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Feb-21	48.0%	Jan-22	50.1%	Feb-22	48.8%	↓	Dec-21	53.7%	●	46.5%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Feb-21	76.2%	Jan-22	52.7%	Feb-22	61.2%	↑	Dec-21	57.9%	●	49.6%
	18 Weeks RTT	90%	Month	Feb-21	73.6%	Jan-22	77.3%	Feb-22	71.4%	↓	QE Dec-21	71.2%	●	74.2%
	Cancer 31-Day DTT	95%	Month	Feb-21	97.5%	Jan-22	100.0%	Feb-22	100.0%	↔	QE Dec-21	100.0%	●	97.1%
	Cancer 62-Day RTT	95%	Month	Feb-21	80.7%	Jan-22	71.2%	Feb-22	83.6%	↑	QE Dec-21	82.3%	●	79.0%
	Detect Cancer Early	29%	Year Ending	Jun-20	22.0%	Mar-21	19.6%	Jun-21	21.4%	↑	2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Feb-21	85.8%	Jan-22	84.3%	Feb-22	86.9%	↑	N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Feb-21	6.2%	Jan-22	5.6%	Feb-22	7.0%	↓	QE Sep-21	10.4%	●	6.7%
	Delayed Discharge (# Standard Delays)	N/A	Month	Feb-21	54	Jan-22	50	Feb-22	55	↓	Feb-22	18.20	●	26.85
	Antenatal Access	80%	Month	Dec-20	85.7%	Nov-21	88.4%	Dec-21	90.0%	↑	2021	90.1%	●	88.5%
Finance	Revenue Resource Limit Performance	(£13.7m)	Month	Feb-21	N/A	Jan-22	(£13.7m)	Feb-22	Breakeven	↑	N/A			
	Capital Resource Limit Performance	£33.9m	Month	Feb-21	N/A	Jan-22	£13.8m	Feb-22	£19.2m	↑	N/A			
Staff Governance	Sickness Absence	3.89%	Month	Feb-21	5.03%	Jan-22	5.93%	Feb-22	5.63%	↑	YE Mar-21	4.77%	●	4.67%
Public Health & Wellbeing	Smoking Cessation	473	YTD	Dec-20	48.6%	Nov-21	57.1%	Dec-21	52.5%	↓	QE Sep-21	58.9%	●	82.0%
	CAMHS Waiting Times	90%	Month	Feb-21	88.1%	Jan-22	69.4%	Feb-22	68.0%	↓	QE Dec-21	71.9%	●	70.3%
	Psychological Therapies Waiting Times	90%	Month	Feb-21	84.0%	Jan-22	81.8%	Feb-22	79.2%	↓	QE Dec-21	80.6%	●	84.4%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2%	↑	FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	Dec-20	96.5%	Nov-21	88.4%	Dec-21	87.9%	↓	QE Dec-21	93.4%	●	93.1%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	94.6%	↑	2019/20	93.2%	●	81.3%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.6%	↓	2019/20	58.5%	●	42.9%

d. NHS Fife Remobilisation Summary – Position at end of March 2022

		Quarter End			Month End			
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	2,981	3,120	3,400	1,203	1,269	1,268	3,740
	Actual	3,260	2,953	2,792	756	1,012	1,169	2,937
	Variance	279	-167	-608	-447	-257	-99	-803
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	17,100	19,125	20,905	7,286	7,287	7,288	21,861
	Actual	19,488	20,161	19,600	5,073	6,358	7,501	18,932
	Variance	2,388	1,036	-1,305	-2,213	-929	213	-2,929
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,801	1,833	1,840	613	613	614	1,840
	Actual	1,406	1,511	1,381	446	433	497	1,376
	Variance	-395	-322	-459	-167	-180	-117	-464
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	10,850	11,250	13,642	4,480	4,605	4,607	13,692
	Actual	12,971	12,629	11,733	3,962	4,149	4,569	12,680
	Variance	2,121	1,379	-1,909	-518	-456	-38	-1,012
A&E Attendance (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	17,110	19,110	20,620	7,110	6,450	6,780	20,340
	Actual	20,729	20,814	18,554	5,883	5,997	7,326	19,206
	Variance	3,619	1,704	-2,066	-1,227	-453	546	-1,134
A&E 4-Hour Performance (%) : ALL A&E and MIU (Definitions as per Core Sites, unplanned attendances only)	Projected			80.0%	85.0%	86.0%	87.0%	83.0%
	Actual			77.4%	77.1%	83.0%	79.6%	79.9%
	Variance			-2.6%	-7.9%	-3.0%	-7.4%	-3.1%
Emergency Admissions (Definitions as per Scottish Government Unscheduled Care Datamart)	Projected	8,040	8,320	10,680	3,520	3,190	3,410	10,120
	Actual	10,085	10,001	9,975	3,275	2,923		6,198
	Variance	2,045	1,681	-705	-245	-267		-3,922
Total Emergency Admission Mean Length of Stay (Definitions as per Discovery indicator attached)	Projected	5.82	5.85	5.63				5.73
	Actual	5.55	6.17	6.34				
	Variance	-0.27	0.32	0.71				
Urgent Suspicion of Cancer - Referrals Received (SG Management Information)	Projected	2,450	2,610	2,610	870	870	870	2,610
	Actual	2,885	3,047	2,820	973	928	1,044	2,945
	Variance	435	437	210	103	58	174	335
31 Day Cancer – Decision to treat to first treatment (Definitions as per published statistics)	Projected	415	435	384	128	128	128	384
	Actual	305	337	306	84	93		177
	Variance	-110	-98	-78	-44	-35		-207
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70	210
	Actual			215	66	67		133
	Variance			15	-4	-3		-77
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120	393
	Actual			350	126	150	152	428
	Variance			-55	-4	7	32	35
CAMHS - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			68	20	10	0	30
	Actual			13	8	6	11	25
	Variance			-55	-12	-4	11	-5
CAMHS - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			69.3%	70.0%	75.0%	80.0%	75.0%
	Actual			71.9%	69.4%	68.0%	70.6%	69.4%
	Variance			2.6%	-0.6%	-7.0%	-9.4%	-5.6%
Psychological Therapies - First Treatment Appointments (patients treated within 52 weeks of referral) (Definitions as per published statistics)	Projected			1,941	768	799	630	2,197
	Actual			1,750	600	559		1,159
	Variance			-191	-168	-240		-1,038
Psychological Therapies - Backlog First Treatment Appointments (patients treated after waiting 52+ weeks, if applicable) (Definitions as per published statistics)	Projected			234	85	70	55	210
	Actual			113	22	29		51
	Variance			-121	-63	-41		-159
Psychological Therapies - Performance against the 18 week standard (%) (Definitions as per published statistics)	Projected			73.2%	67.5%	65.9%	70.9%	67.9%
	Actual			80.1%	81.8%	82.1%		80.1%
	Variance			6.9%	14.3%	16.2%		12.2%

		Month End	Month End	Month End	Month End			
		Jun-21	Sep-21	Dec-21	Jan-22	Feb-22	Mar-22	Mar-22
Delayed Discharges at Month End (Any Reason or Duration, per the Definition for Published Statistics) ¹	Projected	65	63	84	81	73	66	66
	Actual	127	112	69	79	91	91	91
	Variance	62	49	-15	-2	18	25	25
Code 9 Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	28	27	23	21	21	20	20
	Actual	47	29	26	29	36	45	45
	Variance	19	2	3	8	15	25	25
Standard Delayed Discharges at Month End (Any Duration, per the Definition for Published Statistics) ¹	Projected	37	36	61	60	52	46	46
	Actual	80	83	43	50	55	46	46
	Variance	43	47	-18	-10	3	0	0

¹ The data required is the estimated number of people delayed at each census point (the snapshot figure). Baseline figures used are the census point figures as at the end of each month

e. Assessment

CLINICAL GOVERNANCE		Target	Current
HSMR		1.00	1.04
<p>Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.</p>			
Inpatient Falls (with Harm)	<i>Reduce falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21</i>	1.65	1.59
<p>Falls data/trends are reviewed continuously, and currently show a broadly static picture in the number of falls with harm over the last year, with a small decrease since December. As noted in the position paper at last CG committee a range of improvement work is ongoing in the continued challenges that the current pandemic presents and as previously described. Data continues to be reviewed with supported improvement action in focussed areas as required.</p>			
Pressure Ulcers	<i>50% reduction by December 2020, continued for FY 2021/22</i>	0.42	1.23
<p>Acute: Over the past year hospital acquired pressure ulcer rate has shown a random pattern, with no signs of improvement or deterioration to the process. Data over time continues to be monitored by senior nursing team and shared with clinical teams for discussion at a variety of forums, in order to drive improvement. Access to the newly developed Data and Insight Hub is being arranged for senior nurses, to assist with triangulation of data in order to develop a comprehensive understanding of the system. Clinical Teams continue to follow the process for Major and Extreme Adverse Events for shared learning.</p> <p>HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Data continues to be monitored weekly via the Quality Matters Assurance Safety Huddle, allowing for early identification of emerging themes. This is shared with services and teams across the partnership to inform change and improvement. Actions from LAERs also support key learning in relation to hospital and community acquired pressure ulcers.</p>			
Caesarean Section SSI	<i>We will reduce the % of post-operation surgical site infections to 2.5%</i>	2.5%	2.5%
<p>Mandatory SSI surveillance has been paused since the start of the Covid-19 pandemic. This remains the case until further instruction from the Scottish Government. Maternity services continue to monitor the SSI cases locally, and, where necessary (i.e Deep or Organ space infection), carry out Clinical Reviews. The performance data provided should be interpreted with caution as it is non-validated and does not follow the NHS Fife Methodology. There has been no national comparison data published since Q4 2019.</p>			
SAB (MRSA/MSSA)	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	18.8	15.4
<p>NHS Fife continues to be on target to achieve the 10% reduction. There have been no Renal haemodialysis line SABs since October and no PVC SABs since August. There have been 2 PWID SABs in 2022 to date.</p>			
C Diff	<i>We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022</i>	6.5	4.7
<p>NHS Fife is on target to achieve the 10% reduction. There have been only 3 health care associated CDI in 2022 to date. Reducing the incidence of CDI recurrence is pivotal to achieving the HCAI reduction target, and continues to be addressed. There has not been a recurrence of infection since August.</p>			
ECB	<i>We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022</i>	33.0	27.3
<p>The target for NHS Fife is to achieve an initial 25% reduction of HCAI ECBs by March, and we are currently on target to achieve this. There were 17 ECBs in total for February, of which only 7 were HCAI and with no CAUTIs. Reducing CAUTI incidence remains the quality improvement focus to achieve a further 25% reduction of HCAI SABs, required by March 2024.</p>			

CLINICAL GOVERNANCE		Target	Current
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Complaints – Stage 2

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

65%

12.8%

There continues to be an ongoing challenge to investigate and respond to Stage 2 complaints within the national timescales due to the ongoing response to COVID-19 and current service pressures. There is an increase in the complexity and number of complaints received and numbers received continue to be high. PRD have seen a significant decrease in the number of concerns and Stage 1 complaints relating to COVID-19 vaccination appointments and/or booster vaccinations; however, the overall delays caused by managing the pandemic continues to feature within complaints.

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	<i>95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer</i>	95%	83.0%
<p>Attendance has continued to be high, impacting on the 4-hour access target. Escalation actions include additional support through the Flow and Navigation Centre with additional primary care triage. Assessment pathways in AU1 continue to see high numbers compounding whole site high occupancy and demand for bed capacity. The emergency department continue with plans for remodelling to allow for expanded assessment provision.</p>			
Patient TTG (Waiting)	<i>All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat</i>	100%	52.7%
<p>Performance in February has deteriorated further. Elective activity has been significantly less than projected with inpatient surgery in particular being restricted to urgent and cancer patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,283 patients on list in February, 27% greater than in March 2021. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver additional capacity in the plan. It is anticipated that there will be a gradual resumption in non-urgent core activity in April, but this is heavily dependent on our ability to maintain access to beds for elective activity.</p>			
New Outpatients	<i>95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment</i>	95%	48.8%
<p>Performance continued to deteriorate in February following the decision to cancel routine outpatients to support the response to the emergence of the Omicron variant and significant pressures in unscheduled care. The waiting list has increased with 21,654 on the outpatient waiting list which is 10% higher than in March 2021. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those who have been waiting more than 52 weeks. The number waiting over 52 weeks has risen to 444 in February but has reduced by 55% since March 2021. Due to the ongoing need for physical distancing and the pressures of unscheduled care our outpatient capacity and therefore activity continues to be restricted. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver additional capacity in the plan. There has been a gradual resumption in routine activity and it is anticipated that this will continue, but this is heavily dependent on the demands on staff from unscheduled care activity and the impact on staffing from the Omicron variant.</p>			
Diagnostics	<i>100% of patients to wait no longer than 6 weeks from referral to key diagnostic test</i>	100%	61.2%
<p>Performance improved slightly in February. The improvement has been in Radiology with 63.9% waiting less than 6 weeks whilst the performance in endoscopy has deteriorated to 44% of patients waiting less than 6 weeks. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. The overall waiting list for diagnostics has stabilised at 6,607 in February although the number waiting for an Endoscopy and Ultrasound has increased whilst the number waiting in CT and MRI has decreased. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. A new recovery plan has been submitted to the Scottish Government and discussions are live around the additional resources needed to deliver the additional capacity in the plan. It is anticipated that performance will continue to be challenged due to the demand for urgent diagnostics and the pressure from unscheduled care along with continued restrictions in activity due to enhanced infection control measures and staff absence due to COVID.</p>			
Cancer 62-Day RTT	<i>95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral</i>	95%	83.6%
<p>February continued to see challenges in the 62-day performance. The number of USC referrals remains high, consistently exceeding pre pandemic numbers. Breaches are attributed to staffing issues in relation to COVID-19 and lack of resources, particularly radiology capacity over the festive period. Breast, Oncology and Urology (Prostate) are our current most challenged pathways. The majority of breaches continue to be seen in Prostate. The range of breaches was 4 to 55 days (average 18 days).</p>			

OPERATIONAL PERFORMANCE		Target	Current
FOI Requests	<i>At least 85% of Freedom of Information Requests are completed within 20 working days</i>	85%	86.9%
<p>There were 62 FOI requests closed in February, 5 of which were late, a monthly closure performance of 91.8%.</p> <p>The performance figure above reflects the performance for the 3-month period from December 2021 to February 2022 and is the highest 3-month figure since the period from April to June 2021. Provisional figures for March show a further improvement.</p>			
Delayed Discharges	<i>The % of Bed Days 'lost' due to Patients in Delay is to reduce</i>	5%	7.0%
<p>The number of bed days lost due to patients in delay in the last 3 months has reduced significantly from the previous quarter, but has remained above the target of 5%. Increased hospital activity over the recent months has resulted in more people requiring social care; this demand has been unable to be met due to social care services experiencing significant workforce pressures. H&SCP have surged 65 downstream beds over the last 6 months to mitigate against the lack of care at home, care home and ward closures, and continue to recruit for care at home and commission additional interim beds. At the February census, approximately half of delays were coded as 51X (Adults With Incapacity) or 100 (Commissioning/Reprovisioning).</p>			

FINANCE		Forecast	Current
Revenue Expenditure	<i>Work within the revenue resource limits set by the SG Health & Social Care Directorates</i>	Breakeven	Breakeven
<p>At the end of February the board's reported financial position is a Break Even position which is in line with the projected outturn for the financial year end. The position comprises an adverse variance for Acute Services Division of £17.4m and £2.2m for External Health Care Providers, offset by favourable variances across Corporate Functions of £6m and, of note this month, is the receipt of non recurring Scottish Government funding support of £13.7m to enable the Board to break even. The exceptional demand on unscheduled care capacity within Acute Services continues to be a challenge to available financial resources coupled with increased costs of External Health Care Providers. The savings target of £8.2m the board committed to delivering in year was delivered in full at the end of December with additional savings of £1.4m secured in January taking total savings secured to £9.6m.</p>			
Capital Expenditure	<i>Work within the capital resource limits set by the SG Health & Social Care Directorates</i>	£33.9m	£19.2m
<p>The overall anticipated capital budget for 2021/22 is £33.9m. The capital position for the period to February records spend of £19.2m. The full capital budget is on track to be delivered in full by 31 March 2022.</p>			

STAFF GOVERNANCE		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	3.89%	5.63%
<p>The sickness absence rate in February was 5.63%, a reduction of 0.30% from the rate in January 2022. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.71%.</p> <p>Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS (AfC) 2019/2 will not be achieved and we anticipate further NHSScotland guidance on sickness absence targets, which will reflect the circumstances of the last two years.</p>			

PUBLIC HEALTH & WELLBEING**Target****Current****Smoking Cessation***Sustain and embed successful smoking quits at 12 weeks post quit, in the 40% most deprived SIMD areas***473****186**

Service provision continues to be delivered remotely by phone, Near Me appointments and use of translation service. We are regularly in contact with all the GP practices where we previously delivered a service. It has been a fluid situation over the last 3 months with practices keeping in touch with updates on clinic space, and we have two practices which are keen to have us start delivering a service starting in the first week of May. We are continuing to support pregnant mums as both midwives have retired. In March we tested some outreach work to assess community appetite to engage in community activity; both sessions were successful so plans to increase community outreach activity have been progressed. No Smoking Day activity saw a small uptake of interest and engagement in the service.

CAMHS Waiting Times*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral***90%****68.0%**

Work on the CAMHS Referral to Treatment (RTT) continues with a lowered RTT as work on the longest waits increases. The amount of activity is increased as new staff capacity improves however is lower than projected due to ongoing vacancies, persistent levels of staff absence and patient cancellations as a result of Covid-19. Urgent and priority referrals remain high with an increased proportion of staff activity allocated to this client group. The process to fill vacant posts continues with a total of 21 posts either in development or out to advert.

Psychological Therapies*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral***90%****79.2%**

The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year and this remains the case in the first 2 months of 2022. This has resulted in an increase in numbers on the waiting list including, in February, an increase in the number of people waiting over 53 weeks. Issues of workforce availability have negatively impacted the increase in activity that was anticipated from October onwards.

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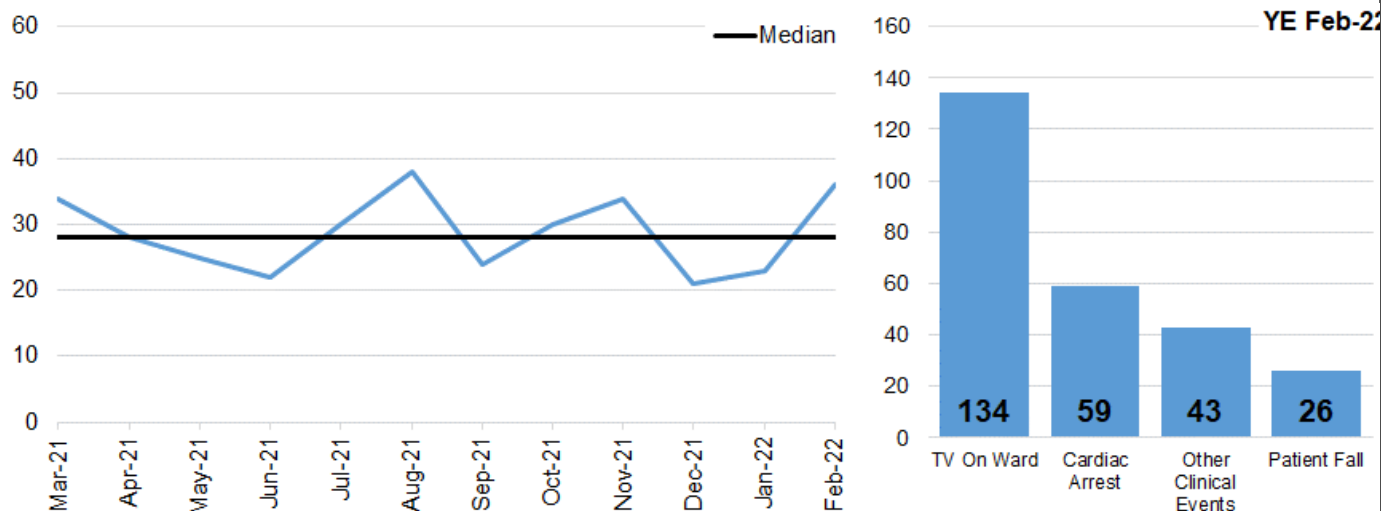
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CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events



All Adverse Events

	Month	2021/22												
		2020/21	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
ALL	NHS Fife		1365	1358	1373	1351	1420	1453	1397	1392	1437	1492	1495	1230
	Acute Services		630	594	649	606	629	616	609	646	632	596	611	491
	HSCP		708	725	682	694	741	799	746	690	746	834	851	698
	Corporate		27	39	42	51	50	38	42	56	59	62	33	41
CLINICAL	NHS Fife		954	937	1012	936	1009	956	964	948	1015	974	938	842
	Acute Services		588	547	600	547	568	551	536	567	581	536	564	439
	HSCP		353	372	388	365	412	384	401	351	405	399	360	383
	Corporate		13	18	24	24	29	21	27	30	29	39	14	20

Commentary

Incident numbers in January were in keeping with normal variation, but although there was a significant overall decrease in February the number of incidents reported as Major or Extreme in this month increased.

The main categories of events showing decreases were:

- Other Clinical events – the most notable reduction is in 'Hypoglycaemia (BM<4)' which have seen a consistent reduction from 50 in March 2021 to 19 in February 2022
- Medication incidents decreased to <100 per month for the first time in this 12-month period, however the number of Major/Extremes in this category increased

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient. Adverse Events improvement work is ongoing. A dedicated Adverse Events resource folder has been created within Blink, and this holds resources to facilitate adverse events incident management as well as including links to human factors training. Collaborative work on the adverse events improvement plan is ongoing.

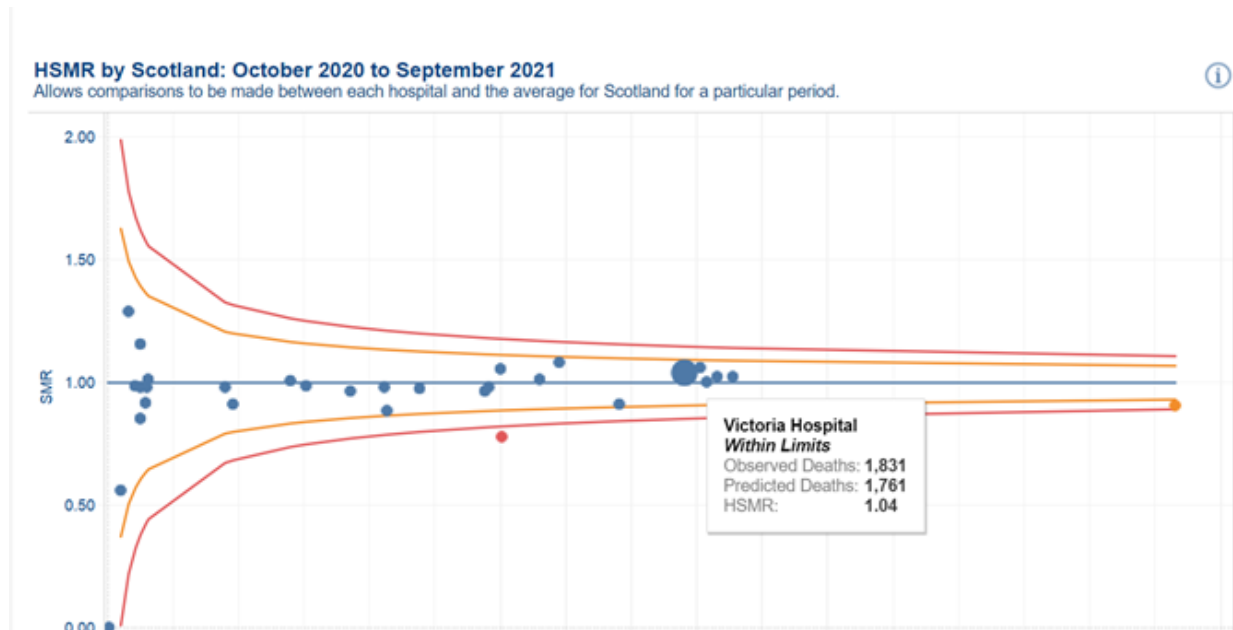
HSMR

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

Reporting Period; October 2020 to September 2021^P

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

The rate for Victoria Hospital is shown within the Funnel Plot.



Commentary

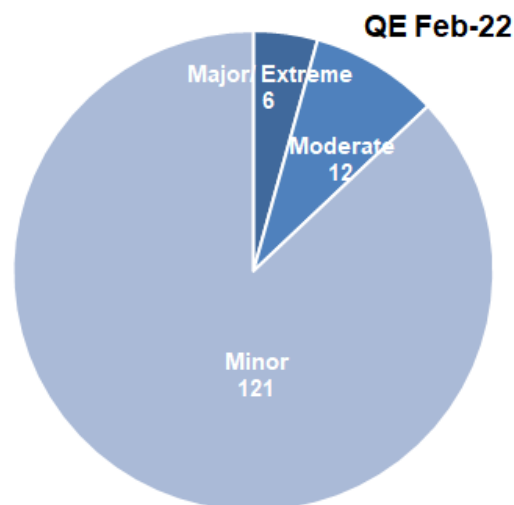
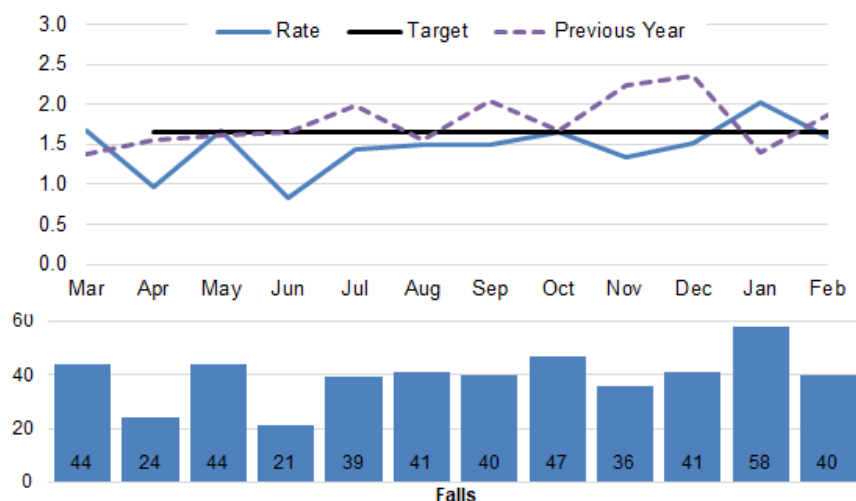
Hospital Standardised Mortality Ratio (HSMR) is not intended for use in a pandemic situation. However, the increased HSMR will be closely monitored over the coming months, and appropriate action including target audit will be commenced if required.

Inpatient Falls with Harm

Reduce Inpatient Falls with Harm rate per 1,000 Occupied Bed Days (OBD)

Target Rate (by end March 2022) = 1.65 per 1,000 OBD

Local Performance



Performance by Service Area

	2020/21		2021/22									
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.66	1.33	1.52	2.02	1.59
Acute Services	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.44	1.11	0.64	1.80	1.14
HSCP	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.52	2.27	2.21	1.95
Target		1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65	1.65

KEY CHALLENGE(S) IN 2021/22

- Continued challenges in in-patient settings with patient placement, social distancing - the falls toolkit is continuing to be used to support assessment and local plans on care delivery and this will be reviewed in line with the national work expected later this year
- Ongoing combined challenges of the dynamic nature of provision of care while ensuring COVID measures are firmly in place, and remobilisation of services
- Re-establishing the Falls Champion Network across all in-patient areas to support local work and support how to address the challenges noted

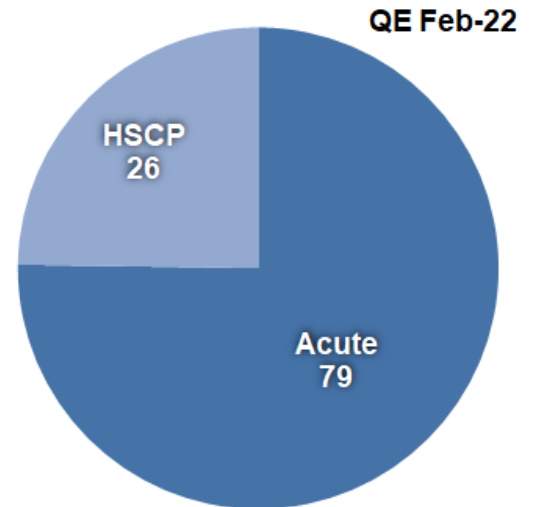
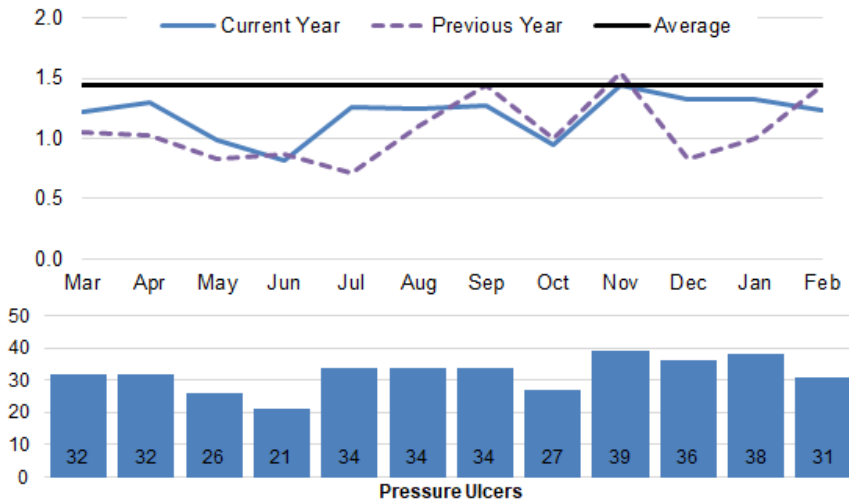
IMPROVEMENT ACTIONS

20.3 Falls Audit	By Aug-22
As previously noted the expected new national driver diagram and measurement package are not yet finalised and the local audit programme will be fully developed following receipt of this; if further delayed, an interim audit programme will be commenced. This will be reviewed again in the Summer.	
20.5 Improve effectiveness of Falls Champion Network	By Aug-22
This work remains on hold due to staffing challenges, with contact being maintained with existing champions	
21.2 Falls Reduction Initiative	Complete Nov-21
21.3 Integrated Improvement Collaborative	Complete Jan-22

Pressure Ulcers

Reduce pressure ulcers (grades 2 to 4) developed in a healthcare setting
Target Rate (by end March 2022) = 0.42 per 1,000 OBD

Local Performance



Performance by Service Area

		2021/22											
		2020/21	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Grade 2 to 4	NHS Fife	1.22	1.30	0.99	0.82	1.26	1.25	1.28	0.95	1.44	1.33	1.32	1.23
	Acute Services	2.12	2.51	1.60	1.58	2.13	2.36	2.18	1.44	2.54	2.24	2.25	1.84
	HSCP	0.43	0.23	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55	0.52	0.72

KEY CHALLENGE(S) IN 2021/22

Analysing impact of COVID-19 on clinical pathway for handling Pressure Ulcers, and taking appropriate action to improve performance – this continues to require an agile response

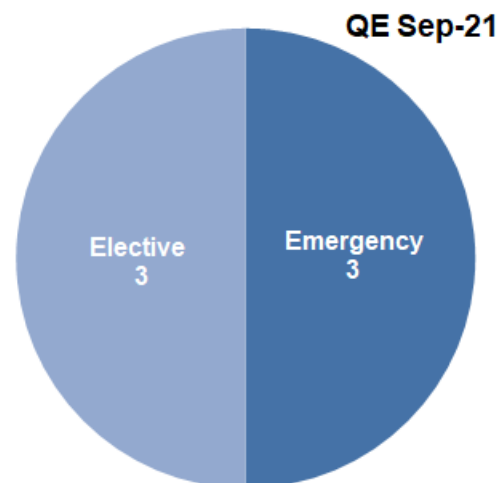
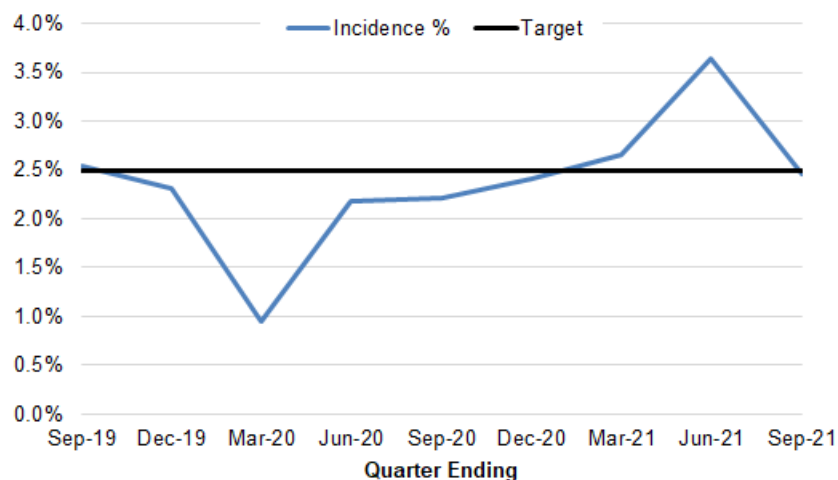
IMPROVEMENT ACTIONS

21.2 Integrated Improvement Collaborative	Complete Jun-21
21.3 Implementation of robust audit programme for audit of documentation	Complete Jun-21
22.1 Improvement Collaboratives - HSCP	Complete Mar-22
<p>The Tissue Viability Steering Group are reviewing the reporting framework. This involves forming an operational sub-group that will report directly into the Tissue Viability Steering group on developments and progress against key quality indicators, standards, relevant guidance and policies and quality improvement programmes.</p> <p>A number of improvement ideas have been identified, to be discussed and developed further at the next Tissue Viability Group meeting.</p>	
22.2 Community Nursing QI Work	Complete Mar-22
<p>One of the community nursing teams has implemented a focused piece of improvement work to ensure that all relevant skin and risk assessments are completed. This is having a positive impact on patient outcomes.</p> <p>Joint adverse event reviews and sharing learning have increased between services, including working collaboratively with care homes.</p>	
22.3 ASD Pressure Ulcer Improvement Programme	Complete Mar-22
<p>Due to the continued and significant workforce pressures and therefore inability to use a collaborative model for continuous quality improvement, a decision has been taken to terminate this programme and for clinical teams to own their own improvement activity.</p>	
22.4 Implementation of Focused Improvement Activities	Complete Mar-22
<p>ICU continue to test change ideas to prevent Medical Devise Related Pressure Ulcers, including prophylactic use of barrier creams and the development of a poster depicting preventative techniques. All mattresses have been replaced with specialist mattresses that have the technology to deflate individual cells under targeted areas of the body at particular risk. Ward 31 and ED continue to discuss pressure ulcer incidences at the Hip Fracture Meeting.</p>	

Caesarean Section SSI

Sustain C-Section SSI incidence for inpatients and post discharge surveillance (day 10) below 2.5% during FY 2021/22

Local Performance



National Benchmarking

Quarter Ending	2018/19				2019/20		
	Jun-18	Sep-18	Dec-18	Mar-19	Jun-19	Sep-19	Dec-19
NHS Fife	3.1%	2.3%	1.7%	6.5%	2.0%	2.5%	2.3%
Scotland	1.5%	1.5%	1.4%	1.6%	1.0%	1.2%	0.9%

KEY CHALLENGE(S) IN 2021/22

Resumption of SSI surveillance (when instructed/agreed) will require a review of the previously established methodology (adopted in Q4 2019 and paused during Q1 2020 due to the pandemic response), with regards to possible subsequent changes both nationally and locally. Then training of staff in the definitions of C-section SSI and the surveillance programme, areas include; Maternity Assessment, Maternity Ward, Observation Ward and the Community Midwives.

IMPROVEMENT ACTIONS

20.1 Address ongoing and outstanding actions as set out in the SSI Implementation Group Improvement Plan	Complete Mar-22
-----------------------------------------------------------------------------------------------------------------	------------------------

The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing (LAER/SAER) any Deep or Organ Space SSI cases. The group will re-establish if any future concerns develop.

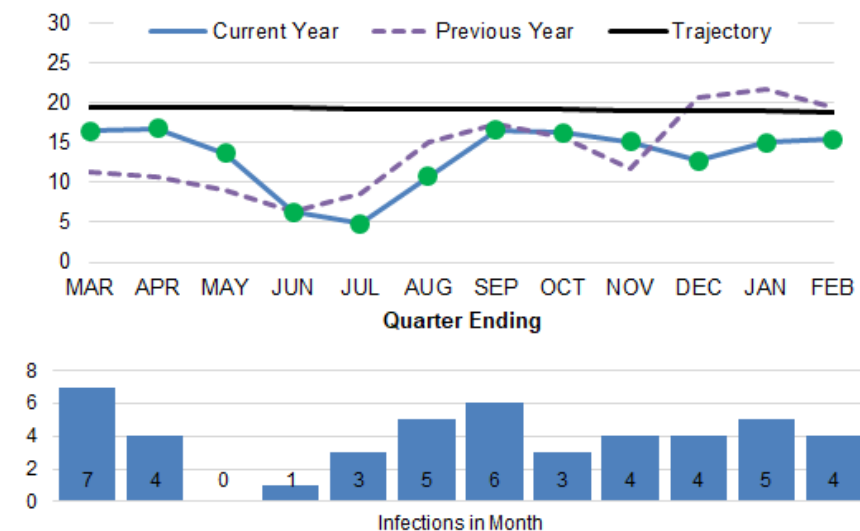
Due to the ongoing Covid-19 pandemic, there is currently no date (set by ARHAI) for resumption of SSI surveillance. Until such time, Maternity services will continue to monitor infection rates locally and will maintain links with the Infection Control Surveillance Team, for support and guidance.

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

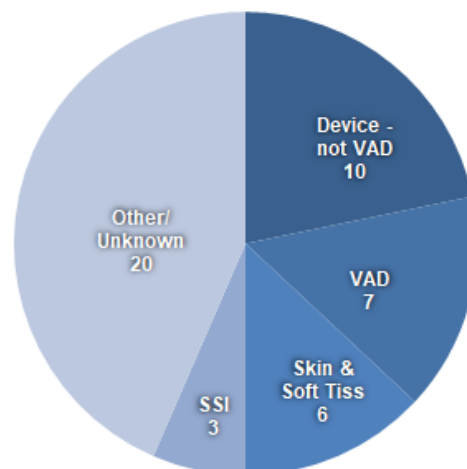
SAB (HAI/HCAI)

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

Local Performance



Infection Source: YE Feb-22



National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	6.3	18.7	20.6	17.8	6.3	16.6	12.8
Scotland	20.3	17.3	18.9	18.4	18.6	18.3	17.3

KEY CHALLENGE(S) IN 2021/22

Vascular access devices and medical devices such as urinary catheters are risk factors identified for SAB, and infections in these areas need to be minimised in order to achieve the 10% reduction by March 2022

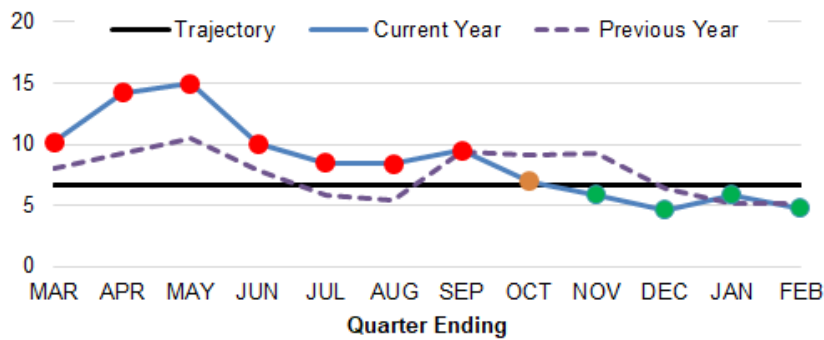
IMPROVEMENT ACTIONS

20.1 Reduce the number of SAB in PWIDs	Complete Mar-22
The incidence of SABs in PWIDs has continued to reduce although there has been 2 cases identified in 2022 up to February. IPC will continue to support Addiction Services with their QI work to reduce the rate further.	
20.2 Ongoing surveillance of all VAD-related infections	Complete Mar-22
Monthly charts are distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern	
20.3 Ongoing surveillance of all CAUTI	Complete Mar-22
Bi-monthly meetings of the Urinary Catheter Improvement Group (UCIG) identify key issues and initiate appropriate corrective actions in regard to catheter and urinary care with ECB data presented to indicate CAUTI incidence and trends. The UCIG Driver Diagram continues to be reviewed. eCatheter insertion & maintenance bundles on Patientrack are currently being trialled within Urology services, before being rolled out across the whole AS & HSCP, to ensure optimum catheter care delivery.	
20.4 Optimise comms with all clinical teams in ASD & the HSCP	Complete Mar-22
Monthly SAB reports are distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high-risk groups/areas and improve patient outcomes. 'Days since last SAB' data is emailed out to each directorate monthly for wards to display for public assurance	
22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	Complete Mar-22
Electronic insertion and maintenance bundles for PVCs are completed on Patientrack to support best practice. Compliance is reported weekly to ward Senior Charge Nurses if the ward failed to achieve 90% of all PVC being removed prior to the 72hr breach. Similar electronic insertion and maintenance bundles are being trialled currently for in-dwelling urinary catheters and planned for CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.	

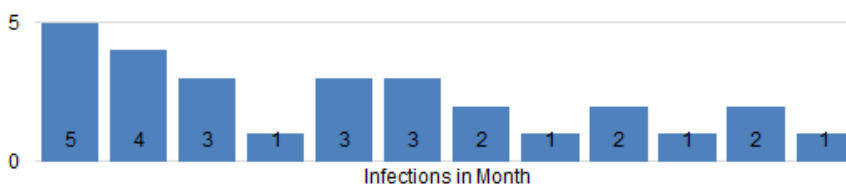
C Diff (HAI/HCAI)

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

Local Performance



CDI Recurrence: YE Feb-22



National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	7.9	9.3	7.7	14.0	10.0	9.5	4.6
Scotland	15.4	17.4	16.4	15.8	14.6	16.8	13.3

KEY CHALLENGE(S) IN 2021/22

Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

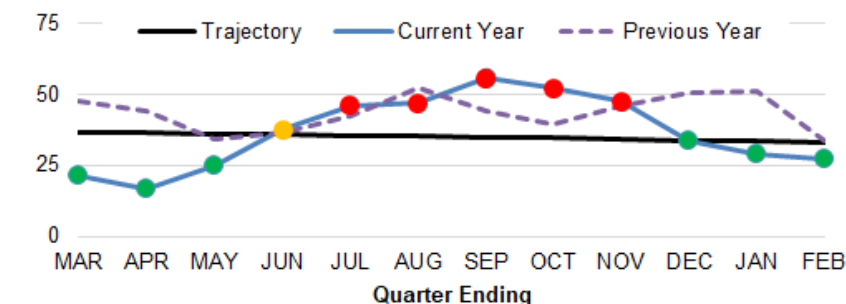
IMPROVEMENT ACTIONS

20.1 Reducing recurrence of CDI	Complete Mar-22
Each CDI occurrence is reviewed by a consultant microbiologist. The patient's clinician is then advised regarding patient treatment and management to optimize recovery and prevent recurrence of infection. To reduce recurrence of CDI Infection for patients at high risk of recurrent infection, two treatments are utilised in Fife, Fidaxomicin and Bezlotoxumab. The latter can be prescribed whilst faecal microbiota transplantation is unavailable during the COVID-19 pandemic.	
20.2 Reduce overall prescribing of antibiotics	Complete Mar-22
NHS Fife utilises National antimicrobial prescribing targets by NHS Fife microbiologists, working continuously alongside Pharmacists and GPs to improve antibiotic usage. Empirical antibiotic guidance and the revised Microguide app has been circulated to all GP practices.	
20.3 Optimise communications with all clinical teams in ASD & the HSCP	Complete Mar-22
Monthly CDI reports are distributed, to enable staff to gain a clearer understanding of the disease process, recurrences and rates. IPCN ward visits reinforce SICPs and transmission-based precautions, provide education to staff to promote optimum CDI management and daily Medical Management form completion. 'Days since last CDI' data is emailed monthly by IPC surveillance to each directorate for all wards to display for public assurance	

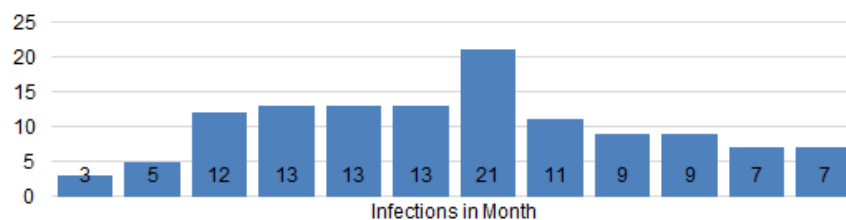
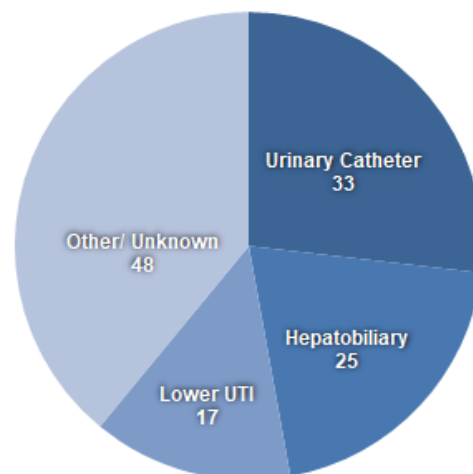
ECB (HAI/HCAI)

Reduce Hospital Infection Rate by 25% (in comparison to FY 2018/19 rate) by the end of FY 2021/22

Local Performance



Infection Sources: YE Feb-22



National Benchmarking

Quarter Ending	2020/21				2021/22		
	Jun	Sep	Dec	Mar	Jun	Sep	Dec
NHS Fife	36.4	45.3	50.3	21.6	37.6	60.3	33.6
Scotland	39.7	42.0	40.9	34.7	38.2	41.4	34.1

KEY CHALLENGE(S) IN 2021/22

Lower Urinary tract Infections (UTIs) and Catheter associated UTIs (CAUTI) remain the prevalent source of ECBs and are therefore the areas to address to reduce the healthcare-associated infection ECB rate

IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP

By Mar-24

Monthly ECB reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance and a DATIX is submitted for all catheter associated ECBs, prompting an LAER by the patient's clinical team. ECB rates reduced in Q4 of 2021 following NHS Fife receiving an exception report for HCAI & CAI rates in Q3, for which an Action Plan was submitted to ARHAI. NHS Fife is currently on target for achieving the 25% target reduction by the end of March; a further 25% reduction of HCAI ECBs is to be achieved by March 2024.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)

By Mar-24

The UCIG meeting last met in November, two further meetings having been cancelled. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work.

A new eCatheter insertion & Maintenance bundle on Patientrack is currently being trialled by Urology before being rolled out across the AS & HSCP to ensure optimum catheter care is delivered across NHS Fife.

22.1 Develop ECB Strategy

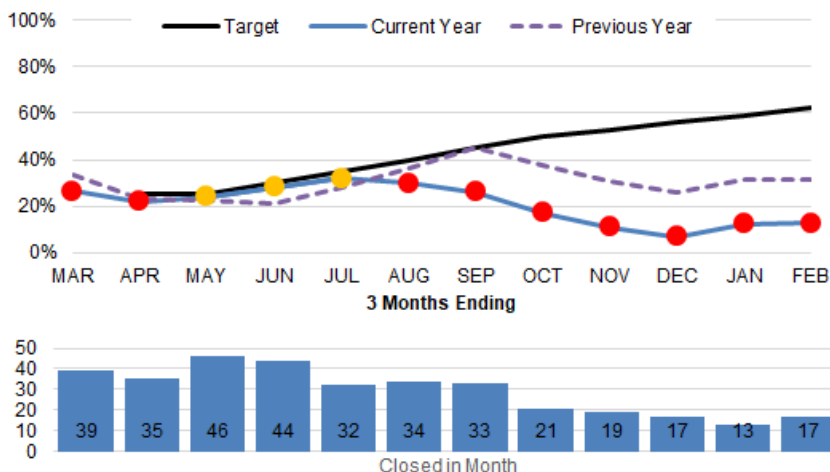
Complete Mar-22

NHS Fife are collaborating with NHS Shetland and NHS Grampian to pioneer an enhanced ECB CAUTI surveillance tool. The aim is to gather data on all CAUTIs, identify risk factors and, where appropriate, make subsequent improvements to practice.

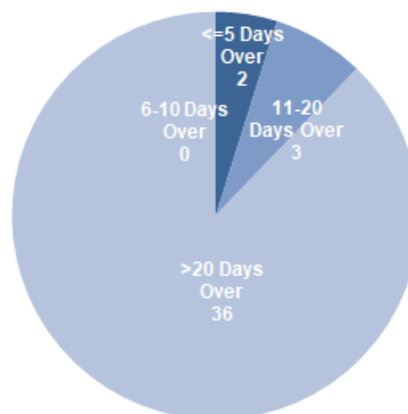
Complaints | Stage 2

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

Local Performance



Closure Breaches; QE Feb-22



Performance by Service Area

3-Month Ending	2020/21		2021/22									
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	26.3%	17.0%	11.0%	7.0%	12.2%	12.8%
Ack <= 3 Days (Monthly)	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	94.1%	100.0%	100.0%
ASD	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	26.2%	19.3%	14.0%	7.5%	17.1%	17.6%
HSCP	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%	5.9%	8.3%	0.0%	0.0%

KEY CHALLENGE(S) IN 2021/22

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

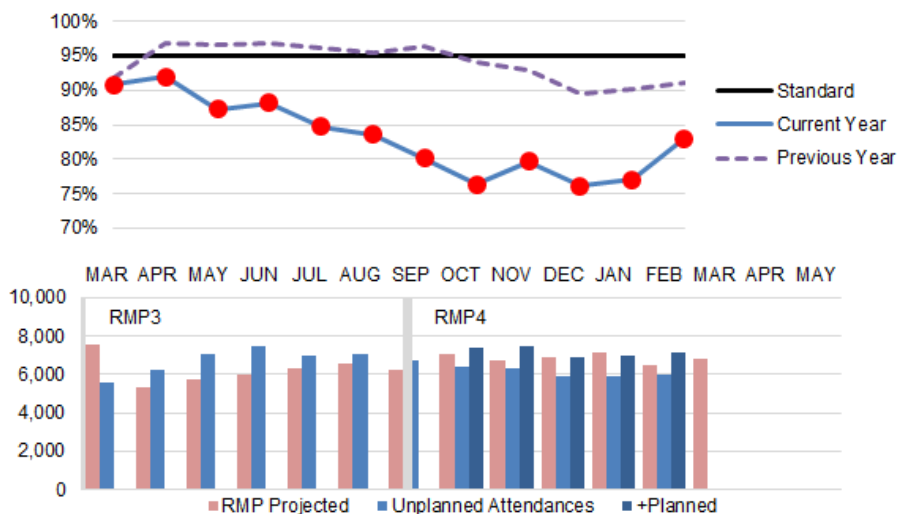
IMPROVEMENT ACTIONS

22.1 Review complaint handling process and agree measures to ensure quality	By Sep-22
<p>Patient Relations have yet to recommence in-house QA checks on draft final responses; however, it is hoped we will be in a position to recommence this in the near future.</p> <p>Review of the current complaint handling process by Clinical Governance and Patient Relations also continues to be on hold due to the ongoing response to COVID-19 and current capacity issues. This will be recommended in the future.</p> <p>In March, there was a focus within the Patient Relations team to work on the backlog of complaint response, which had been created due to the pressures on clinical services whilst managing Covid-19 measures. Over the course of 14 days, the team were able to clear the backlog of responses that were ready to draft and move these cases onward through the complaint's procedure.</p>	
22.2 Improve education of complaint handling	By Sep-22
<p>This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. Unfortunately, training remains on hold due to the ongoing response to COVID-19 and current capacity issues; however, there have been some training sessions delivered virtually during the pandemic. It is hoped to recommence training once the picture in regard to Covid-19 settles somewhat and face-to-face training in large groups can be accommodated once again.</p> <p>Although bespoke training sessions were due to be undertaken with Fife Wide & Fife East in May in 2021, this has not been possible to achieve for the reasons above. It is hoped there will be capacity to recommence this soon.</p>	

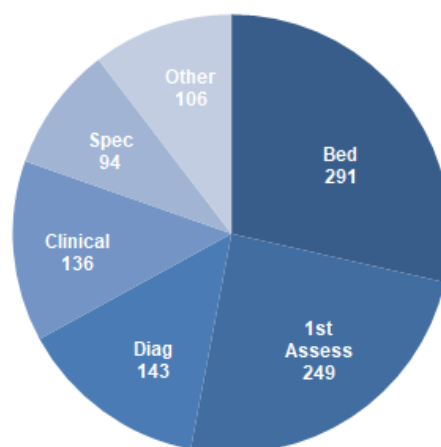
4-Hour Emergency Access

At least 95% of patients will wait less than 4 hours from arrival to admission, discharge or transfer for Accident & Emergency treatment

Local Performance



Breach Reason; Feb-22



National Benchmarking

Month	2020/21					2021/22						
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%	77.0%	83.0%
Scotland	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%	76.0%	

KEY CHALLENGE(S) IN 2021/22

- Achievement of 4-hour access Standard
- Delivery of an integrated Flow and Navigation HUB
- Increased patient demand for urgent care

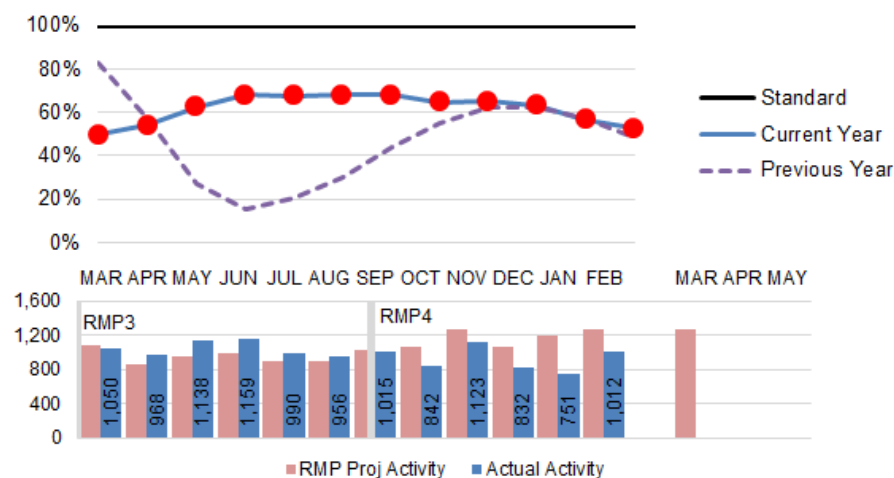
IMPROVEMENT ACTIONS

21.2 Integration of the Redesign of Urgent Care model and the Flow & Navigation Hub	Complete Mar-22
Virtual Flow and Navigation appointments to ED are now in place and the Hub has expanded to handle GP calls previously taken by ANPs into AU1. Early indication shows decreased number of referrals with a re-direction rate of 26%. Expansion for 24/7 handling is in planning and the Clinical Director for Planned Care is reviewing surgical pathways through FNC with a focus on a more streamlined urology pathway. This will be picked up again in the refreshed IPQR.	
22.1 Co-produce (with NHS 24) patient criteria for access to ED via 1-hr and 4-hr pathways	Complete Nov-21
22.2 Reduce number of patients breaching at 4 hrs, 8 hrs, and waits for beds	Complete Mar-22
February saw an improvement in performance, however bed waits continue to be the principal reason for breaches with the knock on effect of holding patients within the department further impacting time to first assessment due to lack of space. Flow to downstream wards impacted on high acuity of patients and the impact that COVID staff absence has had on ward staffing numbers and management of workload to enable discharges. OPEL escalation tool now in daily use with actions in place for escalation and formal action cards under development. This will be picked up again in the refreshed IPQR.	
22.3 Develop re-direction policy for ED	Complete Dec-21

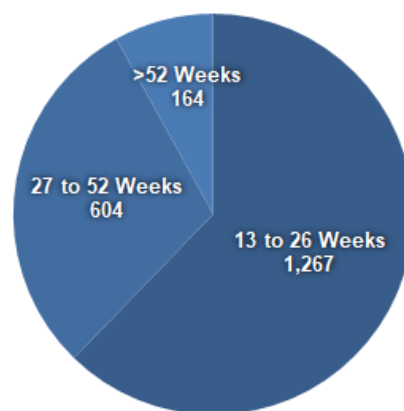
Patient TTG

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

Local Performance



Breaches Breakdown Feb-22



National Benchmarking

	2020/21					2021/22						
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%	56.6%	52.7%
Scotland	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%	37.5%	37.3%	34.6%		

KEY CHALLENGE(S) IN 2021/22

- Reduced Theatre Capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of backlog in outpatients and change in case mix
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

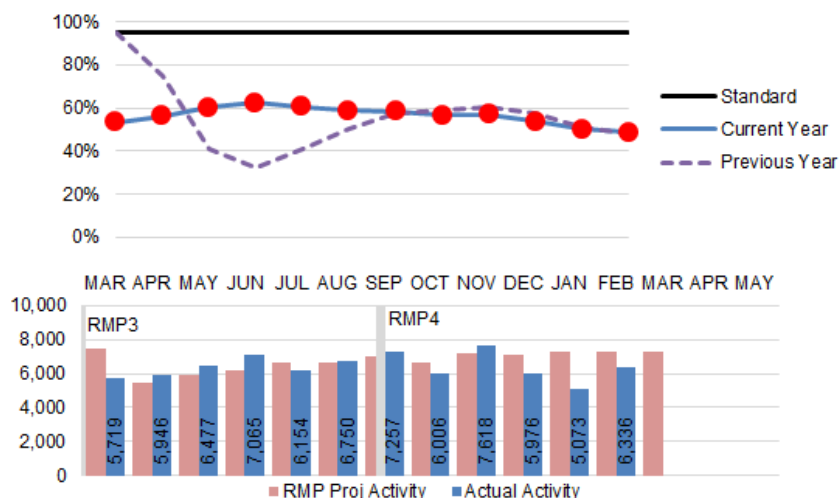
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
22.2 Redesign Pre-assessment to increase capacity and flexibility around theatre scheduling	By Sep-22
Business case delayed awaiting decision on suitable IT system	
22.3 Undertake waiting list validation against agreed criteria	Complete Mar-22
Clinical teams continue to review lists and prioritise patients, Clinical Prioritisation Group meets regularly. This work will continue as clinical prioritisation remains essential when elective capacity is restricted due bed capacity and unscheduled care demand.	
22.4 Develop and deliver improvement actions in line with CFSD priority projects overseen by Integrated Planned Care Programme Board	Complete Mar-22
ACRT in place for 3 specialities and PIR in place for 6 specialities. The work for this year is complete. A new programme of improvements for 2022/23 will be agreed by the Integrated Planned Care Programme Board.	

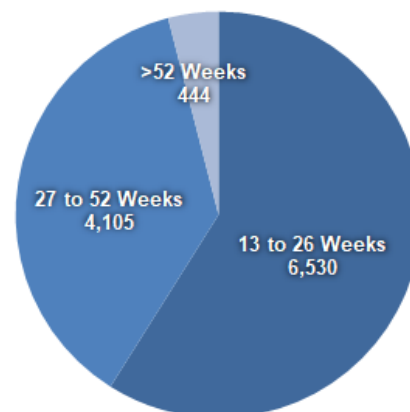
New Outpatients

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

Local Performance



Breaches Breakdown Feb-22



National Benchmarking

	2020/21				2021/22							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%	50.1%	48.8%
Scotland	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%	48.0%	48.4%	46.5%		

KEY CHALLENGE(S) IN 2021/22

- Reduced Clinic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need and change in case mix of referrals
- Increased unscheduled workload
- Staff vacancies, absence and fatigue

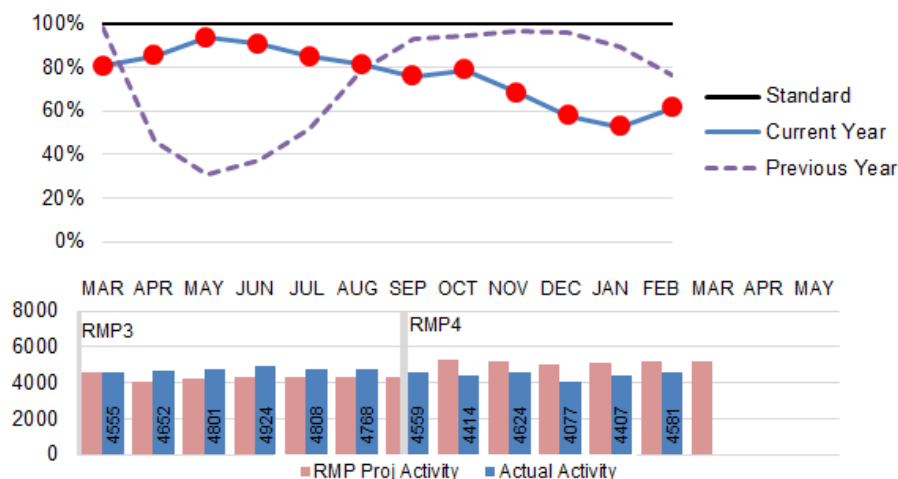
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
22.2 Deliver appropriate elements of Modernising outpatients and unscheduled care redesign to reduce and manage demand and sustain capacity	Complete Mar-22
The work for this year is complete. A new programme of improvements for 2022/23 will be agreed by the Integrated Planned Care Programme Board.	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	Complete Mar-22
Directorates promoting and supporting initiatives	
22.4 Understand impact of potential changes to guidance on social distancing and actions needed to implement	Complete Dec-21

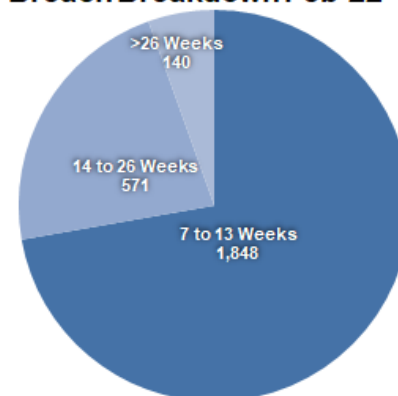
Diagnostics Waiting Times

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

Local Performance



Breach Breakdown Feb-22



National Benchmarking

	2020/21				2021/22							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%	52.7%	61.2%
Scotland	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%	55.2%	56.9%	49.6%		

KEY CHALLENGE(S) IN 2021/22

- Reduced diagnostic capacity due to current infection control and social distancing measures
- Clinical Prioritisation leading to long waits for lower priority patients
- Increased demand as a result of unmet need, backlog in outpatients and change in case mix of referrals
- Staff vacancies, absence and fatigue

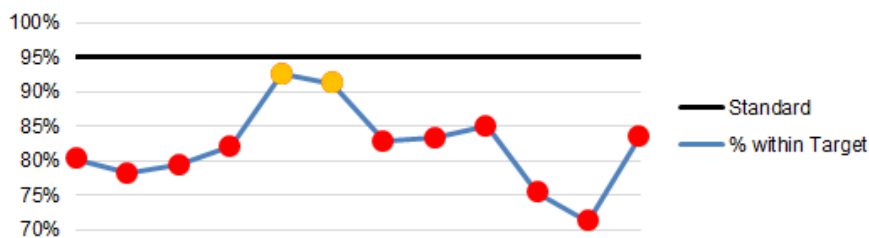
IMPROVEMENT ACTIONS

22.1 Monitor and review DCAQ against waiting times improvement plan, secure additional funding from SG and amend plan prior to formal review in September	Complete Sep-21
22.2 Explore implementation of point of care testing in endoscopy	Complete Mar-22
System implemented	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	Complete Mar-22
Directorates promoting and supporting initiatives	
22.4 Actively seek alternative sources of additional CT capacity to manage increasing waiting times for routine patients	Complete Jan-22

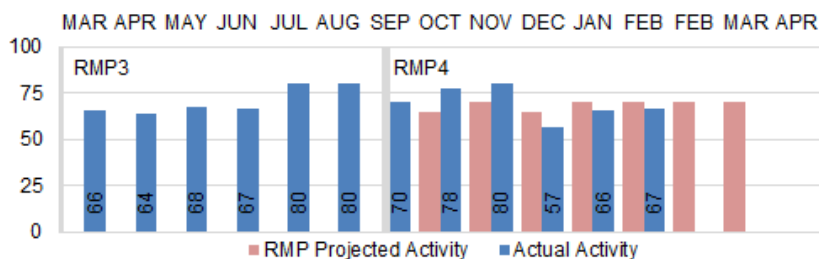
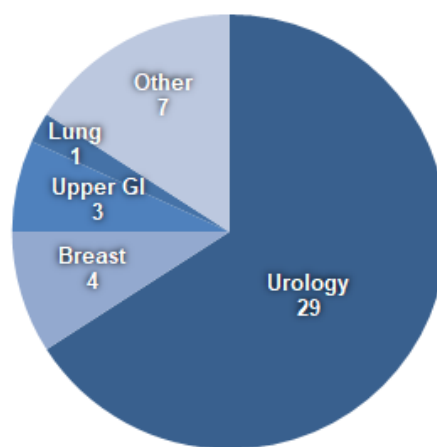
Cancer 62-Day Referral to Treatment

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

Local Performance



Breaches: Dec21 to Feb22



National Benchmarking

Month	2020/21				2021/22							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%	71.2%	83.6%
Scotland	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	78.3%	76.3%	77.4%

KEY CHALLENGE(S) IN 2021/22

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

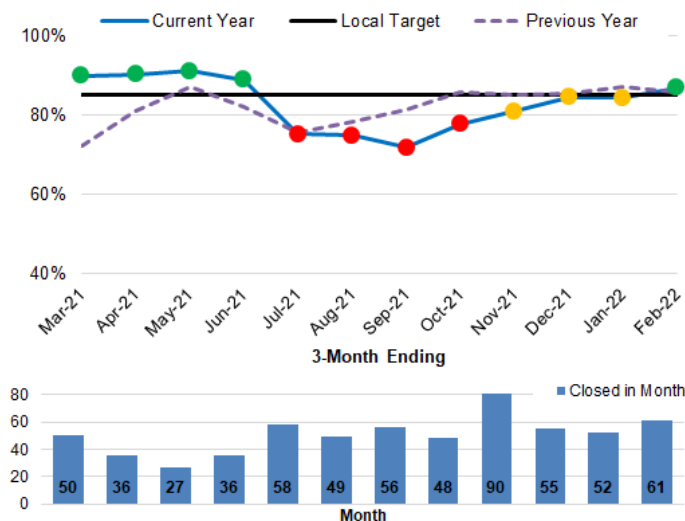
IMPROVEMENT ACTIONS

20.3 Robust review of timed cancer pathways to ensure up to date and with clear escalation points	By Mar-23
This will be addressed as part of the overall recovery work and in line with priorities set within the Cancer Recovery Plan and by the leadership team. Priority will be given to the most challenging pathways.	
20.4 Prostate Improvement Group to continue to review prostate pathway	By Mar-23
This is ongoing work related to Action 20.3, with the specific aim being to improve the delays within the whole pathway. A national review of the prostate pathway will be undertaken as part of the Recovery Plan.	
21.2 Cancer Strategy Group to take forward the National Cancer Recovery Plan	By May-22
The National Cancer Recovery Plan was published in December 2020. A Strategic & Governance Cancer Group has been established with a Cancer Framework Core Group to develop and take forward the NHS Fife Cancer Framework and annual delivery plan for cancer services in Fife. Engagement sessions have been completed and the Framework and delivery plan is currently being drafted. The Framework is out for consultation.	
22.1 Effective Cancer Management Review	By May-22
The Scottish Government Effective Cancer Management Framework review to improve cancer waiting times performance is underway. The recommendations from the review will be addressed as part of the improvement process. The Scottish Government will be visiting NHS Fife to introduce the reviewed Framework. An action plan has been drafted and is to be sent to the relevant groups for ratification.	

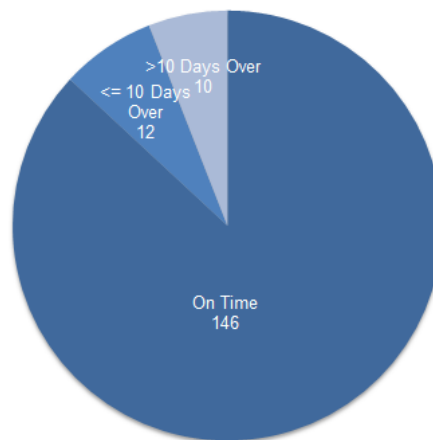
Freedom of Information Requests

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

Local Performance



Closure Period, QE Feb-22



Performance by Service Area

Monthly	2020/21		2021/22									
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Health Board	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%	85.4%	85.7%	94.2%
IJB	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%	100.0%	60.0%	77.8%

KEY CHALLENGE(S) IN 2021/22

Establishment of a permanent resource level for all Information Governance and Security activities. Within the area of Freedom of Information, the temporary appointment has left the organisation and an Information Governance and Security Advisor is overseeing FOI administration. The route to a permanent post is still going through Human Resources and it is hoped that this will be ready for advertisement soon.

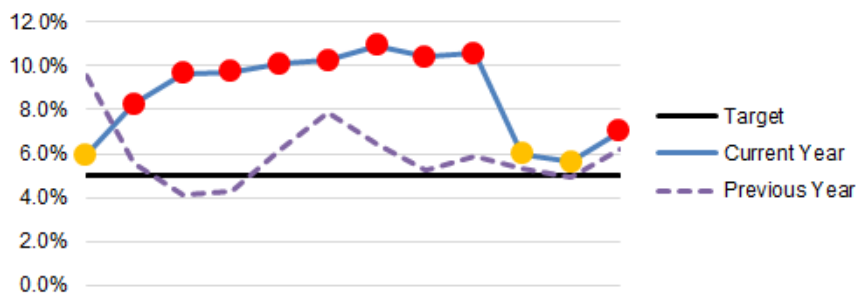
IMPROVEMENT ACTIONS

21.1 Organisation-wide Publication Scheme to be introduced	Complete Jun-21
21.2 Improve communications relating to FOISA work	Complete Dec-21

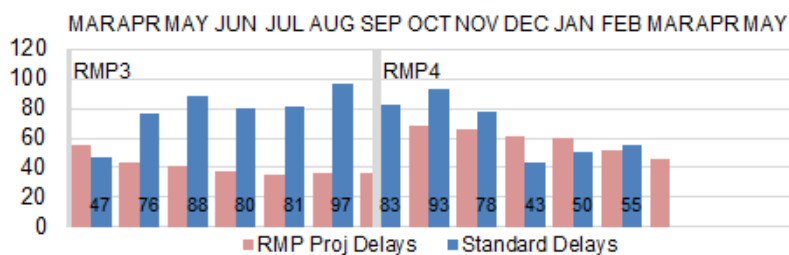
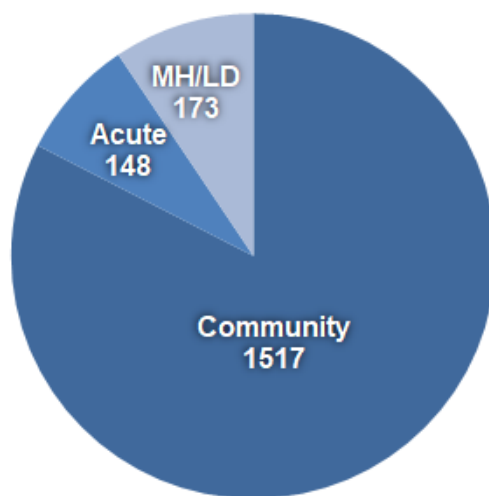
Delayed Discharges (Bed Days Lost)

We will limit the hospital bed days lost due to patients in delay, excluding Code 9, to 5% of the overall beds occupied

Local Performance



Bed Days Lost | Feb-22



National Benchmarking

Quarter Ending	2019/20				2020/21			2021/22	
	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%	10.4%
Scotland	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%	6.7%

KEY CHALLENGE(S) IN 2021/22

- Capacity in the community – demand for complex packages of care has increased significantly
- Information sharing – H&SC workforce having access to a shared IT, for example Trak, Clinical Portal
- Workforce – Ensuring adequate and safe staffing levels to cover the additional demand to facilitate discharge from the acute setting to the community hospitals and social care provision

IMPROVEMENT ACTIONS

21.1 Progress HomeFirst model / Develop a 'Home First' Strategy	By Dec-22
The Oversight "Home First" group continue to meet on a regular basis, and Project Management Office (PMO) support is in place. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, and this action will continue for the remainder of 2022.	
22.1 Fully implement the "Moving On" Policy in Acute and Community Hospitals	Complete Jul-21
22.2 Test of Change – Trusted Assessor Model (or similar) to support more timely discharges to STAR/Assessment placements in the community	By Sep-22
The test of change is ongoing, however, the number of STAR beds available has been limited due to care home closures (COVID). This has resulted in a slip to the initial target completion date.	
22.3 Reduce number of delays due to awaiting the appointment of a Welfare Guardian	Complete Mar-22
A review of the guardianship paperwork and templates is complete, and the refreshed document has been approved by H&SC and NHS Fife (Acute). It will be held within patient notes to provide an overview and audit trail.	
22.4 Develop capacity within START plus additional investment to develop a programme of planning with the private agencies supported by Scottish Care	Complete Mar-22
Development of Care at Home Collaborative, supported by Scottish Care, started in late 2021, bringing together 10-12 Care at Home providers to work together, to maximise resources and capacity to help service user return to their own home, following a period in a care home interim placement. Commissioning of this resource is now complete.	
22.5 Surge capacity established to support admission demand	Complete Mar-22
Surge capacity has been established in QMH (Ward 3/8/8A), Glenrothes (Ward 1/2/3), Cameron (Balgonie/Balcurvie/Letham) and VHK (Ward 6/9)	

Revenue Expenditure

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

1. Executive Summary

At the end of February the board's reported financial position is a balanced position which is in line with the projected outturn for the financial year end. The position comprises an adverse variance for Acute Services Division of £17.433m and £2.224m for External Health Care Providers, offset by favourable variances across Corporate Functions and, of note this month, is the receipt of non recurring Scottish Government funding support of £13.7m to enable the Board to break even. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £5.8m and, as NHS Fife have current responsibility for the set aside budgets, this places additional financial pressure on the board and non-IJB health care services. The health services delegated to the Health & Social Care Partnership (H&SCP) report an underspend of £2.980m for the 11 months to February (following a non-recurring budget realignment payment made from Health Board to Fife Council of £3.734m in December).

Revenue Financial Position as at 28th February 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
<u>Clinical Services</u>				
Acute Services Division	240,598	221,877	239,310	-17,433
IJB Non-Delegated	9,474	8,691	8,520	171
Non-Fife & Other Healthcare Providers	90,611	83,066	85,290	-2,224
<u>Non Clinical Services</u>				
Estates & Facilities	78,041	70,914	68,000	2,914
Board Admin & Other Services	91,789	84,474	83,129	1,345
<u>Other</u>				
Financial Flexibility & Allocations	30,077	15,153	0	15,153
Income	-39,132	-36,408	-36,482	74
SUB TOTAL	501,458	447,767	447,767	0
<u>Health & Social Care Partnership</u>				
Fife H & SCP	433,869	345,485	342,505	2,980
SUB TOTAL	433,869	345,485	342,505	2,980
TOTAL	935,327	793,252	790,272	2,980

1.2 Cost pressures within Acute Services continue to increase reflecting the exceptional demand on unscheduled care capacity and challenges with delayed discharges. The many actions being taken to manage demand pressures have increased the requirement for temporary staffing. Increasing expenditure across medicines budgets continues to add to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs budgets and Biologics.

1.3 The financial impact of COVID-19, including direct additional costs for vaccination, testing and remobilisation plus indirect costs associated with the managing the wider impact and recovery measures continues to be regularly updated and shared through established reporting mechanisms through quarterly reporting returns. Details are contained within Appendix 1. A Scottish Government letter received in February 2022 set out details of a further tranche of Covid-19 funding available to Boards and Integrated Authorities. The available balance of funding remaining at year end, which is expected to total £34m subject to final review, will be carried forward into 2022/23

FINANCE, PERFORMANCE & RESOURCES: FINANCE

as an earmarked Covid recovery reserve within Integration Joint Boards. Further guidance is expected on how the funding will require to be deployed in 2022/23 against key priorities in supporting Covid-19 recovery.

- 1.4 The February allocation letter was issued on 9 March 2022 and included ADP Task force funding of £0.409m, out of hours additional urgent support £0.168m and CSO support for Covid research infrastructure. We also received notification of further Covid funding of £64.908m on 25 February 2022 for both Health Board and HSCP additional costs. Anticipated core allocations total -£0.712m and, as is often the case as we near year end, reflects additional top slicing for services to NSD. Further allocation details are contained within Appendix 2.
- 1.5 At the beginning of the financial year the board was committed to delivering cost improvements in year of £8.181m which are now confirmed as delivered in full. Despite the challenges the pandemic has created in the delivery of cost improvement plans, the board has delivered savings totalling £9.618m at the end of February. Appendix 3 sets out the savings achieved including an analysis of recurring and non-recurring sources, and forms the basis of our additional monthly reporting to Scottish Government.
- 1.6 The overall anticipated capital budget for 2021/22 is £33.942m. The capital position for the period to February records spend of £19.233m. Therefore, 56.66% of the anticipated total capital allocation has been spent to month 11. The full capital programme is expected to deliver in full with significant activity in the final month of the year and a balanced capital position is expected.

2. Health Board Retained Services

Clinical Services financial performance at 28 February 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	240,598	221,877	239,310	-17,433
IJB Non-Delegated	9,474	8,691	8,520	171
Non-Fife & Other Healthcare Providers	90,611	83,066	85,290	-2,224
Income	-39,132	-36,408	-36,482	74
SUB TOTAL	301,551	277,226	296,638	-19,412

- 2.1 Costs directly attributable to Covid-19 have been identified and matched with budget, on a non-recurring basis and work continues to develop the projected covid impact into the new financial year. The Quarter 3 financial return and projections included an update on the financial impact of Covid 19 and informed Scottish Government further funding allocations per 1.5 above.
- 2.2 The Acute Services Division reports an **overspend of £17.433m**. Acute Services are experiencing particularly challenging capacity pressures at the front door and downstream wards on top of existing historic cost pressures. Measures are underway to ease the pressures including increasing temporary over recruitment to unregistered nursing posts, admin posts and international recruitment. A significant proportion of the reported overspend to February relates to unachieved savings of £11.489m. As reported in other sections of this report, non repayable funding has been received from Scottish Government which is included within financial flexibility. The decision not to attribute to individual budget areas was made to retain focus on delivery of savings targets. The remainder of the reported overspend continues across Nursing, Senior and Junior Medical Pay budgets, non-pay pressures within Haematology/Oncology medicines budgets and growth demand on diabetic pumps. Growth in spend on Acute medicines has accelerated beyond available funding significantly and is an issue being reported across boards in Scotland. In preparation for next year, cost improvement programmes are being identified and documented which will help to close the financial gap.
- 2.3 The IJB Non-Delegated budget reports an **underspend of £0.171m**. This is mostly being driven by a pay underspend in the Daleview Regional Unit, resulting from occupational therapy and learning disabilities nursing vacancies.
- 2.4 The budget for healthcare services provided out-with NHS Fife is **overspent by £2.224m** and is broadly in line with the position reported last month. Further detail is contained in Appendix 4.

Corporate Functions and Other Financial performance at 28 February 2022

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	78,041	70,914	68,000	2,914
Board Admin & Other Services	91,789	84,474	83,129	1,345
<u>Other</u>				
Financial Flexibility & Allocations	30,077	15,153	0	15,153
SUB TOTAL	199,907	170,541	151,129	19,412

- 2.5** The Estates and Facilities budgets report an **underspend of £2.914m**. This comprises an underspend in pay of £0.809m which is continuing the trend of previous months across several departments including estates services, catering, and portering. Non-pay costs continue to perform well except for property maintenance. The ongoing increases in energy prices will continue to be monitored, as will general price inflation and its resulting impact.
- 2.6** Within the Board's corporate services there is **an underspend of £1.345m**. The main driver for this underspend is the level of vacancies across the Finance Directorate (£0.296m), the Nursing Director budget (£0.297m), Medical Director (£0.211m) and Other (£0.351m). The latter covers areas such as legal, early retirements and injury benefits - which in the main are financial transactions.
- 2.7** As part of the financial planning process, expenditure uplifts including supplies, medical supplies and drugs uplifts were allocated to budget holders from the outset of the financial year as part of the respective devolved budgets. A number of residual uplifts and cost pressure/developments and new in-year allocations are held in a central budget; with allocations released on a monthly basis. The **financial flexibility of £15.153m** has been released at month 11, and includes receipt of non-repayable support received from SG. Further detail shown in Appendix 5.

3. Health & Social Care Partnership

- 3.1** Health services in scope for the Health and Social Care Partnership report an **underspend of £2.980m**. This underspend is net of a non-recurring payment on account of the Health Delegated in-year underspend to Social Care made in December.

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Health & Social Care Partnership				
Fife H & SCP	433,869	345,485	342,505	2,980
SUB TOTAL	433,869	345,485	342,505	2,980

The Health and Social Care Partnership budget detailed above are Health budgets designated as in scope for HSCP integration, excluding services defined as Set Aside. The financial pressure related to 'Set Aside' services is currently held within the NHS Fife financial position. These services are currently captured within the Clinical Services areas of this report (Acute set aside £5.8m overspend to month 11 per 1.1 above).

4. Forecast

- 4.1** Our forecast outturn to the year end is a balanced position following receipt of non recurring funding support of £13.7m for Health Board retained services (representing our in-year deficit in our opening financial plan of £13.656m unachieved). Our forecast position assumes ADEL (Additional Departmental Expenditure Limit) funding of £0.950m re the replacement of obsolete equipment; and property and vehicle repair expenditure which we expect to receive in our final allocation letter this year.
- 4.2** The Health delegated underspend position is forecast at £3.748m following the non-recurring budget realignment transfer of £3.734m to Fife Council in December. It is anticipated the final year end underspend will be transferred

as a non-recurring payment later in March. The H&SCP projected year end position is an underspend of c£0.573m as confirmed by the Chief Finance Officer following the roll out of the recovery plan and receipt of further funding.

- 4.3 Whilst details of funds held within Delegated Health Earmarked Reserves (created last financial year) are noted at Appendix 6; work is ongoing to finalise an additional significant Health Delegated earmarked reserve for the current financial year.
- 4.4 The projected NHS Fife forecast does not include any risk share with the Health and Social Care Partnership given Integration Authorities will also be provided with Scottish Government support to a balanced position. A cash transfer has been actioned in December from Health to Council to allow both organisations to report a balanced position; with a further transfer planned towards the end of the financial year.

5. Recommendation

- 5.1 Members are invited to approach the Director of Finance and Strategy for any points of clarity on the position reported and are asked to:
- **Note** the reported core breakeven position for the 11 months to date for Health Board retained;
 - **Note** the forecast balanced position for Health Board retained, following non recurring, non repayable funding SG funding support;
 - **Note** the Health delegated forecast core underspend position (net of a cash transfer made to Fife Council of £3.7m in December) of a further £3.7m which will be transferred to Fife Council as we approach the financial year end.

Appendix 1: Covid-19 Funding

COVID funding	Health Board	Health delegated	Social Care delegated	Total	Capital
	£000's	£000's	£000's	£000's	£000's
Allocations Q1	8,702	2,878		11,580	
Allocations Q2	6,815	6,831	192	13,838	
Final allocation in January	20,947	9,945		30,892	
HSCP ear marked reserve		3,399		3,399	
Additional		34,017		34,017	
Total funding	36,464	57,070	192	93,726	0
Allocations made for April to February					
Planned Care & Surgery	1,393			1,393	
Emergency Care & Medicine	8,144			8,144	
Women, Children & Clinical Services	2,838			2,838	
Acute Nursing	0			0	
Estates & Facilities	1,321			1,321	
Board Admin & Other Services	1,860			1,860	
Public Health Scale Up	957			957	
Test and Protect	4,881			4,881	
Primary Care & Prevention Serv		635		635	
Community Care Services		1,672		1,672	
Complex & Critical Care Serv		286		286	
Professional/Business Enabling		182		182	
Covid Vaccine/Flu		11,640		11,640	
Social Care			192	192	
Non-repayable support	13,656				
Exclude additional		34,017			
Total allocations made to M11	35,050	48,432	192	36,001	0
Balance In Reserves	1,414	8,638	0	57,725	0
Remaining funding c/fwd to 2022/23	34,017				

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 2: Revenue Resource Limit

		Baseline Recurring £'000	Earmarked Recurring £'000	Non- Recurring £'000	Total £'000	Narrative
	Initial Baseline Allocation	712,534			712,534	
	June Letter	9,264	12,244	20,964	42,472	
	July Letter			8,002	8,002	
	August Letter	141	230	1,522	1,893	
	September Letter	-135	59,994	-1,931	57,928	
	October Letter		3,390	14,908	18,298	
	November Letter	2,042	1,704	4,333	8,079	
	December letter		23	3,126	3,149	
	January Letter reported at month 10	-178	6,274	2,995	9,091	
25 Feb 2022	Amendment to January letter					
	PPE			130	130	As per SG Correspondence
	Further Covid Funding 2021-22			61,147	61,147	As per SG Correspondence
	Covid & Extended Flu Vaccinations			3,979	3,979	As per SG Correspondence
	Test & Protect			-347	-347	As per SG Correspondence
Letter 9 March 2022	Task Force Funding to ADPs			409	409	As per SG Correspondence
	Distinction Awards for NHS Consultants		139		139	Annual Allocation
	CSO support for Covid research infrastructure			60	60	Additional Allocation
	Improvements to forensic medical services			2	2	Additional Allocation to previous allocation
	Afghan refugee healthcare provision			62	62	As per specific allocation letter
	Audiology Equipment			12	12	Specific Allocation
	Remote blood pressure monitoring (InHealthCare)			15	15	Specific Allocation
	Out of Hours additional Urgent Support 2021-22			168	168	As per specific allocation letter
	ScotSTAR Topslice	-345			-345	Annual Adjustment
	Purchase of audiology equipment			5	5	Specific Allocation
	GJNH - Top slice adjustment - Boards			-11	-11	Annual Adjustment
	National Distribution Centre - Top-slice		-780		-780	Annual Adjustment
	Total Core RRL Allocations	723,323	83,218	119,550	926,091	
Anticipated	Capital to Revenue			277	277	
Anticipated	NSD Adjustments		-989		-989	
		0	-989	277	-712	
Anticipated	IFRS			8,900	8,900	
Anticipated	Donated Asset Depreciation			115	115	
Anticipated	Impairment			1,333	1,333	
Anticipated	AME Provisions			-400	-400	
	Total Anticipated Non-Core RRL Allocations	0	0	9,948	9,948	
	Grand Total	723,323	82,229	129,775	935,327	

Appendix 3: Savings Position at 28 February 2022

Total Savings	Total Savings Target £'000	Forecast Achievement (Core) £'000	Forecast unmet savings (Covid-19) £'000	Identified & Achieved Recurring £'000	Identified & Achieved Non-Recurring £'000	Identified & Achieved to February £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	5,779	3,839	9,618	0
					0		0
Total Savings	21,837	8,181	13,656	5,779	3,839	9,618	0

NHS Fife Potential Savings Summary	£000's	Risk level	Identified CY	Outstanding Balance	Identified FY	Outstanding Balance
Workforce Capacity and Utilisation Review	1,000	High	-607	393	-41	959
Pay Vacancy Factor (1%)	3,015	Medium	-3,015	0	-3,015	0
Repatriation of Services	500	Low	-500	0	-500	0
External Commissioning Cost Review	1,000	Medium	-1,000	0	-1,000	0
Medicine Utilisation	500	Medium	-640	-140	-595	-95
Contracts	1,500	Low	-284	1,216	0	1,500
Procurement - Non pay	500	Medium	0	500	0	500
Other	166	Low	-3,572	-3,406	-628	-462
	8,181		-9,618	-1,437	-5,779	2,402

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	91	88	3
Borders	45	42	52	-10
Dumfries & Galloway	25	23	52	-29
Forth Valley	3,227	2,958	3,365	-407
Grampian	365	334	259	75
Greater Glasgow & Clyde	1,680	1,540	1,534	6
Highland	137	126	187	-61
Lanarkshire	117	107	198	-91
Lothian	31,991	29,327	30,859	-1,532
Scottish Ambulance Service	103	94	92	2
Tayside	40,084	36,741	38,167	-1,426
Savings				0
	77,873	71,383	74,853	-3,470
UNPACS				
Health Boards	10,801	9,900	8,679	1,221
Private Sector	1,151	1,057	1,293	-236
	11,952	10,957	9,972	985
OATS				
	721	661	400	261
Grants				
	65	65	65	0
Total	90,611	83,066	85,290	-2,224

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Feb-22 £'000
Financial Plan		
Junior Doctor Travel	17	14
Consultant Increments	232	213
Cost Pressures	3,656	2,035
Developments	2,054	1,240
Sub Total Financial Plan	5,959	3,502
Allocations		
Waiting List	1,300	0
AME: Impairment	73	0
AME: Provisions	126	0
Pay Award:AfC	1,664	1,522
Test & Protect	784	0
Covid General	629	0
Winter	661	0
Cancer Waiting Time	225	92
Distinction Award	3	3
Unscheduled Care Summer	180	0
Support to build recruitment capacity	27	0
Building Capacity for international recruitment	11	0
Young Patients Family Fund	38	29
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Workforce Wellbeing	200	0
Discharge Without Delay Pathfinders	256	0
Interface Care Programme	480	0
Nurse Director Support	403	0
Fleet Decarbonisation	54	0
R&D	12	11
2020/21 Surplus	340	312
Chronic Pain	9	0
Additional CT & MRI Capacity	44	0
Mental Health Pharmacy recruitment	64	0
Additional Band 2-4	845	0
Capital to Revenue	355	0
International Recruitment	378	0
Diabetic Technologies	999	0
Audiology Equipmet	18	0
Funding Support	13,656	9,682
CSO Covid Research	60	0
Sub Total Allocations	24,118	11,651
Total	30,077	15,153

FINANCE, PERFORMANCE & RESOURCES: FINANCE

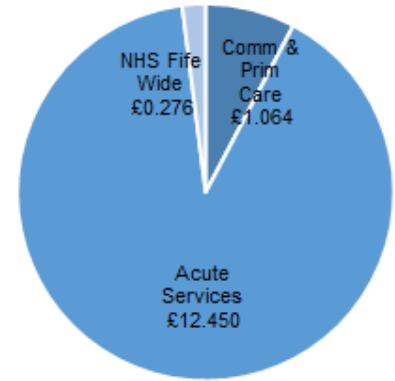
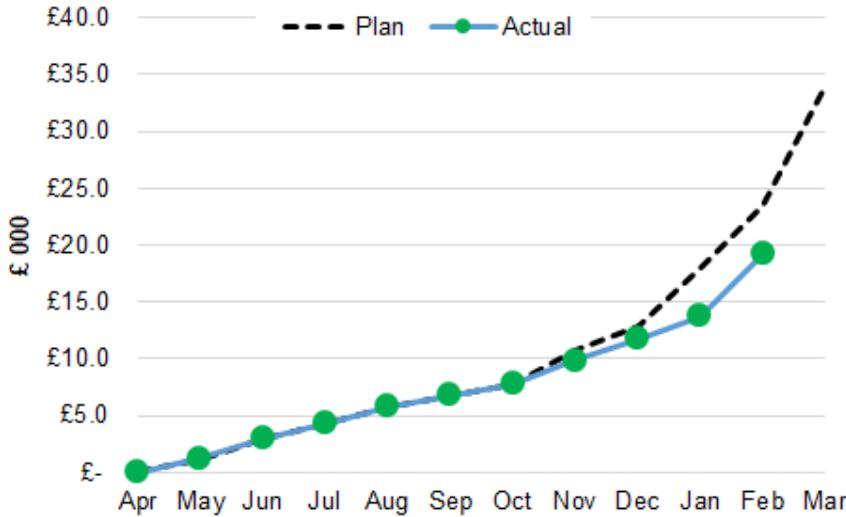
Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve	Total £000's	Health Delegated Budgets		Balance £000's
		To M11 £000's	Anticipated £000's	
Vaccine	740	740		0
Care homes	526	82		444
Urgent Care Redesign	935	408		527
Flu	203	203	0	0
Primary Care Improvement Fund	2,524	1,011		1,513
Action 15	1,315	505		810
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	1,206	0	561
Core (covid offsets)	1,250	1,250		0
Total	11,308	5,905	0	5,403

Capital Expenditure

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

Local Performance



Commentary

The overall anticipated capital budget for 2021/22 is £33.942m. The capital position for the period to January records spend of £19.233m. Therefore, 56.66% of the anticipated total capital allocation has been spent to month 11; with significant activity underway in the final month of the year which will inform a balanced capital position.

1. Annual Operational Plan

The capital plan for 2021/22 was approved by the FP&R Committee in July and was subsequently tabled at the NHS Fife Board. NHS Fife has assumed a programme of £33.942m detailed in the table below.

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
Mental Health Review	22
Lochgelly Health Centre	348
Kincardine Health Centre	207
Energy Scheme Funding	1,457
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Louisa Jordan Equipment	22
Laundry Equipment	655
2nd Tranche NIB Equipment	1,176
National Eyecare Workstream	228
Capital to Revenue Transfer	- 277
SG Extra Funding Request	591
Decontamination Room	350
Colposcope	12
Extra National Eyecare Workstream	51
Audiology Equipment	97
Additional Equipment Funding	136
Decontamination Equipment	241
Additional Equipment Funding PH2	160
Total	33,942

There has been a reduction in the expected funding to be allocated for the Energy Grant this year. Originally, expenditure was planned to be £1.8m, however, this has now been reduced to £1.457m, and the remaining balance of £0.343m will be provided for next financial year.

Despite being a challenging year in terms of supply chain issues, availability of materials and price increases on materials the capital plan and achievement of the capital resource limit remains on target.

Capital Receipts

1.1 Work continues into the new financial year on asset sales re disposals:

- Lynebank Hospital Land (Plot 1) (North) – discussions are ongoing as to whether to remarket, there are also discussions ongoing around the potential possibility of HFS constructing a new sterilising unit for East Scotland on the site.
- Skeith Land – an offer has been accepted subject to conditions for planning and access - however the GP's have now put in an objection to the planning department. The Developers have provided other plans in order to move forward, however, the GP's are still objecting.

2. Expenditure / Major Scheme Progress

2.1 The summary expenditure position across all projects is set out in the dashboard summary above. The expenditure to date amounts to £19.233m, this equates to 56.66% of the total capital allocation, as illustrated in the spend profile graph above.

2.2 The main areas of spend to date include:

Statutory Compliance	£3.851m
Equipment	£3.241m
Digital	£0.343m
Elective Orthopaedic Centre	£10.658m
Health Centres	£0.424m
Clinical Prioritisation	£0.711m

3. Recommendation

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

note the capital expenditure position to 28 February 2022 of £19.233m and the year-end spend of the total anticipated capital resource allocation of £33.942m.

FINANCE, PERFORMANCE & RESOURCES: FINANCE

Appendix 1: Capital Expenditure Breakdown

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
COMMUNITY & PRIMARY CARE			
Clinical Prioritisation	218	158	218
Statutory Compliance	364	303	364
Capital Equipment	151	147	151
Condemned Equipment	23	23	23
National Infrastructure Equipment Funding	6	0	6
Kincardine Health Centre	207	173	207
Lochgelly Health Centre	348	250	348
Decontamination Room	350	0	350
Total Community & Primary Care	1,666	1,055	1,666
ACUTE SERVICES DIVISION			
Statutory Compliance	2,953	2,301	2,953
Capital Equipment	1,981	1,639	1,981
Clinical Prioritisation	763	292	763
Condemned Equipment	88	63	88
National Infrastructure Equipment Funding	3,407	1,288	3,407
Elective Orthopaedic Centre	15,907	10,658	15,907
Laundry Equipment	655	0	655
National Eyecare Workstream	279	0	279
Colposcope	12	0	12
QMH Theatre	1,000	242	1,000
Extra SG Funding Request	591	82	591
Audiology Equipment	97	0	97
Total Acute Services Division	27,734	16,565	27,734
NHS FIFE WIDE SCHEMES			
Equipment Balance	3	0	3
Information Technology	1,200	343	1,200
Clinical Prioritisation	0	0	0
Statutory Compliance	0	0	0
Condemned Equipment	1	0	1
Fire Safety	60	60	60
Scheme Development	0	0	0
Vehicles	142	0	142
Covid Capital	1,325	260	1,325
Mental Health Review	22	5	22
Total NHS Fife Wide Schemes	2,753	667	2,753
TOTAL CAPITAL ALLOCATION FOR 2021/22	32,154	18,288	32,154

ANTICIPATED ALLOCATIONS 2021/22			
Energy Funding Grant	1,457	945	1,457
Pre Capital Grant Funding	50	0	50
ECG Machines - Louisa Jordan Equipment	22	0	22
Capital to Revenue Transfer	-277	0	-277
Additional Equipment Funding	136	0	136
Decontamination Equipment	241	0	241
Additional Equipment Funding PH2	160	0	160
Anticipated Allocations for 2021/22	1,788	945	1,789

Total Anticipated Allocation for 2021/22	33,942	19,233	33,942
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FINANCE, PERFORMANCE & RESOURCES: FINANCE

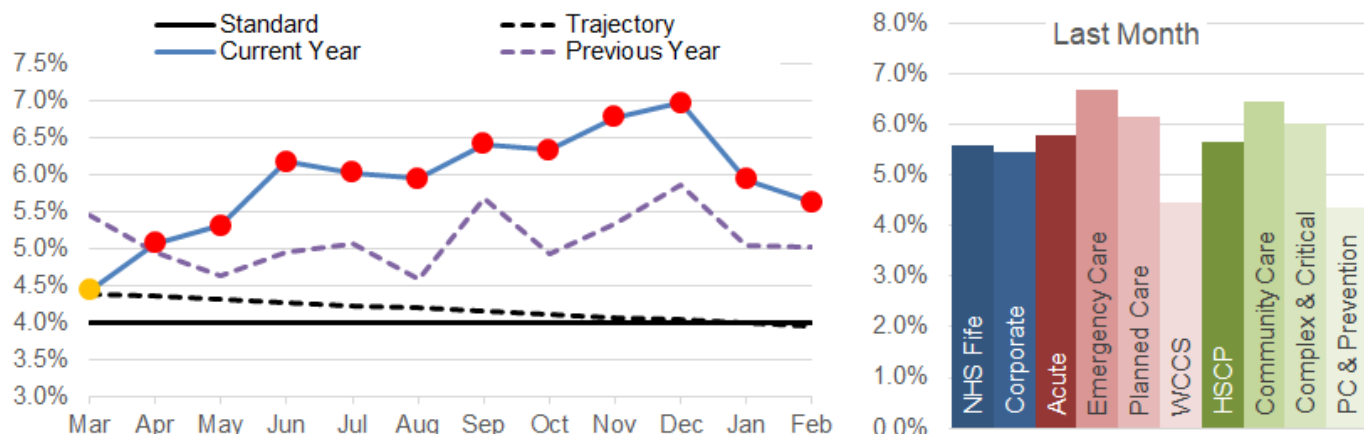
Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22	Pending Board Approval	Cumulative Adjustment to January	February Adjustment	Total February
Routine Expenditure	£'000	£'000	£'000	£'000
Community & Primary Care				
Capital Equipment	0	151	0	151
Condemned Equipment	0	24	-1	23
Clinical Prioritisation	0	252	-34	218
Statutory Compliance	0	329	35	364
Lochgelly Health Centre	0	0	207	207
Kincardine Health Centre	0	0	348	348
National Infrastructure Equipment Funding	0	6	0	6
Decontamination Room	0	0	350	350
Total Community & Primary Care	0	762	905	1,666
Acute Services Division				
Capital Equipment	0	1,971	10	1,981
Condemned Equipment	0	88	0	88
Clinical Prioritisation	0	727	36	763
Statutory Compliance	0	2,945	8	2,953
National Infrastructure Equipment Funding	0	3,407	0	3,407
Elective Orthopaedic Centre	0	15,907	0	15,907
National Eyecare Workstream	0	228	51	279
Laundry Support	0	600	55	655
Colposcope	0	0	12	12
Audiology Equipment	0	0	97	97
Extra SG Funding Request	0	0	591	591
QMH Theatre	0	0	1,000	1,000
	0	25,874	1,860	27,734
Fife Wide				
Backlog Maintenance / Statutory Compliance	3,500	-3,476	-43	-18
Fife Wide Equipment	1,805	-1,792	-10	3
Digital & Information	1,000	200	0	1,200
Clinical Prioritisation	500	-480	-2	18
Condemned Equipment	90	-90	1	1
Fife Wide Asbestos Management	0	0	0	0
Fife Wide Fire Safety	0	60	0	60
General Reserve Equipment	94	-94	0	0
Pharmacy Equipment	205	-205	0	0
Fife Wide Vehicles	0	142	0	142
Covid Capital	0	1,325	0	1,325
Mental Health Review	0	0	22	22
Total Fife Wide	7,194	-4,409	-31	2,753
Total Capital Resource 2021/22	7,194	22,226	2,733	32,153
ANTICIPATED ALLOCATIONS 2021/22				
Energy Funding Grant	1,457	0	0	1,457
Pre Capital Grant Funding	50	0	0	50
ECG Machines - Louisa Jordan Equipment	22	0	0	22
Capital to Revenue Transfer	-277	0	0	-277
Additional Equipment Funding	136	0	0	136
Decontamination Equipment	241	0	0	241
Additional Equipment Funding PH2	160	0	0	160
Anticipated Allocations for 2021/22	1,788	0	0	1,788
Total Planned Expenditure for 2021/22	8,982	22,226	2,733	33,942

Sickness Absence

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

Local Performance



National Benchmarking

Month	2020/21		2021/22									
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
NHS Fife	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%
Scotland	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%	5.37%	4.96%

KEY CHALLENGE(S) IN 2021/22

To secure an ongoing reduction in the current levels of sickness absence performance, as services remobilise, working towards the third-year trajectory for the Board of 3.89% in with NHS Circular PCS (AfC) 2019/2

IMPROVEMENT ACTIONS

22.1 Work towards improvement in long term sickness absence relating to mental health, using Occupational Health and other support services and interventions

By Mar-23

The additional OH Physician is providing specific support for staff affected by Mental Health and training is available for managers. This is in addition to the individual case work being progressed by local managers and HR staff, with input when necessary from the specialist OH Mental Health Nurse. The new OH Occupational Therapist is providing support to staff resuming work following diagnoses of long COVID, and this will continue into 2022/2023.

Additional staff support is being provided via a variety of services and initiatives, alongside the introduction of new eLearning Modules on resilience and wellbeing and access to the National PROMiS resources. This is complemented by a range of supporting materials, including a new "Benefits of Being Outdoors" poster and desktop campaign.

Additional monies to support staff during the winter months have been allocated and include improved access to meals out of hours, additional resources for Spiritual Care, Values Based Reflective practice, Psychology Staff support and Health Psychology, alongside bespoke wellbeing sessions for specific staff groups (e.g. H&S, ICU).

On line Fuel Poverty sessions took place in March, with additional on site sessions being arranged for April. Plans have been completed in terms of the use of the extra Scottish Government funding allocation for Staff Health and Wellbeing with a range of staff support activities during 2022/2023.

22.2 Continue existing managerial actions in support of achieving the trajectory for the Board and the national standard of 4% for sickness absence

By Mar-23

In addition to routine activities, a questionnaire is being circulated to managers in advance of the Promoting Attendance training sessions to identify areas for provision of support, both within and outwith the training sessions. The new Once for Scotland eLearning module is being promoted to complement our internal training and to assist managers and staff with their understanding of the policy.

Feedback received following a programme to reinforce attendance management processes undertaken between May and July 2021 was discussed in partnership at the Attendance Management Workforce Review Group held in December, with a series of actions being progressed by key stakeholders. Promoting attendance at work is a regular agenda item at LPF and APF meetings ensuring regular discussion and suggestions/actions for consideration.

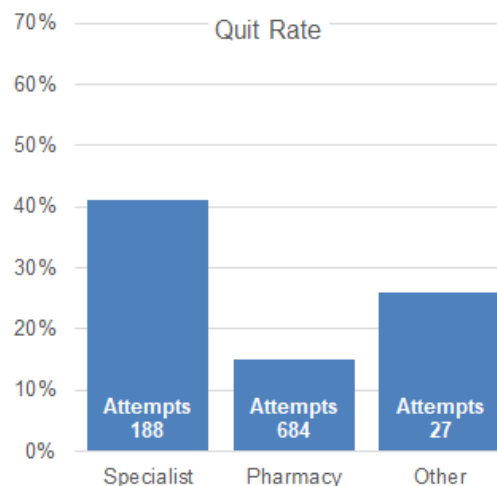
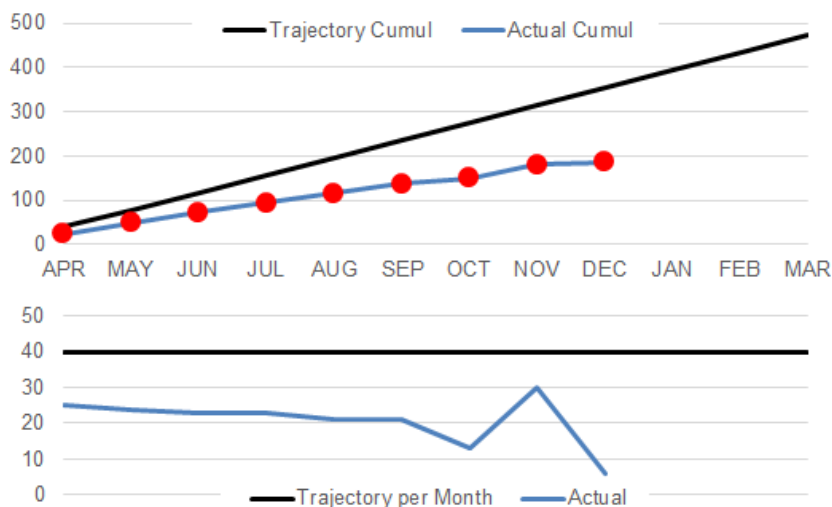
22.3 Consider refinements to COVID-19 absence reporting, including short-term manual data capture from SSTS and eESS in preparation for any change to self-isolation guidance and to support ongoing workforce resourcing actions, acknowledging that systems development is required to support MI reporting

Complete Nov-21

Smoking Cessation

In 2021/22, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance



National Benchmarking

		2021/22											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
NHS Fife	Actual	25	24	23	23	21	21	13	30	6			
	Actual Cumul	25	49	72	95	116	137	150	180	186			
	Trajectory Cumul	40	79	118	158	197	236	276	315	354	394	434	473
	Achieved	62.5%	62.0%	61.0%	60.1%	58.9%	58.1%	54.3%	57.1%	52.5%			
Scotland	Achieved			92.4%			82.0%						

KEY CHALLENGE(S) IN 2021/22

- Remobilising face to face delivery in a variety of settings due to venue availability and capacity
- Moving from remote delivery to face to face provision, patients having confidence in returning to a medical setting
- Potential for slower recovery for services as they may require to rebuild trust in the brand
- Re-establishment of outreach work

IMPROVEMENT ACTIONS

20.2 Test Champix prescribing at point of contact within hospital respiratory clinic	Complete Oct-21
20.3 'Better Beginnings' class for pregnant women	Complete Oct-21
20.4 Enable staff access to medication whilst at work	Closed Mar-22
This action has been paused due to the pandemic, but may be revisited in FY 2022/23. Action closed at this stage.	
21.1 Assess use of Near Me to train staff	Complete Jul-21
21.2 Support Colorectal Urology Prehabilitation Test of Change Initiative	Complete Sep-21
22.1 Test face to face provision in two GP practices and one community venue	Complete Mar-22

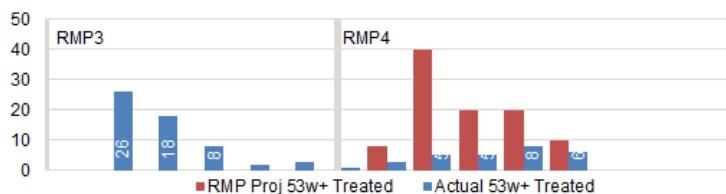
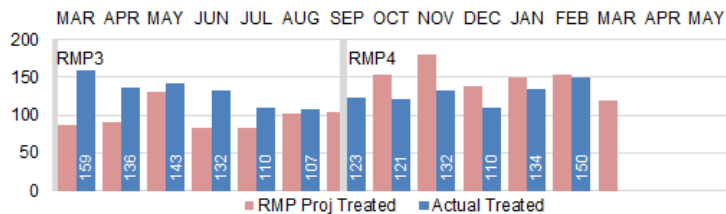
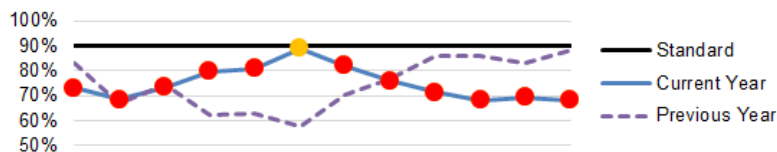
Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans.

Early discussions with 2 GP practices were due to restart in the second week of January, while the remobilisation plan was scheduled to go to the remobilisation committee on 9th December. However, both activities were paused due to the impact of the COVID Omicron strain. Ongoing discussions with GP practices have taken place, and we have an agreed start date of week beginning 2nd April.

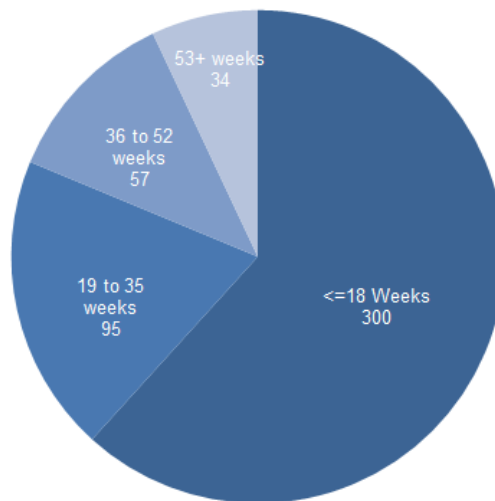
CAMHS 18 weeks RTT

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

Local Performance



Waiting List (486) Feb-22



National Benchmarking

Month	2020/21				2021/22							
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%	69.4%	68.0%
Scotland	67.5%	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%	71.5%	70.5%	68.9%		

KEY CHALLENGE(S) IN 2021/22

- Implementation of additional resources to meet demand; development of workforce to meet National CAMHS Service Specification
- COVID-19: relaxation on referrals and delivery of 'models' to reflect social distancing

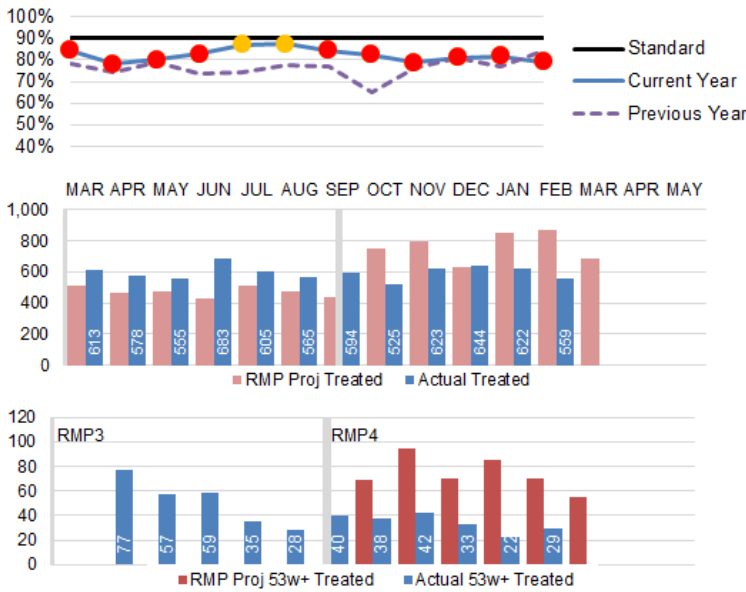
IMPROVEMENT ACTIONS

21.1 Re-design of Group Therapy Programme	Complete Jul-21
21.3 Build CAMHS Urgent Response Team (CURT)	By Jun-22
The CURT model is in place. Responsiveness to A&E and Paediatric inpatient unit has been extended with same day assessments available if young people are considered fit for assessment. Presentations to Emergency department due to self harm/suicidal ideation remain high with a 180% increase through 2022. Recruitment is underway to increase the existing CURT staffing capacity from 2.8 wte to 6.6 wte to address the increasing referral trend for urgent presentations. Review of activity and effectiveness of the model is ongoing utilising improvement methodology.	
22.1 Recruitment of Additional Workforce	By Jun-22
Recruitment is ongoing across multiple service areas to improve RTT, Longest waits and CAMHS service provision. From the 12 staff identified to address immediate capacity issues, 9 have been appointed with remaining posts re-advertised at lower banding to improve uptake. All new staff have worked through induction programme to ensure they are competent to take on caseloads and are incrementally increasing clinical activity towards full capacity. This is balanced against staff departures and retirements which have created 6 additional posts for recruitment. Phase 1 and Phase 2 recruitment as part of the SG Recovery & Renewal fund is underway. Currently Fife CAMHS has 21 wte posts either out to recruitment or in development with additional roles in admin (5.0 wte) and AHP (3.0 wte) working through the recruitment process.	
22.2 Workforce Development	Complete Mar-22
A revised development and training programme, which was originally postponed in January due to high Covid-19 absences, is now underway. Three Programmes have been developed to suit different levels of CAMHS experience. A Training needs analysis has been completed to ensure the right skills and competencies exist across the range of teams in CAMHS.	

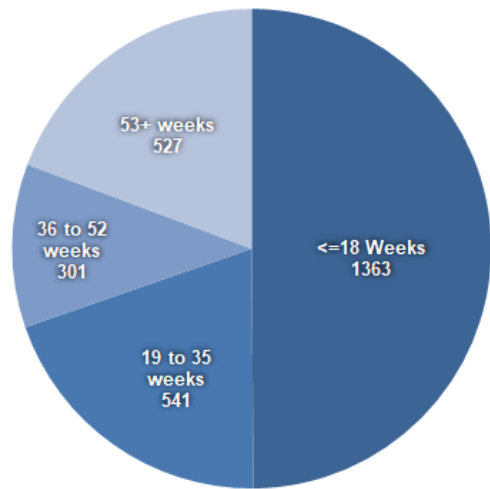
Psychological Therapies 18 weeks RTT

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

Local Performance



Waiting List (2732) Feb-22



National Benchmarking

Month	2020/21					2021/22						
	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB
NHS Fife	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%	81.8%	79.2%
Scotland	80.9%	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%	85.5%	83.0%	85.1%		

KEY CHALLENGE(S) IN 2021/22

- Recruitment of staff required to achieve waiting times standard at a time of national workforce pressures
- Progressing vision for PTs within the timeframe required to sustain improved performance

IMPROVEMENT ACTIONS

20.5 Trial of new group-based PT options	Complete Sep-21
22.1 Increase access via Guided self-help service	Complete Sep-21
22.2 Expansion of skill mix model to increase delivery of low intensity interventions	Complete Jan-22
22.3 Recruit new staff as per Psychological Therapies Recovery Plan	By Jun-22

There remain significant national issues with workforce availability for staff who can provide highly specialised PTs - required to address our WL backlog. The service has been successful in recruiting other grades of staff to increase delivery of PTs for people with less complex problems and free some capacity amongst staff qualified to work with the more complex presentations. The NHS Education for Scotland national recruitment campaign has been less successful than hoped but we do have some applicants for highly specialist posts, with interview dates for end of April. However, we shall not be able to recruit to all of the posts that were identified as required within the PT Recovery Plan.

22.4 Waiting list management within General Medical Service in Clinical Health	By May-22
---------------------------------------------------------------------------------------	------------------

Staff are undertaking a focused piece of work to clear the backlog on the assessment waiting list. A key driver is the need to differentiate patients with functional neurological disorder from those with other needs in order to inform development of appropriate clinical pathways. The work will ensure that only those for whom psychological therapy is the best option remain on the waiting list. It will also inform next steps in development of clinical pathways.

22.5 Programme of training to increase capacity for work with more complex patients	Complete Mar-22
--------------------------------------------------------------------------------------------	------------------------

The AMH psychology service have implemented a structured programme of training and supervision to increase the skills of the Clinical Associates in Applied Psychology. This will reduce the demand upon the Clinical Psychologists in the service who are able to work with people with more complex presentations.

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 12 May 2022
Title:	NHS Fife Workforce Information Overview
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Brian McKenna, HR Manager – Workforce Planning

1. Purpose

This is presented to Staff Governance Committee members for:

- Assurance

This report relates to:

- Local policy

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

- Effective

2. Report Summary

2.1 Situation

The full NHS Fife Workforce Information Overview for the quarter to 31 March 2022 is not available to be presented to the Staff Governance Committee at this time, given the timings of the current National Education Scotland (NES) reporting cycle.

The NHS Fife Workforce Information report, including sickness absence and Covid leave for the 2021-2022 financial year; Employee Relations; Workforce Development and Appraisal; and a summary of the Staff Health and Wellbeing Support activities and statistics are attached at **Appendix 1**, for information. A separate update will be provided on the vacancy position in due course, aligned to the NES reporting cycle referenced above.

2.2 Background

As reported previously to the Committee, there are several data sources and methods to produce workforce information to inform specific Staff Governance agenda items. The development of workforce management information capability within NHS Fife to produce workforce data for enhanced decision making continues to progress and has enabled the production of this on-going high level overview for the Committee. This activity is underpinned by the continued rollout of the Tableau dashboard and access to workforce statistics produced and maintained by NES.

2.3 Assessment

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The ability to produce timeous and relevant workforce information will support organisational ability to deliver our strategic workforce aspirations. This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

The systems development activity mentioned within this report is part of ongoing regional collaboration. The content of this report has been developed by the Workforce Information team in collaboration with colleagues in Digital & Information.

2.3.8 Route to the Meeting

This paper has been considered by the Workforce Senior Leadership Team and the Executive Directors Group, whose feedback has informed both the initial content of the Workforce Overview report and the future development of our workforce reporting capability.

2.4 Recommendation

This paper is provided for:

- **Assurance** – Staff Governance Committee members are invited to **note** the contents of this report, the related appendices and separate vacancy update.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife Workforce Information Report as at March 2022

Report Contact:

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

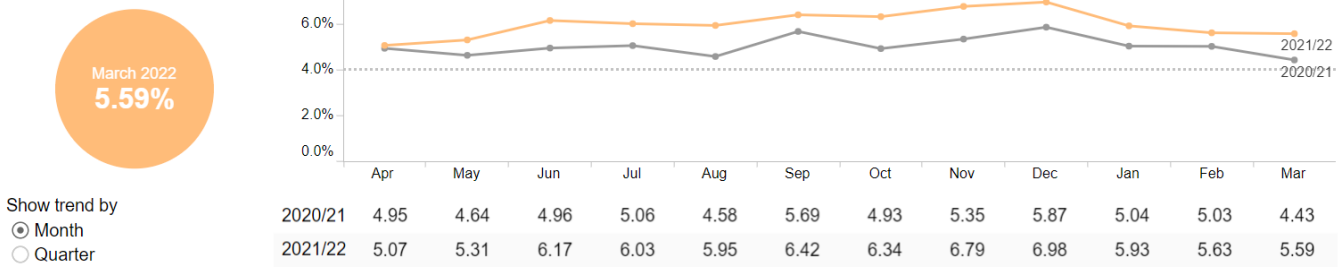
NHS FIFE WORKFORCE INFORMATION REPORT

MARCH 2022

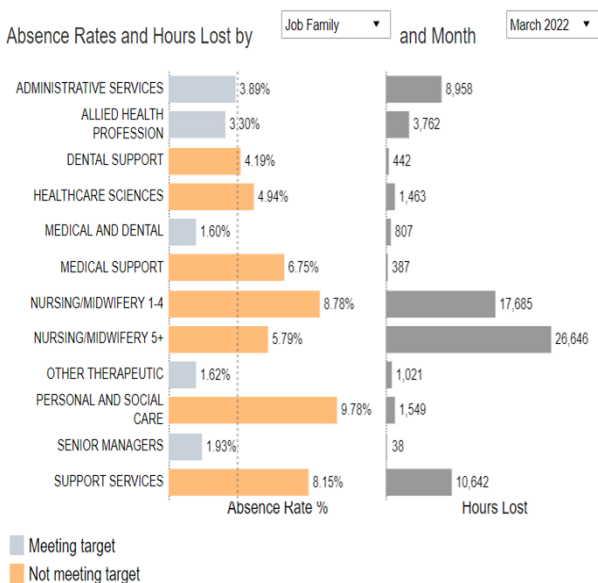
Monthly sickness absence levels during 2021/2022 have tracked at a rate higher than in 2020/2021. Those engaged within Agenda for Change Bands 1- 4 within the Nursing & Midwifery Job Family had the highest average absence levels in 2021/2022, followed by Support Services.

There also appears to be a correlation between Sickness Absence Rate and Age, with the average sickness absence rate increasing with each age category. Closer analysis of this highlights that whilst those staff aged 55 and over have, on average, some of the lowest levels of short term absence, they have, on average, the highest levels of long term absence.

Sickness Absence Rate

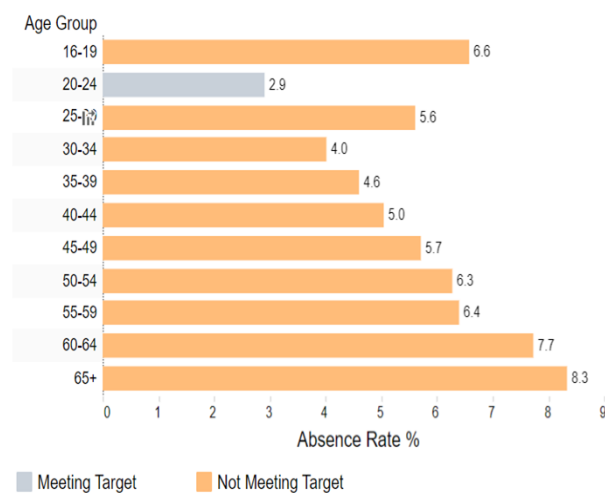


Source: Regional Workforce Dashboard



Overall Absence Rate and Hours Lost by Age Group

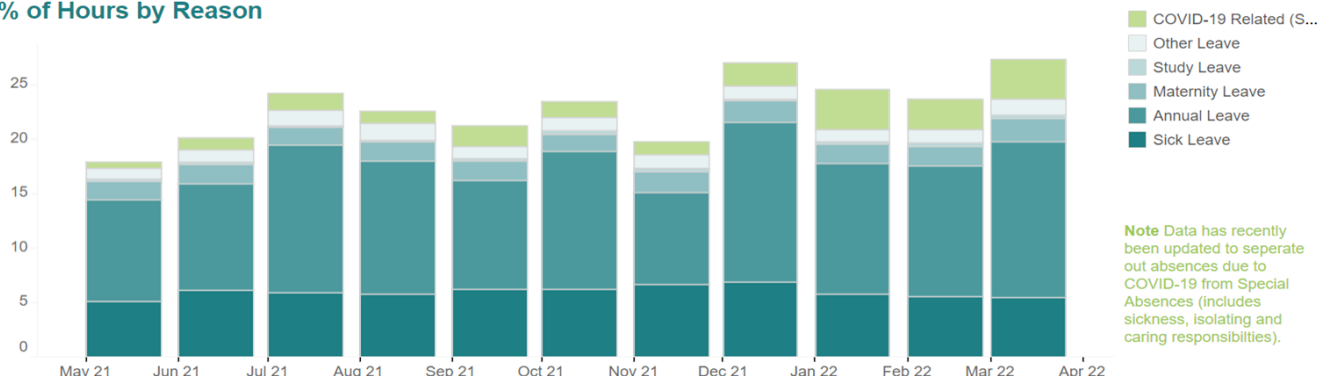
This chart will hide age groups with a headcount of 5 or less



Source: Regional Workforce Dashboard

Covid-19 related special leave had a further impact on the available resource within NHS Fife, and although levels of Covid-19 related special leave decreased in 2021/2022 when compared to the high levels experienced in 2020/2021, there have been staffing reductions of 1.87% for the 2021/2022 financial year.

% of Hours by Reason



Source: Regional Workforce Dashboard

EMPLOYEE RELATIONS

Employee Relations cases have remained consistent in overall number during the most recent reporting period, although the spread of activity has changed, with an increase in conduct cases and a reduction in bullying and harassment and grievance cases. Cases are managed using the NHS Scotland Workforce policies.

A Central Legal Office training session on the NHS Scotland Workforce Policies Investigation Process /Tricky Issues was held during the reporting period, with 70 managers attending. Once for Scotland TURAS Learn training modules on Attendance Management, Bullying and Harassment and Grievance have been shared with managers and are now available in addition to local HR policy training sessions which are delivered regularly. An overview of current ER activity is included in the tables below:

		Timescales			
Division	Case Type	0 - 6 months	7 - 12 months	12 months >	Grand Total
Acute Services Division (Div)	Employee Conduct	9	1	1	11
Corporate Services Division (Div)	Employee Conduct	12	1		13
Fife H&SC Partnership (Div)	Employee Conduct	21	2		23
Total		42	4	1	47
		Timescales			
Division	Case Type	0 - 6 months	7 - 12 months	12 months >	Grand Total
Acute Services Division (Div)	Bullying & Harassment	2	2		4
Corporate Services Division (Div)	Bullying & Harassment	3	1	2	6
Fife H&SC Partnership (Div)	Bullying & Harassment	1		2	3
Total		6	3	4	13
		Timescales			
Division	Case Type	0 - 6 months	7 - 12 months	12 months >	Grand Total
Acute Services Division (Div)	Employee Grievance	2			2
Corporate Services Division (Div)	Employee Grievance	1			1
Fife H&SC Partnership (Div)	Employee Grievance	1	1		2
Total		4	1		5

WORKFORCE DEVELOPMENT & APPRAISAL

The scope of the Regional Workforce Dashboard project included information on the number of employees with a signed off annual appraisal. The current scope of this project has been curtailed because of the Covid-19 pandemic and the impact within the respective Workforce Directorates of participating Boards. It is the intention to work with Digital and Information colleagues to explore the feasibility of providing this information at local level.

SUMMARY OF STAFF HEALTH & WELLBEING SUPPORT ACTIVITIES & STATISTICS – JANUARY TO MARCH 2022

OCCUPATIONAL HEALTH

Staff Counselling / Management / Self Referrals

	Staff Counselling Referrals	Management Referrals	Self Referrals (incl. Physio)
January 2022	12	120	45
February 2022	34	117	42
March 2022	29	119	37

Management / Self Referrals Spit by Operational Unit – January 2022

Management Referrals		Self Referrals	
Acute	59	Acute	4
Corporate	20	Corporate	2
H&SCP	41	H&SCP	1

Management / Self Referrals Spit by Operational Unit – February 2022

Management Referrals		Self Referrals	
Acute	69	Acute	4
Corporate	9	Corporate	3
H&SCP	39	H&SCP	0

Management / Self Referrals Spit by Operational Unit – March 2022

Management Referrals		Self Referrals	
Acute	54	Acute	2
Corporate	18	Corporate	1
H&SCP	47	H&SCP	6

GOING BEYOND GOLD

Online Mindfulness Facilitator Support Sessions

Online Mindfulness Facilitator Support Sessions (1 hour)	
January 2022	7

Growing a Culture of Wellbeing Champions in NHS Fife

Growing a Culture of Wellbeing Champions in NHS Fife (Full day retreat session)	
Health Visiting Team Leaders 1 February 2022	8
Health Visiting Wellbeing Champions 10 February 2022	6

Outdoor Wellbeing Sessions

Outdoor Wellbeing Sessions (half-day)	
23 February 2022	8
29 March 2022	3

Wellbeing Retreat Days for Intensive Care Unit Staff

Wellbeing Retreat Days	
February 2022	10
2 March 2022	10

Mindfulness (8-week) Courses

Mindfulness 8-week courses (CAMHS Staff)	
Started 23 March 2022	5

Self Care for Living and Working Sessions

Self-Care for Living and Working (Full day followed by 5 online sessions)	
Full day Session (22 March 2022)	12
Online Session 1 (29 March 2022)	9

In addition to the quantitative data, detailed below are a few examples of feedback received from staff in relation to our Health and Wellbeing courses:

Outdoor Wellbeing Sessions

- *I recommended the group to my manager when she asked how it went. Loved making bread too and the kebabs were lovely.*
- *I felt really good about myself and told everyone I met about the experience I had just had. Although it wasn't very physical, I slept like a baby, something I struggle with.*
- *Sharing personal experiences and feelings and realising that others are feeling exactly the same.*
- *I helped create a campfire, of which I'm now confident I could do with my family. I especially liked making flat bread on the campfire. I learned that you don't need fancy things in your life to make you feel good about yourself.*
- *I don't think anything could be improved. It was such a lovely afternoon tuning in with nature, learning the basics of life. It was the perfect setting and the gardens are very tranquil/peaceful.*
- *I'm not going to overthink things that are not important and that I have no control over. And be mindful of others and certain situations.*
- *I'd like to say that Tom was fab, I loved the wee story's he told, especially the one about the Samurai's having tea rituals before battle and the real reason behind it.*
- *I had a ball*
- *Enjoyed the experienced, felt relaxed afterwards and in the evening enjoyed reflecting back.*
- *Being in a relaxed situation with colleagues I didn't know without the usual anxiety of 'who are you?' going on in my head.*
- *Think it's great that the organisation offers the session to its employees*
- *Loved every bit of it. Thanks for bringing this into the NHS and legitimising being whole people - beyond our roles.*
- *Thank you so much to everyone who organised it - the rain didn't put a dampener on it!*

Wellbeing Champion Courses

- *Offered new and simple techniques to improve wellbeing and I realised the beauty that is in everyday, ways to cope and overcome stressors that are inevitable*
- *It gave an opportunity to stop, get off the treadmill and think about me*
- *reinforces the physical and mental benefits of taking time for self care*
- *Feel more positive about life/generally happier*
- *We all have a lot of skills and knowledge about Wellbeing but need to put it into practice for our self. This will allow us to be the best version of our self and in turn allow us to support others more effectively*
- *to be as kind to yourself as you would be to others*
- *Being as kind to yourself as we are to others*
- *Thank you so much for an amazing day*
- *the session fired me up and has given me the confidence to talk to colleagues about wellbeing and to be a champion for it as it is so important for a healthy, balanced life*
- *Very beneficial and I think all NHS staff would benefit from attending this!*
- *Was a bit skeptical at first (but open minded) about mindfulness but absolutely loved it and never thought it would be something I went along with. I could see how passionate the trainers were about the benefits of mindfulness and that definitely swayed my opinion. I was glad it was a small group, I felt I learnt so much about how it can help me on a personal level as well as professional.*

Wellbeing Retreat Days

- *I enjoyed this session so much and really can't thank you enough! I felt pampered and cared for and that I mattered.*
- *It gave me chance to reconnect with myself*
- *This day helped me to personally reflect.*
- *Highlighted self care and ways to help unwind from work to enjoy time off*
- *Great techniques given*
- *It's made me prioritise myself and take mental health as serious as dental health :)*

Care for Living and Working Course

What will you do differently as a result of the course?

- *It made me realise I was so close to burnout last year. Was quite emotional actually. I will never let myself get into that position again*
- *Voice when I feel overwhelmed or worked and struggling with certain things.*
- *Take time away when needed*
- *Take more time to recognise my own feelings and triggers*
- *A lot needs to change, the expectations, pressure and lack of support is stark. How much change I can make as an individual-I'm unsure*
- *Take a breath - walk outside at lunchtime even in the rain.*
- *Be kinder to myself. Work hard but also find ways to engage with helpful activities like walking/deep breathing during stressful times rather than staring at screens all day.*
- *Try to be more positive - I tend to look on the negative side of life*

NHS FIFE DEPARTMENT OF SPIRITUAL CARE

Spiritual Care Service Activity – January to March 2022

Staff Support Contacts	January	February	March
Staff Listening Service	1	1	21
One-to-ones	37	63	74
Wards / Teams	34	44	11
Informal Support	102	186	23
Values Based Reflective Practice Sessions	24	26	17

Detailed below are a few positive comments and encouraging feedback received from staff in relation to the support provided by the Spiritual Care Service:

- "VBRP has been a very valuable resource to allow me to really think about how I am feeling and reflect on things, without the facilitator doing this for me. It is a safe space, and 'allowance' of time, to look after our psychological health, mindset and help us to learn from each other for future practice."
- "I would like to thank you both for the VBRP meetings you kindly organised and delivered to my team. Everyone who attended has come to me personally to ask me to thank you and to let you know that they got a lot out of the session. It's opened dialogue in the team in a level that hadn't taken place before and we hope to build on that in the future."

- Thank you once again for all the support you have given me personally and my team at large".
- “My voice is being heard for the first time”

NHS FIFE PSYCHOLOGY STAFF SUPPORT SERVICE

Psychology Staff Support Service Referrals

Psychology Staff Support Service Referrals	
January 2022	18
February 2022	10
March 2022	22

Managers Information Sessions

Managers Information Session	
January 2022	16
February 2022	31
March 2022	8

Compassionate Connected Teams Workshops

Compassionate Connected Teams Workshop	
January 2022	7
February 2022	10
March 2022	14

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

Peer Support Activity	
January 2022	3
February 2022	7
March 2022	5

Please note that although the Peer Support Actual Activity Log is showing that there have been approximately 10 Peer Support contacts per month, it would appear that the actual figure is far greater. In fact, some Peer Supporters are having 2 to 3 conversations per day, so the figure is more likely to be around 450 contacts per month. Improvements in recording will therefore be made.

NHS FIFE LEARNING AND DEVELOPMENT TEAM

TURAS eLearning Modules

Health and Wellbeing Courses Engagement Figures

Course Completions				
eLearning Course	Go Live Date	January	February	March
Compassionate Leadership	15/10/2021	76	33	27
Resilience	15/10/2021	76	32	34
Self-Care	15/10/2021	75	32	33

Meeting:	Staff Governance Committee
Meeting date:	Thursday 12 May 2022
Title:	Progress of Annual Delivery Plan (RMP4) 2021/2022
Responsible Executive:	Margo McGurk, Director of Finance and Strategy Janette Owens, Director of Nursing
Report Author:	Susan Fraser, Associate Director of Planning & Performance

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to the:

- Remobilisation Plan 4 2021/2022 – Update to end of March 2022
- Review of National Response to Winter 2021/2022
- Winter Report 2021/2022 – Data to March 2022

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

- Safe, Effective and Person Centred

2. Report Summary

2.1 Situation

The fourth Joint Remobilisation Plan (RMP4) for Health and Care services delivered by NHS Fife and Fife Health and Social Care Partnership (HSCP) was submitted to Scottish Government on 30th September. This plan is considered as a review of the Remobilisation Plan 3, reflecting on progress and set out what is expected to be delivered over the remainder of 2020/2021.

This paper reports on the actions of the Remobilisation Plan 4 and has been renamed as NHS Fife's Annual Delivery Plan (including the winter actions) 2021/2022.

2.2 Background

The Scottish Government letter dated 20th July 2021 titled *Remobilisation Plans 2021/2022: Mid-Year Update (RMP4)* commissioned the next iteration from NHS Boards of the Remobilisation Plan.

The feedback letter from Mr John Burns, Chief Operating Officer, Scottish Government was received on 19th November 2021 confirming that the RMP4 for the second half of 2021/2022 can be taken through NHS Fife's governance process.

Progress against deliverables is to be reported to the Scottish Government on a quarterly basis. This paper focusses on status at end of March (to be submitted by 29th April).

This paper also covers the submission following the letter received 14th February from Scottish Government titled *Review of National Response to Winter 2021/2022* which asked Boards for their winter lessons and reflections on collective planning and response arrangements.

2.3 Assessment

This assessment reports on three aspect of strategic planning and covers: update to the Remobilisation Plan 4, Review of national response to Winter 2021/2022 and Winter Report (data).

Remobilisation Plan 4 2021/2022 – Update to end of March 2022

The guidance document issued in July 2021 described a different approach and requirements for RMP4 since the submission of RMP3. We were required to provide a shorter strategic organisational overview with specific delivery action plans to be delivered by March 2022.

Action Status (31/3/2022)	
Unlikely to complete on time/meet target	12
At risk - requires action	20
On Track	61
Complete/ Target met	52

The summary status above shows that the majority of the action for 2021/2022 are completed or on track to be completed by the target date. The key themes of actions that are unlikely to be completed are: delivery of elective care and diagnostics and improvements in cancer performance and early diagnosis.

The full delivery action plan of the Remobilisation Plan 4 can be found in Appendix 1 and is being monitored and documented quarterly. Any incomplete actions will be carried over into next year's Annual Delivery Plan 2022/2023.

Review of National Response to Winter 2021/22

Following the request from Scottish Government, NHS Fife submitted the Review of the National Response to Winter 2021/2022 on 18 March 2022 – the full response can be found in Appendix 2.

The pressure on the health and care system intensified over the winter period but has not subsided in terms of capacity and flow since 2020. NHS Fife and Fife Health and Social Care Partnership (HSCP) continues to prioritise the needs of our vulnerable and ill patients by providing timely and effective care, despite increases in demand on services or a mismatch between demand and supply of services.

Reflections of the health and care services over the winter period has been considered and the key actions taken by NHS Fife and Fife HSCP to lead and manage the health and care system are described in this section.

Emergency Command Structure

NHS Fife managed the emerging Covid-19 position through the Emergency Command structure that was already well embedded throughout the organisation and Fife Health and Social Care Partnership. The framework of the command structure of Gold, Silver and Bronze was implemented for operational teams, winter, capacity and flow and workforce.

Development of Escalation Framework

The development of the OPEL (Operational Pressure Escalation Levels) Tool at the end of 2021 enables the whole system to manage and respond to current challenges in capacity in a systematic and planned way. Each operational team now have an accurate overview of the pressures on their systems to be able to focus and plan to release or maintain capacity and flow in the system.

Informed Decision Making

A winter scorecard has been used on a weekly basis to discuss and plan in an integrated way with the operational teams. This scorecard follows the patients journey starting with Urgent Care, through Emergency Care and acute to community ward stays and onwards to social care capacity.

Impact on HAI standards

Constant pressures on the health and care system have impacted on the bed capacity in ward bays. The number of beds was reduced in ward bays to meet the HAI standards; however, additional beds were reintroduced in wards in acute and community settings. The demand for beds is such that these have remained open longer than expected.

Workforce

Workforce continues to be challenging across health and social care with a significant impact on the care and treatment that can be provided. We established a Workforce Resilience Silver Group last year as part of our command structure and the group has overseen workstreams on Resilience Planning, Resourcing, Education & Training and Employee Wellbeing.

Some of the key workstreams have involved the identification and deployment of a 'Workforce Resilience Layer' which has included non-frontline staff trained and redeployed for short term support in an operational support capacity.

Fife has experienced daily staffing challenges, so processes have been put in place to support the daily management of workforce, ensuring patient safety is maintained.

A number of initiatives have been introduced or enhanced to support staff wellbeing including wellbeing hubs, pastoral care, peer support and psychological support. These will continue to be in place to support our workforce.

Themes

Lessons learned have continued to be gathered and discussed by our staff throughout the winter period. Feedback from operational services were gathered and a detailed list of the responses received can be found in table below, which summarises the high-level themes.

A further winter review workshop in April has been arranged with the wider clinical and operational teams where the lessons learned will be discussed and proposed plans for 2022/2023 will be described.

Theme	What went well	What did not go well?	What could be done differently?
Business Continuity/ Emergency Planning	Working of Local Resilience Partnership	Limitations on workforce and equipment	More robust BCPs and transport plans
Whole System Working	Agile and flexible teams Cross system working	Uptake of serial prescribing across all teams	Better deployment of Point of care testing (POCT)
Demand and Capacity	Pathway redesigned Staff Commitment Available information	Capacity challenges and delays Restricted GP access	Development of Front Door Model Improved discharge process
Escalation and Surge Plans	Command structure in place Development and Implementation of OPEL framework Agility of workforce	-	Earlier agreement of plans
Staffing Levels	Dedicated consultant cover Recruitment of temporary and redeployment of staff Wellbeing resources for staff	Staffing levels despite recruitment drive Patient care affected due to the available staff	Ability to flex staff across the system Debrief for staff
Elective Activity	Maintenance of P1 and P2 activity Use of QMH	Stopping of electives, in particular orthopaedic	-
Infection Prevention and Control	Implementation of ARHAI Respiratory Pathway Care home huddles	Late publication of guidance	Time to implementation guidance Earlier MRSA screening
Test and Protect	Clear protocols for contact tracers Protocol to manage care home admissions	Managing the changes in isolation and testing requirements Timings of staff testing	Workforce model required going forward that can rapidly respond to demands
Communications	Regular engagement with all staff	Changing position with care home closures difficult to manage	Better national communications with public Revised visitors' policy

Winter Report 2021/2022 – Data to March 2022

The Winter Report highlights the following key indicators for Winter – the full report can be found in Appendix 3:

A&E

The 95% Standard has not been met in the last 26 weeks. The Redesign of Urgent Care Program has had an impact on performance, and this affects all boards across Scotland. The board average has maintained within 5% of the Scotland average for the majority of the Winter Period.

Covid-19

The number of Covid-19 positive patients in Acute setting has risen increasingly since early March and are now at the highest levels seen throughout the Pandemic.

During the same period within Community settings Covid positive numbers have also risen increasing with the highest level seen causing many wards/bays to close during this period.

Occupancy

VHK occupancy was high late January then dipped in February till mid-March but has since been extremely high (98-99%).

The non-respiratory pathway has almost mirrored the overall occupancy and ending March with 98%.

Occupancy in Community Hospitals has maintained well above 100% for the whole of Winter and hitting 123% in January, and consistently 113% or above this year. Many wards throughout the period have had to close due to Covid which has contributed to pressure throughout. The occupancy this winter is trending higher than any other due to the number of surge beds opened to try and maintain flow within the acute hospital.

Delayed Discharges

The number of Delayed Discharge Bed Days in VHK was steady during February until the end of the month where numbers climbed and continued into March, these have since decreased again. There has been an average of 26 Delayed Discharge Bed Days lost over the last 2 months.

There has been an average of just above 446 bed days lost to delayed discharges within the community hospital throughout February and March. The standard delays have remained fairly static around the 230-240 mark, whereas code 9's have fluctuated a little more.

Health & Social Care Placements

The number of referrals to H&SCP for Health and Social Care Placement is on average 66 patients per week, with the number of discharges over this period over at an average of 69.3 per week.

The waiting list peaked at 57 for the week ending 23rd January and has gradually declined since thanks to the high levels of discharges achieved.

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the heart of the Remobilisation Plan. The Remobilisation Plan (RMP4) was endorsed by NHS Fife Board on 30 November 2021.

2.3.2 Workforce

Oversight to workforce implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process. The Remobilisation Plan (RMP4) was endorsed by NHS Fife Board on 30 November 2021. The Progress of Annual Delivery Plan (RMP4) 2021/2022 report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Oversight to financial implications during remobilisation have been considered and form part of the Strategic Planning and Resource Allocation process. The Remobilisation Plan (RMP4) was endorsed by NHS Fife Board on 30 November 2021.

2.3.4 Risk Assessment/Management

A Risk Assessment is contained within the Remobilisation Plan.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

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

- Executive Directors' Group by email, 22 April 2022
- Clinical Governance Committee, 29 April 2022
- Finance, Performance and Resources Committee, 10 May 2022

2.4 Recommendation

The Staff Governance Committee is asked to:

- **Note** progress of deliverables within Joint Remobilisation Plan 4 (RMP4)
- Take **assurance** from the lessons learned from Review of National Response to Winter 2021/2022.
- **Note** the performance in the Winter Report 2021/2022 – Data to March 2022

3. List of Appendices

- Appendix 1: Highlight Report of Actions from RMP4 Delivery Action Plan 2021/2022
- Appendix 2: Review of National Response to Winter 2021/2022
- Appendix 3: Winter Report 2021/2022 – Data to March 2022

Report Contact:

Susan Fraser
Associate Director of Planning & Performance
E-mail: susan.fraser3@nhs.scot

Appendix 1: Highlight Report of Actions from RMP4 Delivery Action Plan 2021/22

Complete Actions (those in **bold** since previous update)

Pandemic Response

- ✓ ICU capacity

Primary, Community and Social Care

- ✓ Development of a Specialist Respiratory team to support a wide range of respiratory conditions to work collaboratively with the wider Community Teams to support patients, both acutely and long term with COVID.
- ✓ Develop a new Fife laryngectomy service in collaboration with Acute Services.
- ✓ Working towards reinstatement of the diagnostic pathway for Children and Young People, subject to restrictions and guidance.
- ✓ **Phase 3 (return to majority of previous service provision) will be implemented when safety measures such as social distancing can be relaxed.**

Mental Health

- ✓ Resumption of activity in AMH Day Hospitals.
- ✓ Re-development of the Moodcafe website to facilitate information-giving and support self-help across the life span and for people with long term health conditions.
- ✓ **Increasing the delivery of group PTs.**

Cancer Performance and Early Diagnosis

- ✓ Continue implementation of 'Framework for Recovery of Cancer Surgery' and 'National Approach to Clinical Prioritisation'.

Planned Care, Electives and Diagnostics

- ✓ Introduce PIR (Patient Initiated Review) within Medical Paediatrics.
- ✓ Continue to increase the number of Nurse Endoscopist posts which is one of the priorities to creating a future sustainable workforce.
- ✓ Review the model of collection for issuing repeat prescriptions for patients on ADHD/sleep medication.
- ✓ Introduction of home spirometry.
- ✓ Developmental assessments for Global Developmental Delay to be re-established.
- ✓ **Near Me Phase 2 - Further develop communication and stakeholder engagement strategy.**

Workforce

- ✓ **Harness the benefits of the latest NHS Education and Public Health Scotland (PHS) developments on workforce modelling to support our service planning arrangements and delivery of workforce plans.**
- ✓ Potential long term COVID-19 health issues for staff to be addressed through incorporating national guidance from developing evidence into our policy, practice, and service delivery arrangements.
- ✓ **Consolidation of our Staffing Bank management arrangements.**
- ✓ Continue to ensure Workforce Mobilisation Hubs are robust and flexible to adapt to future challenges.
- ✓ Workforce Planning & Mobilisation Silver Group to continue into 2021/2022 and review workforce deployment mechanisms to address the changing workforce needs across the year.
- ✓ Adapt our onboarding and development delivery approach through the use of e-enabled fast-track induction and other training.
- ✓ **Staff personal/professional development needs that have been delayed or restricted due to COVID-19 response to be prioritised as restrictions are eased through Directorate development delivery plans.**
- ✓ **Provision of staff support and wellbeing initiatives which meet staff needs and contribute to workforce sustainability.**

Digital

- ✓ ServiceNow - Migration to joint South-East activity to modernise the IT Service Management suite offering improved automation and slicker processes for activities such as 'Joiners, movers and leavers' consistent SLA/OLA's and much improved self-help solutions.
- ✓ ITIL Process Maturity Improvement - Assess and benchmark our maturity against the 5 lifecycles and 27 processes of ITIL.
- ✓ Digital Business Continuity and Disaster Recovery (BC/DR) Plan.
- ✓ Infrastructure and Network Connectivity - Initiate an architectural review of our infrastructure to support remobilisation including a review of licensing to ensure we have sufficient capacity to support the increase in digital usage.
- ✓ Paperlite - Subject to agreed funding, the ambition is to accelerate the Paperlite programme. Reducing paper to the patient and clinician.

Corporate Services

- ✓ **Deliver the NHS Fife Prevention and Control of Infection Annual Work Programme for 2021-2022. Provide a structured delivery programme with priorities for nursing staff, clinical support staff, clinicians and managers to minimise the spread of infection, support the reduction of HCAI and to meet the NHS Healthcare Improvement Scotland (NHS HIS) Standards (2015).**
- ✓ **Develop a framework for Innovation adoption, generation, development, monitoring and evaluation.**
- ✓ **Investment secured for Programme Management Office (PMO) and embedded as part of the strategic planning arrangements to ensure corporate focus on progressing the service redesign required to release both cash savings and productive opportunities over the medium-term.**

Unscheduled Care

- ✓ Seamless GP Admission Pathways
- ✓ Increased scheduling for patients accessing ED
- ✓ Increased capacity within ED Resus
- ✓ Safe and timely discharges – COVID STATUS
- ✓ Lack of physical capacity in Admissions Unit 1
- ✓ Effective HALO resource to support front and back-door flow
- ✓ Minimise delays across the in-patient bed base through the systematic use of the Moving on Policy.
- ✓ HSCP Escalation to support daily decision making at HSCP huddles aligned to joint escalation plan with Acute services.
- ✓ Review current clients who have packages of care and require a renewed assessment.
- ✓ Community ANPs will return to General Practice from the COVID Hub and Assessment Centre to support workload
- ✓ **Public Engagement to ensure people are enabled to access the right care at the right time**
- ✓ Pharmacy support to safely manage discharge and transfer medications within the SUMPP parameters
- ✓ **Public facing information - Public messaging on right place right care, and how / when to access ED distributed through a wide range of established communications platforms including; NHS Fife Website, NHS Fife Social Media Channels, Local Press and Media, Partner organisation communications channels – these will be issued on a regular basis to reflect demand on ED, urgent and primary care services.**
- ✓ NHS 24 – 4-hour pathways for minor illness triaged via FNH from 13/5/21
- ✓ Urgent Care Services and ED have revisited the OOH redirection policy and reviewed pathways between ED and OOH
- ✓ **Identify and establish resources to support new pathways.**
- ✓ An urgent need for Paediatric escalation planning which cannot wait until Autumn/Winter.
- ✓ Review of red pathway into acute paediatrics that ensures that all referrals have been assessed by another health care professional (GP, ED, Unscheduled Care) which will filter out the patients currently being seen with mild symptoms.
- ✓ Increase in HDU/ITU Paediatric Demand
- ✓ Protecting the most vulnerable babies
- ✓ **Delivery of the adult seasonal influenza vaccination programme.**

Actions at risk (those in bold since previous update)

Primary, Community and Social Care

- Review the arrangements to Primary Care 'Care Home Local Enhanced Service' during 2021-22 including strengthening good quality anticipatory care planning.
- **Podiatry Services to be made available in all community and hospital sites including domiciliary and care homes**
- Working towards a return to this routine therapeutic support as soon as restrictions allow e.g. securing of IPC compliant clear masks, vaccination of staff.
- Redesign by recruiting Advanced Nurse Practitioners who can support the Consultant Rheumatologists in the delivery of the service. This will reduce the reliance on agency medical locum staffing.
- **Review of GIRFEC practices and wellbeing pathway to increase effectiveness and impact**

Planned Care, Electives and Diagnostics

- ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services.
- Patient Self-Booking - Support Patient Self-Booking across acute and community services. Linked to the Digital Hub is also the emerging capability for pathways to be enhanced by Remote Health Pathways, with COVID discharge and Pre-operative Assessment being identified as high impact areas for consideration.
- **Digital Pathology - Support creation of a business case, which if approved will lead to the introduction of digital pathology to support a more resilient and sustainable service by improving efficiency, patient safety and delivering value for money.**

Unscheduled / Elective Care

- Review of Business Continuity/Resilience
- Workforce planning - planning for surge capacity to include a robust Medical, Nursing & AHP model.
- Sustainable Workforce – ED & AU1
- Maximise discharges from inpatient wards within VHK before 12 noon and move discharge profile to earlier in the day. Improve weekend discharge profile for Emergency Care Directorate.
- Capacity available for pre-assessment and pre-admission for front door areas of the hospital.
- Develop appropriate alternatives to attendance at A&E, minimise the need for admission, and reduce length of stay and increase options and processes for timely and appropriate discharge
- Develop a Home First Strategy
- Reduce hand offs in discharge processes
- Promote interim care home moves for people waiting on PoC.
- **Additional coordinating role in social care to ensure transfer of patients from hospitals. Test the trusted assessor model.**
- Ensure timely access to UCAT and addiction services for patients within the Acute Services Division in crisis's

Actions unlikely to meet target (those in bold since previous update)

Public Health

- Improve the health of the Black and Minority Ethnic Community.
- Take forward the recommendations from the Independent Expert Reference Group on COVID-19 and Ethnicity on behalf of NHS Fife.

Unscheduled / Elective Care

- Reducing length of stay on CAMHS
- The development of an app to support the Moving on Policy and help with decision making of moving on patients. This will include care home videos, staff messages.
- Winter elective plan to minimise the impact on elective activity as far as possible.
- Optimise digital healthcare where possible.

Mental Health

- Community Wellbeing Hubs across Fife to support delivery of mental health interventions and integrated care

Pharmacy

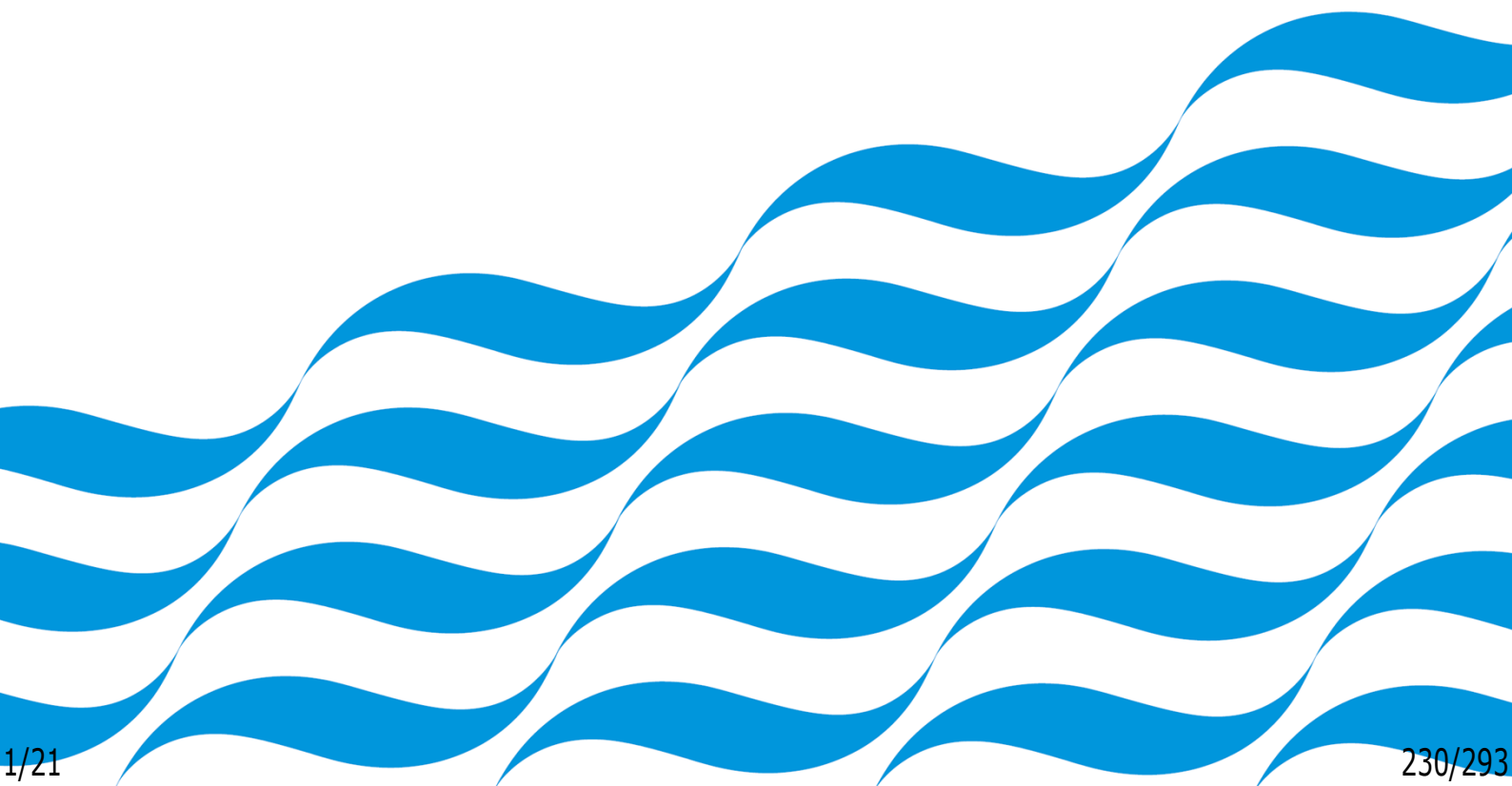
- **Implementation and roll out of HEPMA.**

Planned Care, Electives and Diagnostics

- Secure additional Waiting Times funding to increase capacity and enable waiting list reduction.
- T&O to achieve 100% of pre covid activity with progression to 110% by March 2022 in line with national commitment.
- **Exploring Locum Consultant recruitment options.**
- Remobilisation of Elective pathway in a phased manner with the need to maintain adequate red and amber capacity.

Winter Lessons and Reflections 2021/22

18 March 2022



1 Introduction

Winter 2021/22 came with significant challenges due to the impact of COVID on the past 2 years as well as running efficient vaccination and test and protect programmes.

The pressure on the health and care system intensified over the winter period but has not subsided in terms of capacity and flow since 2020. NHS Fife and Fife Health and Social Care Partnership (HSPC) continues to prioritise the needs of our vulnerable and ill patients by providing timely and effective care, despite increases in demand on services or a mismatch between demand and supply of services.

Leadership is the key to the successful whole system collaboration in place over this time.

2 Winter 2021/22

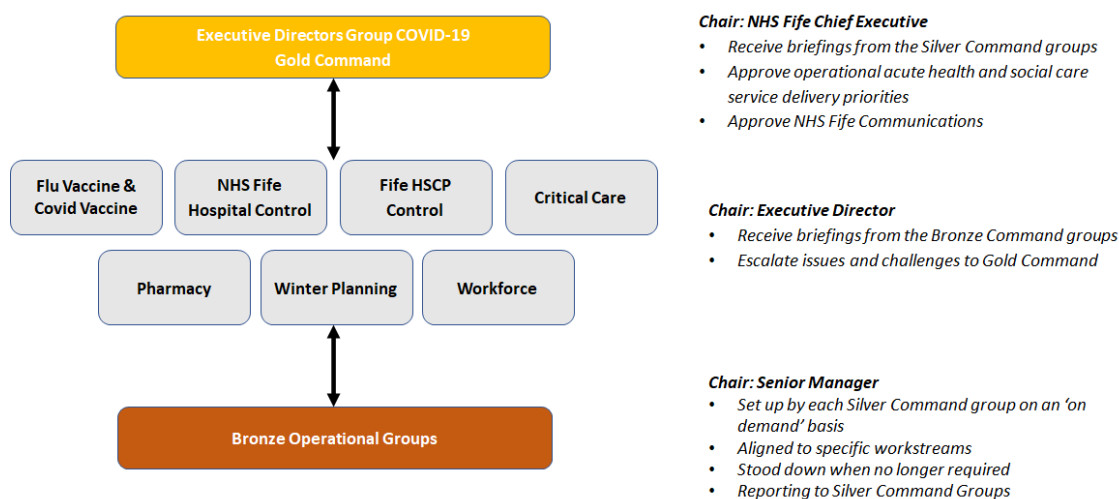
Reflections of the health and care services over the winter period has been considered and the key actions taken by NHS Fife and Fife HSPC to lead and manage the health and care system are described in this section.

2.1 Emergency Command Structure

As emergency planning measures were still in place, NHS Fife managed the emerging COVID position through the Emergency Command structure that was already well embedded throughout the organisation and Fife Health and Social Care Partnership.

The framework of the command structure of Gold, Silver and Bronze was implemented for operational teams, winter, capacity and flow and workforce. The reporting structure went to Gold Command that met at least twice a week and was made up of the Executive Directors' Group – the Chief Executive, Executive Directors and strategic senior managers.

The reporting and escalation structure provided clear lines of responsibility and decision making as shown below.



2.2 Development of Escalation Framework

The development of the OPEL (Operational Pressure Escalation Levels) Tool at the end of 2021 enables the whole system to manage and respond to current challenges in capacity in a systematic and planned way. Initially development to manage early decision making and support to Acute's demand and capacity, it was then adapted to reflect the challenges in the HSPC. Each operational team now have an accurate overview of the pressures on their systems at least daily to be able to focus and plan to release or maintain capacity and flow in the system.

Testing has been a critical part of the implementation process. Multiple testing of the tool over daily cycles for the past 5 weeks has ensured the tool is reliable and sensitive to changes in pressure across the site to enable pro-active cross site and whole system actions to be undertaken to ensure a timeous de-escalation.

The OPEL tool has been demonstrated at the Executive Directors' Group and the Board and has been praised as being very positive and innovative. The operational and clinical teams have welcomed its introduction and is now part of their daily business. An example of the OPEL tool can be found in Appendix 1.

2.3 Informed Decision Making

Historically, during the winter period but over the last 3 years, a winter scorecard has been used on a weekly basis to discuss and plan in an integrated way with the operational teams. This scorecard follows the patients journey starting with Urgent Care, through Emergency Care and acute and community ward stays and onwards to social care capacity.

The scorecard is discussed at the Winter Capacity and Flow Bronze group with escalations, where appropriate, to Winter Silver Group. This provides the operation teams to discuss changes and monitor their impact on the whole system. An example of this can be found in Appendix 2.

The OPEL escalation framework works at an operational level, the Winter scorecard is used at a tactical level and at a strategic level, the Executive Directors' Group (Gold) received COVID report weekly and over the winter period, this was refined to a whole system monitoring report. The report provided an overview of COVID admissions and projections, planned and unplanned activity and delayed discharges. An example of this report can be found in Appendix 3.

2.4 Impact on HAI standards

The constant pressures on the health and care system have impacted on the bed capacity in ward bays. Previous work undertaken reduced the number of beds in ward bays to meet the HAI standards, however, there was such a strain on the system that additional beds were reintroduced in wards in acute and community settings. Although the situation is reviewed on a daily basis, the demand for beds is such that these additional beds have remained open longer than expected.

The current estate in Fife is such that in the older hospitals, the conditions are not optimal with investment into the older estate required to upgrade wards and improve ventilation.

2.5 Workforce

Workforce continues to be challenging across health and social care with a significant impact on the care and treatment that can be provided. Workforce continues to be challenging across health and social care with a significant impact on the care and treatment that can be provided. We established a Workforce Resilience Silver Group last year as part of our command structure which has coordinated a range of activity to support short, medium and longer term workforce supply and demand solutions and escalate workforce issues to our Gold group as required. The combination of operational, corporate, support and staff side representatives has allowed us to remain as responsive as possible during the changing context. The group has overseen workstreams on Resilience Planning, Resourcing, Education & Training and Employee Wellbeing.

Some of the key workstreams have involved the identification and deployment of a 'Workforce Resilience Layer' which has included non-frontline staff trained and redeployed for short term support in an operational support capacity; additional ward administration support; rapid recruitment to Healthcare Support Worker roles and bank utilisation and deployment of volunteers. Lessons learned have included reviewing how we improve workforce data, faster deployment of staff, better definition for support roles and enhancing communication methods and channels.

NHS Fife and Fife Health and Social Care Partnership have taken a number of actions to support workforce supply and these include:

- Accelerated recruitment to Nurse Staff Bank, including recruitment of medical, nursing and AHP students; returners (to support vaccination programme)
- Early recruitment of nursing students who are graduating, employing them at Band 4 level as they await their registration from the NMC, in areas where they have secured permanent registered posts
- Accelerated recruitment processes supported by Workforce Directorate
- International recruitment: supported by the Centre for Workforce Supply and in collaboration with Yeovil Trust; 40 registered nurses and 3 radiographers will join our workforce over the coming months, with the first nursing recruits taking up posts in February 2022
- Participation in national recruitment campaign, although recognising that it is unlikely to attract a significant number of staff to work in Scotland

Fife has experienced staffing challenges on a daily basis so processes have been put in place to support the daily management of workforce, ensuring patient safety is maintained:

- Establishment of workforce hubs, monitoring staffing levels on shift by shift, on occasion hour by hour, basis
- Daily staffing huddles, led by senior nurses

- Development of 'Safe to Start Guidance' which forms part of the OPEL framework
- Development of Guiding Principles to support registered staff working in extremely challenging times
- Deployment of staff utilising Community Guidance in relation to Children's Services, Community Nursing and AHP
- Training modules adapted, which can be accessed online, rather than face to face sessions

Staff wellbeing continues to be vitally important and there has been a focus on staff wellbeing throughout the pandemic. A number of initiatives have been introduced including wellbeing hubs, pastoral care, peer support and psychological support and these will continue to be in place to support our workforce.

2.6 Winter Review themes

Lessons learned have continued to be gathered and discussed by our staff throughout the winter period. Feedback from operational services including Public Health were gathered and a detailed list of the responses received can be found in Appendix 4 – the table below summarises the high level themes with examples of positive and negative feedback and suggestions for next year. Lessons learned from the Vaccination Programme have not been included as they have been submitted separately.

A further winter review workshop in April has been arranged with the wider clinical and operational teams where the lessons learned will be discussed and proposed plans for 2022/23 will be described. As in previous years, this will bring together teams from across health and social care as well as partner agencies to gather multi agency feedback.

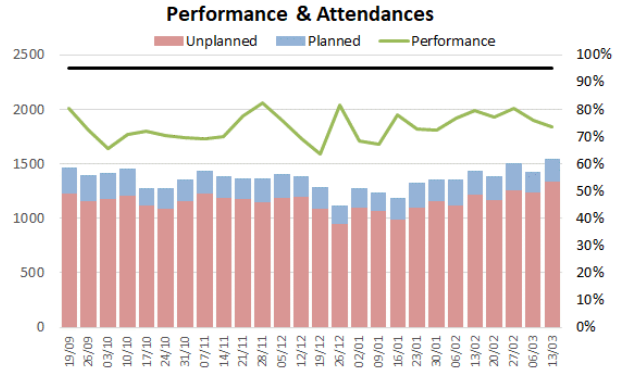
Theme	What went well	What did not go well?	What could be done differently?
Business Continuity/ Emergency Planning	Working of Local Resilience Partnership	Limitations on workforce and equipment	More robust BCPs and transport plans
Whole System Working	Agile and flexible teams Cross system working	Uptake of serial prescribing across all teams	Better deployment of Point of care testing (POCT)
Demand and Capacity	Pathway redesigned Staff Commitment Available information	Capacity challenges and delays Restricted GP access	Development of Front Door Model Improved discharge process

Theme	What went well	What did not go well?	What could be done differently?
Escalation and Surge Plans	Command structure in place Development of OPLE framework Agility of workforce	-	Earlier agreement of plans
Staffing Levels	Dedicated consultant cover Temporary and redeployment of staff Wellbeing resources for staff	Staffing levels despite recruitment drive Patient care affected due the available staff	Ability to flex staff across the system Debrief for staff
Elective Activity	Maintenance of P1 and P2 activity Use of QMH	Stopping of electives, in particular orthopaedic	-
Infection Prevention and Control	Implementation of ARHAI Respiratory Pathway Care home huddles	Late publication of guidance	Time to implementation guidance Earlier MRSA screening
Test and Protect	Clear protocols for contact tracers Protocol to manage care home admissions	Managing the changes in isolation and testing requirements Timings of staff testing	Workforce model required going forward that can rapidly respond to demands
Communications	Regular engagement with all staff	Changing position with care home closures difficult to manage	Better national communications with public Revised visitors' policy

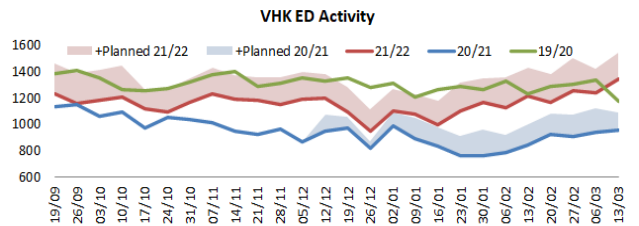
3 Analysis of Key Metrics

3.1 Emergency Department

Performance within Victoria Hospital against 4-hour standard averaged below 75% for the 26-week period to 13th March, achieving excess of 80% on four occasions. There was 1177 unplanned attendance on average per week up until festive period and have been rising since mid-January with last 8-week average over 1200. Week of 13th March exceeded 1300 unplanned attendances. Planned activity averaged just below 200 per week over the same time period.

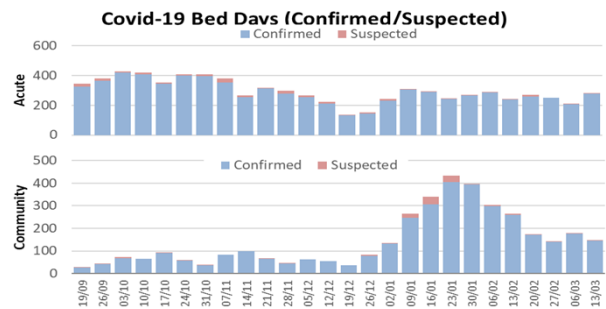


Unplanned attendances for this winter were below 2020 levels every week apart from the latest. However, when including planned activity, totals were similar up to mid-December and have been above since mid-January. Latest week was also higher than weekly average for winter 2020.



3.2 COVID-19 Hospital Activity

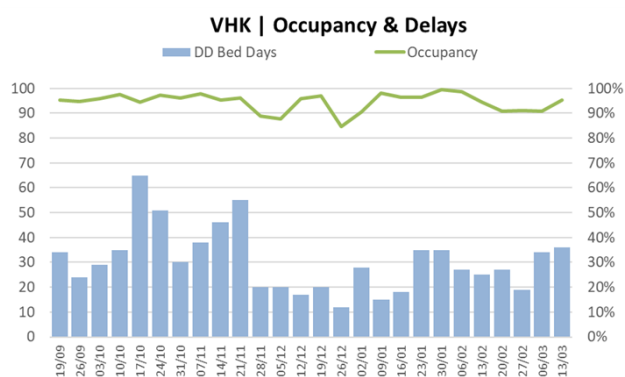
Bed days attributed to COVID-19 within Victoria Hospital peaked at 422 in early October. Steady decrease from then until Christmas period to below 150. This has risen since and has fluctuated between 250 and 300.



Bed days within Community and Mental Health Hospitals had been below 100 throughout winter until week ending 2nd January. Outbreaks within these settings led to an increase to 400 by mid-January leading to ward closures that placed significant pressure on the whole system.

3.3 Acute Occupancy and Delays

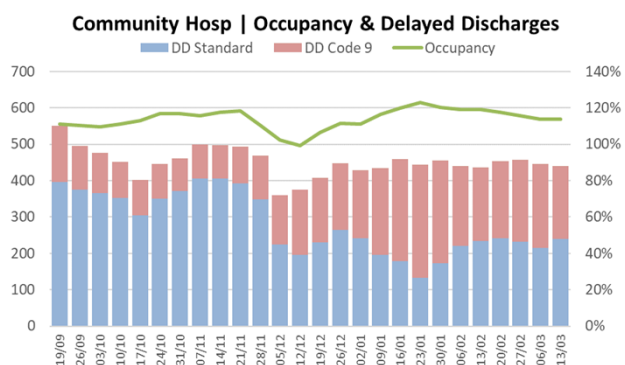
Occupancy pressures have been extreme, driven by significant increases in admission demand leading to the requirement for the use of contingency inpatient capacity, over and above surge capacity to accommodate demand. This significantly disrupted the urgent elective programme, particularly Orthopaedics, with occupancy levels continuing to impact activity.



Delayed discharge bed days have come down because of the discharge profile to HSCP with enough flex in the system to accommodate additional flow during times of significant pressure.

Site pressures have been compounded by staffing challenges, with high absence rates eroding staff ratios and placing additional strain across teams. Pre-emptive service retraction, based on clinical priority, enabled staffing resource to be consolidated based on greatest need.

Occupancy across HSCP MoE wards is higher than what it has ever been due to number of beds open over and above the MoE normal covid bed base.



Bed days for standard delays has significantly dropped. We are seeing a sustained discharge profile to care at home and interim beds which has attributed to this reduction. Increase in Code 9 delays in early 2022 was due to ward closures due to COVID-19.

4 Financial Position

Winter monies made available to the Health Board and Integrated Joint Board in November 2021 have been used to support the delivery of key winter priorities. All the funding allocated has been utilised in full with additional costs underwritten by the Health Board and the Integrated Board. Monies received into Fife has been used by the board and the H&SCP to fund additional delayed discharge coordinators, medical locum cover, discharge vehicles and multiple reviews of packages of care, all monies spent with the focus being to take discharges out of Fife hospitals and support increasing demand.

In addition, further winter monies announced in October 2021 to support the board and the H&SCP with a focus to improved delayed discharges have enabled NHS Fife

to move forward with a successful International recruitment programme with the first members of staff recruiting from overseas joining NHS Fife in February 2022 with other new recruits expected in the coming months. A successful recruitment campaign has also enabled the board to recruit the minimum 68 new band 2-3 support staff roles to support delayed discharges. Several staff are already in post with others to join the board in the next couple of months. Monies allocated for staff wellbeing measures have also been spent in full providing much needed support to staff.

Despite significant ongoing recruitment challenges other winter monies have been utilised by the H&SCP to enhance service provision with a firm focus on improvement in delayed discharges.

5 Summary

NHS Fife and Fife HSPC have shown leadership and collaborative working over this period and the integrated actions described have demonstrated the benefits of whole system working with the patient at the centre. The challenges continue to be felt across the system and we will continue to work together across agencies.

Appendix 1: Example of OPEL reporting

NHS Fife Acute Services Escalation Plan 2021/22							
		Criteria Level of Decision Making	L1 (Green)	L2 (Yellow)	L3 (Amber)	L4 (Red)	L5 (Purple)
			Bronze	Bronze	Bronze	Silver	Gold
OPEL	83	5	4	1	3	2	12
Back Door	26	5	1	0	2	1	3
1 Hospital Occupancy	2	3	80-85%	86-89%	90-97%	>97% or more	>100% plus
2 Additional Bed Capacity	5	3	0 wards open	Surge planned	Ward 6 open	Ward 6 / 9 over capacity	DIU or SSSU in use
3 Delayed Discharge / DTC	4	5	0-5	6 to 18	19-24	25-34	35 or more
4 Boarding Patients	5	5	0-4	5 to 9	10 to 14	15-18	19 or more
5 Total number of discharges at 11.00	3	5	95 or more planned	81-94 planned	66-80 planned	51-65 planned	50 or less planned
6 Predicted Bed Balance	5	5	±10 / in balance	±5/in balance	In balance	±5	±10
7 Ward closures due to infection	1	5	0 Wards	1 - 2 bays closed	3 bays closed	1 ward closed	2 wards closed
Front Door	49	5	0	1	1	1	8
8 Ambulances Waiting	2	5	0	1 ambulance holding & at risk of not off-loading in next 15 mins	2 ambulances holding & at risk of not off-loading in next 15 mins	3 ambulances holding & at risk of not off-loading in next 15 mins	4 or more ambulances holding & at risk of not off-loading in the next 15 mins
9 ED resus Capacity	4	5	2 resus bays available	2 resus bay available	1 resus bay available for standby	Resus full with no availability for a standby	Resus full + patients in overcapacity
10 Total patients in ED / Majors capacity	5	5	≥2 majors cubicles available and ≤30 pts in ED	1 majors cubicle available or >30 pts in ED	No majors cubicle availability & no majors patients in waiting room	No majors cubicle available, over capacity in majors area or >3 majors patients in waiting area	No majors cubicle available, over capacity in majors area or >3 majors patients in waiting area
11 Total Number of DTA (Unallocated)	5	5	7+ patients	No patients waiting	1-2 patients	3-4 patients	5-6 patients
12 Longest LoS - DTA	5	5	All patients <4hrs from DTA	Any DTA patient >4hrs from admission	2-3 DTA patients >4hrs from admission	4-6 DTA patients >4hrs from admission	Any Patient >12hrs or 2+ DTA patients >8hrs or 2+ DTA patients >4hrs from admission
13 Total patients in AUI (in patients)	5	5	≥25	26-27	28-29	30-31	≥32 (full)
14 AUI (RV) Assessment space	5	5	Minus 3+ adjusted bed balance	Plus 1 adjusted bed balance	In Balance to Minus 1 adjusted bed balance	Minus 2 adjusted bed balance	Minus 3+ adjusted bed balance
15 AUI (N RV) assessment space available	5	5	Minus 5+ adjusted bed balance	Plus 1 adjusted bed balance	In Balance to Minus 1 adjusted bed balance	Minus 2 adjusted bed balance	Minus 5+ adjusted bed balance
16 Total patients in AUI2	5	5	≤15	≤17	≤19	≤21	≥22 (full)
17 AUI2 assessment space available	5	5	Minus 3+ adjusted bed balance	Plus 1 adjusted bed balance	In Balance to Minus 1 adjusted bed balance	Minus 2 adjusted bed balance	Minus 3+ adjusted bed balance
18 Staffing levels (RNs)	3	5	Green	Yellow	Amber	Red	Black
Other Capacity	8	2	3	0	0	0	1
19 Elective Cancellations	5	5	Full access to elective programme	Full access to elective programme - managed case-by-case	Decision taken not to appoint at P3 Level for 29 cases	Decision taken not to appoint at P3 Level for 10+ cases	Cancellations at P2 Level
20 Critical care Capacity	1	5	Full access to all pathways	Full access to all pathways with 8 patients	10 level3 patients with bed availability in 4 hrs	11 level3 patients with bed availability tomorrow	No beds available and none predicted > 24 hrs
21 Business Continuity Event (defined as IT, PACS, utilities failure)	1	5	No critical issues identified	No critical issues identified	Reduced functional service - minimal impact/delay	Reduced functional service - moderate impact/delay	Reduced functional service - severe impact/delay
22 Paediatric Capacity Escalation level	1	5	Level 1 - access to all pathways	Level 1 - access to all pathways	Level 1 - access to all pathways but no HDU Capacity	Level 2 - 2 SR available & 9 RV beds occupied	Level 3 - 2 SR available & 12 RV beds occupied

ACTIONS

8 Yellow Action

9 Red Action

10 Purple Action

11 Purple Action

12 Purple Action

13 Purple Action

14 Purple Action

15 Purple Action

16 Purple Action

17 Purple Action

18 Amber Action

19 Purple Action

20 Green Action

21 Green Action

22 Green Action

Fife HSCP Escalation Plan 2021/22							
		Criteria Level of Decision Making	L1 (Green)	L2 (Yellow)	L3 (Amber)	L4 (Red)	L5 (Purple)
			Bronze	Bronze	Bronze	Silver	Gold
OPEL	65	4	7	8	1	6	3
Flow	41	4	4	4	1	4	2
1 Hospital Occupancy (Basic Acute Wards)	4	5	<85%	85-89%	90-95%	>95%	>100%
2 Patients clinically fit for next stage of care from VED (with a confirmed pathway)	1	5	21-25	21-25	26-30	31-35	36-40
3 VED Patients to be assessed (Discharge Hub)	1	5	0 to 30	0 to 30	11 to 15	16 to 20	21-25
4 Community Hospital Social Work waits (EM, 4 and 216 - official delay codes minus 54 / M&M&D)	1	5	<5	<5	25 to 29	30 to 34	35-40
5 Official delay S1X codes	5	5	>5	0 to 10	11 to 15	16 to 20	21 to 25
6 Community Hospital Social Care (P10, official delay codes minus 54 / M&M&D)	1	5	0-15	0-15	16-20	21-25	26-30
7 Planned Community Hospital discharges	2	5	21-25	0-20	21-25	26-30	31-35
8 Down Stream Beds Available	4	5	5 to 9	15	12 to 14	10 to 11	1 to 8
9 Hospital Occupancy (Basic Acute Wards)	5	5	100% Normal Bed Base	95% or below Normal Bed Base	94-95% Normal Bed Base	96-97% Normal Bed Base	98-99% Normal Bed Base
10 Surge Beds added (Medical & Nursing Pressure beds)	4	5	75-90 beds open	No surge beds open and none in planning	Initial surge in planning	18-22 beds open	23-30 beds open
11 Ward closures due to infection	4	5	1 ward closed	No closures	2 bays closed - 2 in 1 ward or 1 x 2 wards closed	3 bays closed	1 ward closed
12 H&H (Eggs are available)	2	5	21-25	<20	21-25	26-30	31-35
13 PC (Waiting list)	2	5	3-4 waits	2 or less	3-4 waits	3-6 waits	7-8 waits
14 Case Home Closures	1	5	10-19 closed	No closures	1-9 closed	10-19 closed	20-25 closed
Wider System	11	3	2	2	0	0	1
15 GP Appointment availability	2	5	Individual GP practices declaring they are unable to deliver GP appointments within own practice	All GP practices operating as normal	Individual GP practices declaring they are unable to deliver GP appointments within own practice	Buddy Practices declaring they are unable to provide GP patient care close to being unable	One Cluster declaring unable to provide GP appointments even three or more Assessment Centres open
16 Community Pharmacy Service	1	5	No closures up to 16 Half-day or 2x Full-day closures	No closures up to 16 Half-day or 2x Full-day closures	Up to 16 Half-day or 4 Full-day closures	Up to 16 Half-day or 8x Full-day closures	Up to 16 Half-day or 4x Full-day closures
17 Urgent Care Services	1	5	Normal staffing levels	Normal staffing levels	Staffing levels 90% or deemed 100-120% of normal seasonal activity	Staffing 90-81% and 80% 71% staff coverage and 110-120% seasonal activity	<70% staffing and / or demand beyond capacity
18 Public Dental Service	2	5	Staffing at 81-94% reduced service with full routine bed cover and low risk	Staffing 95% and above full operation	Staffing at 81-94% reduced service with full routine bed cover and low risk	Staffing at 80-51% urgent care only	Staffing at 50-41% below restricted and promoted emergency care only
19 Hospital Occupancy (Basic Acute Wards)	5	5	No beds available and no out of area beds	Four or more local beds available	Three local beds available	Two local beds available	One local bed available
Workforce	13	3	1	2	0	2	0
20 SW Hospital Team Staffing	2	5	Staffing 80-60%	normal staffing levels	Staffing 80-60%	Staffing 60-50% (supported by community team)	<50% staffing in teams supported by business continuity plan
21 MDO Team Staffing	1	5	<10% absence	<10% absence	80% staffing	80-50% staffing	<50% staffing and business continuity plan engaged
22 Wider HSCP safe to see patients	2	5	98% of services safe to see	All Areas Safe to See	98% of services safe to see	90% of services safe to see	94% of services safe to see
23 Business Continuity	4	5	Reduced functional service - severe impact/delay	No critical issues identified	Reduced functional service - minimal impact/delay	Reduced functional service - moderate impact/delay	Reduced functional service - severe impact/delay
24 Workforce Hub	4	5	Red	Green	Yellow	Amber	Red
25 Declared staffing position	4	5	Red	Green	Yellow	Amber	Purple

ACTIONS

Facilitate daily capacity huddle

ensure normal flow - 12 per day

ensure normal flow - 12 per day

Continued Normal Service Provision

Escalate to Scottish Government

normal business activity

Verification meetings

Emergency H&H meeting to expedite discharges

early conversations re surge opening system wide

Initiate business continuity plan

Assess all beds open and ongoing need based on numbers and length of stay

Undertake P&R risk assess bed loss from systems and implement any mitigation

Cross Cover High neighbouring team

Cross Cover neighbouring ICT

Daily meeting with Commissioning Team, Patient Flow Coordinator, Health Protection Team and Case Home Support and Assurance Team to review patients awaiting discharge to closed care homes and carry out individual risk assessments to facilitate patient flow where safe to do so

Building system involving two practices involved when unable to deliver care to have appointments as a single practice

normal business activity

normal business activity

normal business activity with identified contingency in place.

Check out of area admission capacity/ Consider accessing independent health care facility via G&P application

manage staffing within services

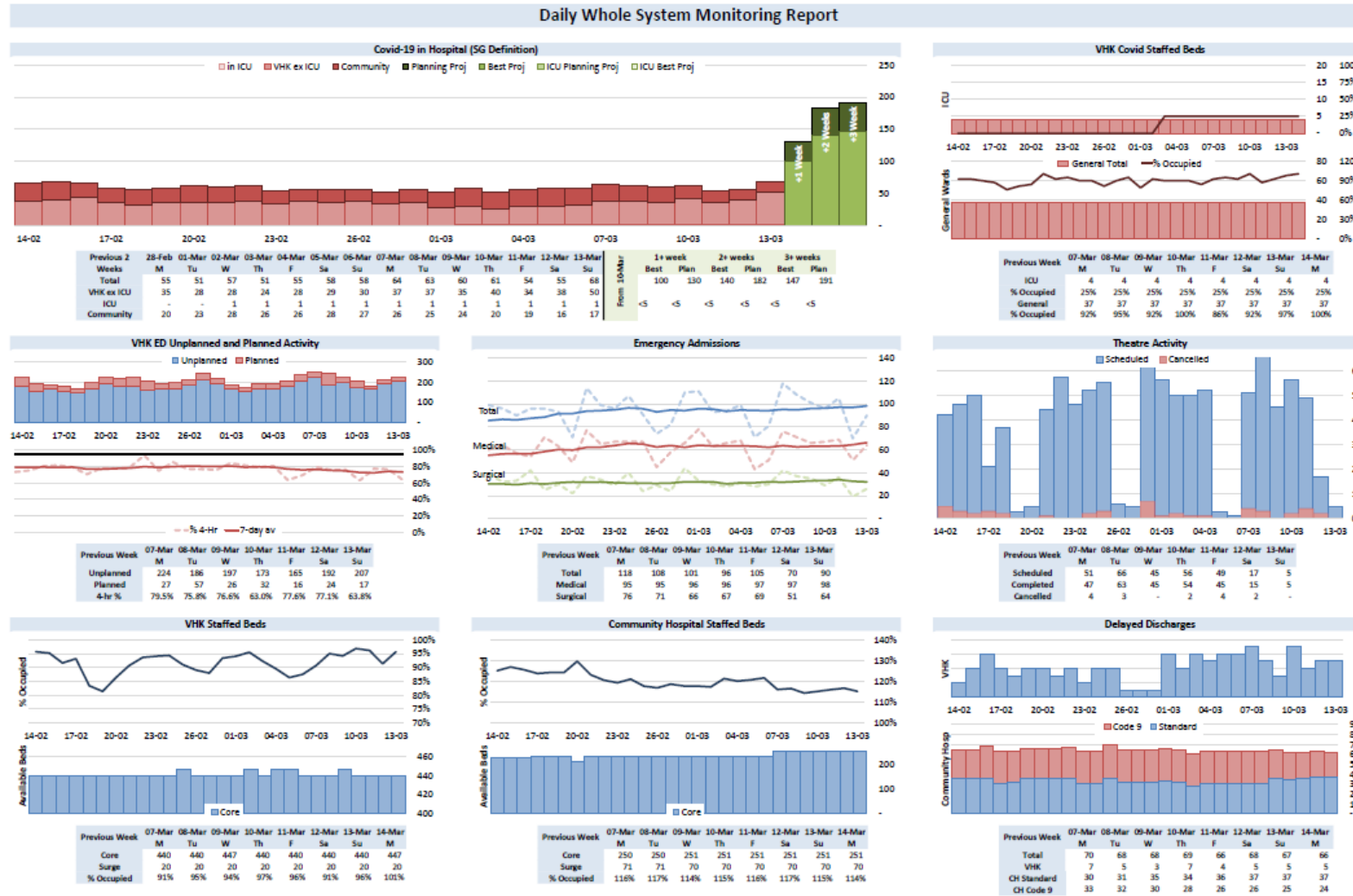
50% of staff on deployable list mobilised

Disinfect red patients at workforce emergency/ isolation huddle

Appendix 2: Whole System Scorecard

Area	Indicator	Trend	19-Sep	26-Sep	03-Oct	10-Oct	17-Oct	24-Oct	31-Oct	07-Nov	14-Nov	21-Nov	28-Nov	05-Dec	12-Dec	19-Dec	26-Dec	02-Jan	09-Jan	16-Jan	23-Jan	30-Jan	06-Feb	13-Feb	20-Feb	27-Feb	06-Mar	13-Mar
Urgent Care	Contacts		2312	2243	2339	2823	1993	2138	2218	2190	2257	2360	2223	2352	2312	2354	1920	3117	2897	2252	2341	2245	2174	2139	2229	2133	2134	2206
	Home Visits		101	124	120	152	107	125	134	104	98	108	116	118	107	83	98	247	179	124	124	131	108	120	121	112	114	121
	COVID Outcome		426	396	383	530	370	391	308	385	411	431	369	398	358	422	359	666	556	337	308	289	291	315	296	299	304	324
	NHS24 Outcome		326	338	344	414	323	351	376	365	359	351	369	398	399	342	308	522	440	367	383	396	359	362	397	358	342	368
VHK ED	All		1462	1392	1411	1450	1268	1267	1350	1434	1377	1357	1359	1398	1380	1283	1114	1267	1227	1177	1319	1348	1355	1433	1385	1504	1424	1543
	Planned		228	235	231	242	148	176	185	201	181	171	211	209	181	189	163	161	150	180	214	184	230	213	216	244	187	199
	Unplanned		1234	1157	1180	1208	1120	1091	1165	1233	1196	1186	1148	1189	1199	1094	951	1106	1077	997	1105	1164	1125	1220	1169	1260	1237	1344
	Performance		80.4%	72.5%	65.6%	70.8%	72.1%	70.4%	69.6%	69.3%	69.9%	77.4%	82.1%	75.9%	69.0%	63.7%	81.5%	68.4%	67.1%	78.0%	72.9%	72.4%	76.8%	79.3%	77.0%	80.5%	76.0%	73.5%
MIU	Total		484	414	419	377	361	339	347	353	375	374	370	305	352	295	197	204	199	320	367	325	382	347	317	403	383	436
	Unplanned		405	348	346	322	311	290	299	293	308	315	304	250	292	242	146	179	158	267	306	271	317	291	267	332	325	372
VHK	Admissions		696	730	729	709	705	703	683	714	702	689	705	767	716	750	649	715	639	667	730	737	693	677	707	730	743	770
	Emergency		589	640	636	628	624	650	611	626	621	601	619	674	628	658	586	687	611	616	657	653	617	597	641	657	651	686
	Medical		355	356	351	360	358	407	355	351	378	355	357	402	366	387	363	424	364	367	366	370	347	335	354	371	362	405
	Surgical		234	284	285	268	266	243	256	275	243	246	262	272	262	271	223	263	247	249	291	283	270	262	287	286	289	281
	Discharges		615	678	648	648	644	649	630	659	660	636	686	679	616	726	653	561	605	637	653	668	684	644	693	674	697	661
Theatre Activity	Scheduled		224	255	258	245	217	213	207	244	280	225	267	265	242	273	141	51	96	182	200	227	260	257	218	272	293	303
	Cancelled		14	16	16	15	14	16	15	16	15	11	11	13	15	19	4	1	11	7	7	20	19	7	15	7	12	15
	Hospital Cancelled		0	1	3	3	8	1	0	3	4	1	0	1	3	2	0	0	3	0	0	0	6	0	3	2	0	1
VHK Bed Utilisation	Occupancy		95%	95%	96%	98%	95%	97%	96%	98%	95%	96%	89%	88%	96%	97%	85%	91%	98%	96%	97%	99%	99%	95%	91%	91%	91%	95%
	COVID Bed Days		346	380	430	420	352	408	408	379	268	318	297	265	224	138	152	241	308	292	245	270	291	242	271	252	208	279
	DD Bed Days		34	24	29	35	65	51	30	38	46	55	20	20	17	20	12	28	15	18	35	35	27	25	27	19	34	36
Community Hospital	Admissions		54	51	52	52	53	42	52	59	59	50	65	52	40	59	57	55	46	71	34	55	73	53	56	50	50	52
	Discharges		55	52	55	46	45	36	68	53	48	48	78	53	41	55	57	51	33	60	37	57	69	55	51	60	45	57
	Occupancy		111%	110%	110%	111%	113%	117%	117%	116%	118%	118%	110%	102%	99%	107%	111%	111%	117%	120%	123%	120%	119%	119%	118%	116%	114%	114%
	COVID Bed Days		28	45	73	65	95	60	37	84	98	67	48	64	54	37	84	136	264	340	433	397	303	265	173	143	180	149
	DD Bed Days		551	496	476	452	401	445	462	499	498	493	469	359	376	408	448	428	434	459	443	456	440	436	454	458	446	440
	DD Standard		397	376	365	352	305	351	372	405	405	392	349	225	195	231	265	242	196	179	132	173	220	234	241	233	215	240
DD Code 9		154	120	111	100	96	94	90	94	93	101	120	134	181	177	183	186	238	280	311	283	220	202	213	225	231	200	

Appendix 3: Whole System Monitoring Report



Appendix 4: Themed responses

Business Continuity/Emergency Planning

What went well?

- Resilience in primary care in relation to Covid assessment.
- Local Resilience Partnership arrangements were rapidly put in place in response to Storm Arwen 'red' warning
- Local Resilience Partnership activated to consider social care pressures and concurrent risks and coordinated offers of assistance.

What did not go well?

- The Fife Equipment Loan Store has also had to deal with other external factors: Covid, Brexit which has led to a lack of supply of equipment.
- Consideration needs to be taken for the additional staffing and equipment needs for an increased number of community beds (Surge).
- Availability of 4 x 4
- Partner agencies were only able to offer limited support when additional social care was requested.

What should be done differently/changed?

- Could transport department take a role in providing 4 x 4 transport for all community services if required in severe weather?
- Strong contingency plans- Identified Winter surge capacity (winter wards that provide appropriate accommodation in line with national guidance) with HCWs recruited to staff these areas.

Whole System Working

What went well?

- Command structure (Bronze/Silver/Gold) in place for operational teams in Acute, HSCP and system wide. Clear actions and accountability relating to decisions
- Cross system working and flexibility in use of clinical space
- Launch of nMAB treatment for clinically vulnerable outpatient treatments

- Transition of Medical Admissions Controller GP function to Flow and Navigation Hub
- System wide working through huddles to manage flow through pathways for both care at home and care homes. Ensuring collaborative commissioning with providers to meet the needs of patients.
- Commitment of all teams to manage workforces across all sectors to work in an agile way has been very apparent – not only via deployment but also through prioritisation of work, responding to tight time scales and rapidly changing circumstances as well as being solutions focused. Staffing BRAG scoring and whole system approach to site safety including critical care bronze/silver daily reviews
- Increased integration and collaborative working between teams
- Multi-disciplinary approach to working under significant pressure to support hospital discharges and appropriate care placements. Regular multi-disciplinary meetings to ensure management oversight of service users' journey in as timely a way as is possible.
- Agile working from **all teams** clinical and support teams (domestics, facilities, portering and volunteers etc)
- Community Pharmacy remained open as a frontline clinical service to all patients. Use of Pharmacy First was significantly above previous years, allowing patients to access treatment quickly and flexibly.
- COVID POCT ability for clinical assessment and patient placement
- Staff rapid COVID testing for business-critical areas

What did not go well?

- While Board wide uptake of serial prescribing has been a success, there are a limited number of teams who have not engaged with this important service which is of benefit to workload management and clinical care.

What should be done differently/changed?

- Need to feed lessons learned from whole system working into workforce strategy and development as well as work on service re-design
- Consolidation of platforms for respiratory testing
- Improved route for COVID-19 reporting to deliver better TAT.
- Better deployment and management of the poct team.
- Increased availability of point of care testing (POCT) for **all** admissions (As NHS Fife is not 100% single room occupancy, this would support patient placement, and reduce number of hospital bay contacts from asymptomatic patients)

Demand and Capacity Planning

What went well?

- Use of Live Discharge tool for wards and hub whiteboard patient discharges
- Integrated HALO within front door
- Use of elective orthopaedic ward for screened trauma overflow
- Use of data intelligence and modelling to anticipate and plan acute service delivery
- Remodelling of ED resus area to allow for increased capacity whilst meeting IPCT requirements for COVID
- Commitment by all staff to provide the best service they possibly could during a period of working under extreme pressures with, at times limited resources available to them.
- Quick responses by most providers to ensure assessments were undertaken as quickly as possible and discharges arranged.
- Constant review of delayed discharges for up-to-date position.
- Use of interim/assessment/STAR bed placements to await the completion of care assessments/decision on pathway of care.
- Good dissemination of information about ward status.
- Daily care home huddle to address challenges and ensure optimal discharges
- Existing Pharmacy service core priorities provided an effective framework for targeting of resource. This supported the wider system appropriately and staff responded with flexibility and professionalism to the revised ask.
- Pathways for new COVID treatments were developed and deployed rapidly following exemplary multi-professional response. New pathways through Flow and Navigation Hub for Acute Admissions and nMAB Treatment.
- Rapid development of urgent COVID-19 pathways such as staff testing, discharge and surgery in spite of resource restrictions.
- Board-wide uptake of serial prescribing has improved across the last six months – this is important as a government priority supporting management of workload pressures in Community Pharmacies and General Practice.
- Public Health teams managed the pressures of Omicron through supportive practices established during earlier stages of the pandemic

What did not go well?

- Capacity challenges resulting in ambulance queues for ED
- Delays in transfers of care through Downstream Beds and Social Work pathways
- Use of planned care beds for emergency care patients with significant impact on patients requiring urgent surgery

- The daily request for sitrep reports to Senior Management and Scottish Government left staff feeling overwhelmed with providing data. This included for the first time the Social Work Hospital Discharge Team.
- Opportunity to reflect on transfers of care to support good relationship and safe optimal hand over. Interim beds – high numbers and length of stay due to lack of capacity in Care. More evidence to be gathered on this going forwards in respect of Service User outcomes.
- Restricted access to appointments at GP Practices
- Management of discharge pathways placed additional pressure on Microbiology and were too reactive.
- Challenges with adequate surge capacity (and staff for these areas) leading to increased number of patients in bays, which increases the risk of transmission of COVID-19
- An Increase in waiting times for support services (e.g. Fife Council Community OT Service) despite staff working to capacity.

What should be done differently/changed?

- Need to link Demand and Capacity Planning to transformation programme as demand outstripped the capacity available
- The Moving on Policy brought to the attention of the families/representatives as soon as possible rather than waiting until their family member has been delayed in hospital for a number of days without any decision made on care home choices/pathway agreed.
- Ensure families/representatives understand and are in agreement that staying in hospital is not an option or in the best interest of the patient while care home choices are made.
- Front door model is being developed – this will be in place for next winter, again, time needed to develop this model in light of what we know and what we need the model to achieve.
- Indicative guidance regarding policy would be helpful when Boards are required to rapidly stand-up new services or pathways. A proactive approach to planning for most likely scenarios would be beneficial, managed both locally and nationally – this would resolve concerns linked to reactive responses where there are time constraints.
- A review of use of resources such as surge wards and proactively planning for likely scenarios, allowing for proactive identification of staff and required processes etc. Review of data around organisation status may reveal patterns in demand levels across the system. More broadly, a proactive review of surge planning and assurance that all relevant areas, including clinical support teams, have visibility of them is important.
- Adequate Roll out time for New Processes i.e. training and system updates.
- System data reporting for specific services.
- Improved process and control on discharge across the hospital.

Escalation and Surge Plans

What went well?

- Development of OPEL escalation tools and live working for early warning and operational actions. Use of OPEL to have a shared language and understanding of operational pressures across Acute and HSCP
- Agility in retracting from services in Omicron wave
- Daily SLT meeting to provide a forum for escalation
- Authorisation for funding to increase GP resource.
- Continual assessment and redesign of the Urgent Care Service

What did not go well?

What should be done differently/changed?

- Earlier agreement of escalation plans before the start of Winter.

Staffing Levels

What went well?

- Unwavering passion and commitment from all teams across all services – inspiring!
- Dedicated consultant cover for additional capacity at VHK removing 'boarding' culture as per previous years
- Availability of up-to-date data through the workforce dashboard
- Staffing inpatient surge wards was achieved through the whole MDT approach which allowed sourcing of staff to cover the wards from Agency, Bank, extra hours OT/PT.
- Additional temporary staff through Health Improvement Scotland for Hospital at Home. This gave us the opportunity to secure permanent funding.
- Securing continuous permanent funding for OT/PT across ICASS and Nursing for Hospital at Home will have a significant positive impact for the future.
- Teams working across disciplines to support Care Homes have added huge value and support to struggling staff teams within care homes
- A lot of admin staff now have laptops and can work from home

- Team leads supported implementation of changes at pace and kept morale of staff high despite escalating numbers
- Based on previous year's activity we were able to forecast projections to put adequate staffing levels in place.
- Re-deployment staff from Partnership into Flow and Navigation Hub between January 2022 - April 2022.
- Recruitment to enhance Nursing and Admin Establishment.
- Availability of wellbeing resources for all staff.
- Re-deployment of 3 x Band 5 TUCP's to QMH to support Ward 8 at Queen Margaret Hospital Dunfermline.

What did not go well?

- Despite an ongoing recruitment drive, challenges remained with staffing (COVID related whether additional resources required for the vaccination programme, new streams of work such as the monoclonal antibody treatments as well as COVID related sickness/absenteeism)
- It is notable that staff across the service are feeling increasingly fatigued following pressure over the last two years.
- Plans for staff to rest over Christmas and New Year were not fully realised and we had to ask staff to work extra hours.
- Extended redeployment of staff to support Omicron response and impact of staff morale
- Temporary staff with a quick turnaround, as the availability of OT/PT staff is very difficult to access even through agency.
- Staff being redeployed to surge wards which meant teams were continuously working at critical function. This inevitably means there is a backlog of work to pick up when staff return e.g. CDM reviews
- Time taken to extend contracts for fixed term staff caused uncertainty and increased turnover
- Patient Conveyancing issues – due to staffing levels

What should be done differently/changed?

- Cultural changes in the way teams respond and commit to ensuring staffing as a whole system is safe and responsive to need i.e. flexing up capacity and staff movement
- To consider the positive impact that adequate staffing on wards will have on reducing length of stay and reducing level of dependency to decrease the demand on care services required on discharge
- Increased staffing resource to accommodate increased care of patients who are palliative or have complex health conditions and wishing to remain at home
- Debriefing for clinical teams to allow reflections over the last few months.
- There is a need to ensure staff have sufficient capacity to undertake the core parts of their jobs to a high standard and reviewing activities which do not add appropriate value.

- Funding for winter assurance should be released earlier to allow for recruitment processes to be followed ahead of winter, rather than reacting to it. A review of winter spends incurred across departments would allow for flexible use of resource across the organisation, focussing on key areas affected by winter.

Elective Activity

What went well?

- Maintenance of P1 and P2 surgery
- Use of QMH facilities to maintain activity

What did not go well?

- Cessation of all planned orthopaedic elective surgery in ward 10 due to demand for emergency patients.

Infection Prevention and Control

What went well?

- Adaptability with ARHAI guidance to improve flexibility of ward areas and minimise ward closures
- Good availability of PPE (supported by excellent collaboration with H&S, procurement and IPCT)
- Stepping up of HCT, Bronze, Silver meetings over winter months
- NHS Fife went live with the new ARHAI Scotland Winter 2021/22 Respiratory Infections in Health and Care Settings Infection Prevention and Control (IPC) Addendum, in line with the revised dates
- Local pathways and implementation of the above guidance supported by excellent leadership from Deputy COO, ADoN, clinical teams and IPCT.
- IPC training on new guidance and outbreak management available over the winter months
- Care home hub/care home safety huddle/care home oversight group (a multidisciplinary group to support best practice in care homes)- service found to be supportive.

What did not go well?

- Very late publication of the ARHAI Scotland Winter 2021/22 Respiratory pathway guidance (with revised launch/implementation dates as guidance was incomplete)

What should be done differently/changed?

- A full comprehensive National IPC winter guidance published with sufficient time for boards to develop and implement pathways locally
- Earlier MRSA screening for trauma patients anticipating ward 10 usage next year, but this won't be available as we will be in the FEOC by then.

Test and Protect

What went well?

- Agreed national protocols for Contact Tracing were implemented and there was clear focus on more vulnerable settings
- Local protocol developed to manage admissions into Care Homes with COVID19 outbreaks

What did not go well?

- Impact of changing isolation and testing requirements for staff and subsequent staffing pressures
- Lack of OH support over weekends to allow for use of Cameron for staff testing
- Lack of available resources due to care staff being unable to work due to contracting covid or waiting for test results – both of these being unavoidable.
- OH resources did not match demand for TAT of urgent staff testing.
- IT connectivity caused delays due to high demand for new interfaces and extended pathways developed to feed information back to T&P teams

What should be done differently/changed?

- A rapid response workforce for T&P needs to be retained to manage pressures given the likelihood of winter pressures next year. We recognise this may look different for winter 22/23 but there does need to be careful thought put to the retention of an agile emergency response for future COVID19 pressures and other infectious diseases.

Communications

What went well?

- Command structure in place (Bronze, Silver, Gold) which ensures optimal communication and clear lines of decision making.
- Staff engagement in recognising clinical need for redeployment
- Strong communications at a local, organisational and national level
- Regular communication to all staff regarding developments has been valuable.

What did not go well?

- Changing position with regards to care home closures due to Covid outbreaks – this led to delays in discharges taking place or alternative providers being sourced.

What should be done differently/changed?

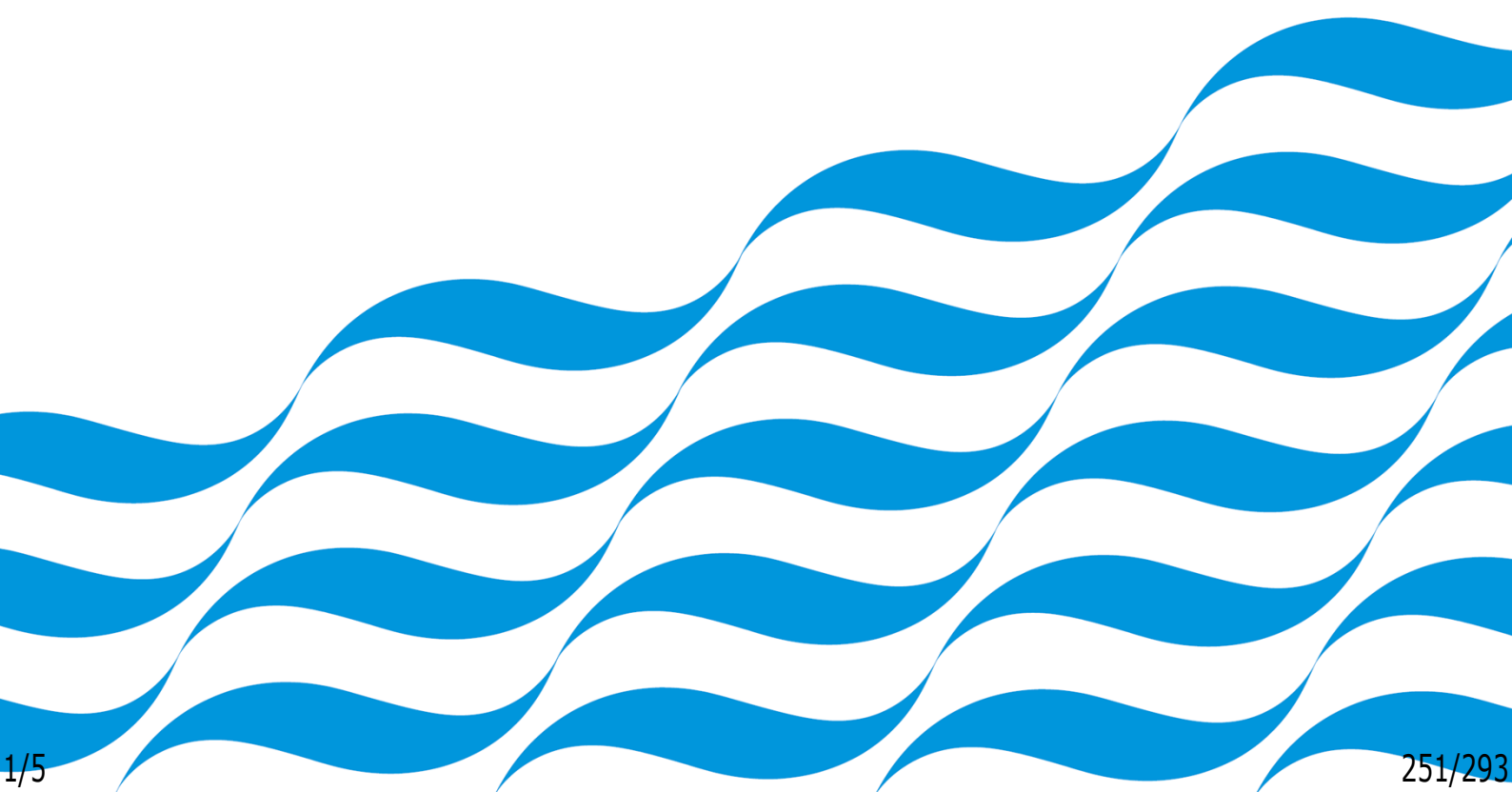
- Improved national communications to the general public that the guidance is different in healthcare premises.
- Consider national policy for visitors- will requirements continue to be for LFD tests to be performed prior to visiting? Will these continue to be free? If not will boards have to provide the tests and an area for these to be performed?



Winter Planning

Monthly Report

Week Ending 31st January to 3rd April 2022



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Introduction

The purpose of this report is to assure the Chief Executive, IJB and EDG that the Winter Plan is being delivered in accordance with the submission to Scottish Government and against agreed performance targets.

In 2021/22, the Winter Plan is integrated in the Remobilisation Plan and describes the actions that will be taken forward by NHS Fife and the Health and Social Care Partnership to optimise service resilience during the winter months and beyond in a COVID-19 sensitive environment. Executive leadership sits with the Director of Nursing and delivery lies with both the Directors of Acute Services in NHS Fife and the Health and Social Care Partnership.

A Silver Command has been established for winter planning which meets weekly and agrees actions, supported by the Winter Planning Bronze Command that monitors the dashboard weekly and escalates issues to Silver Command where appropriate. A bi-monthly report is provided to the board for assurance. The weekly reporting will cease at the end of March with the monthly report going to the NHS Fife Board in May 2022. Weekly reporting has commenced in October 2021 as part of the Winter Plan 2021/22.

The Winter Planning Performance Review Summary will be considered by the Finance, Performance and Resources and Clinical Governance Committees and for performance measures relating to the HSCP via Finance and Performance and Clinical and Care Governance Committees.

Section A: Executive Summary

This is the third bi-monthly report summarising performance against key indicators and actions for Winter 2021/22. The key points to note this month are as listed below.

A&E	<p style="text-align: center;">Narrative</p> <p>The 95% Standard has not been met in the last 26 weeks. The board average has maintained above the Scotland average since w/e 6th February, and within 5% of the Scotland average throughout the Winter period with only week ending 19th December as the exception.</p> <p>Planned attendances are not included within the numbers used to calculate the emergency access 4-hour target. The Redesign of Urgent Care (RUC) programme will transfer a portion of what previously would have been unplanned (minor) attendances into planned attendances. These patients would have been less likely to breach the 4-hour target, removing them has caused a negative effect on the performance.</p> <p>Attendances including planned since the end of January are now at the highest levels they have ever been and are trending much higher than pre pandemic levels now.</p>
Covid-19 Bed Days	<p style="text-align: center;">Narrative</p> <p>The number of Covid-19 positive patients in Acute has risen increasingly since early March and are now at the highest levels seen throughout the Pandemic.</p> <p>During the same period within a community setting the numbers have also risen increasing with the highest level seen causing many wards to close during this period.</p>

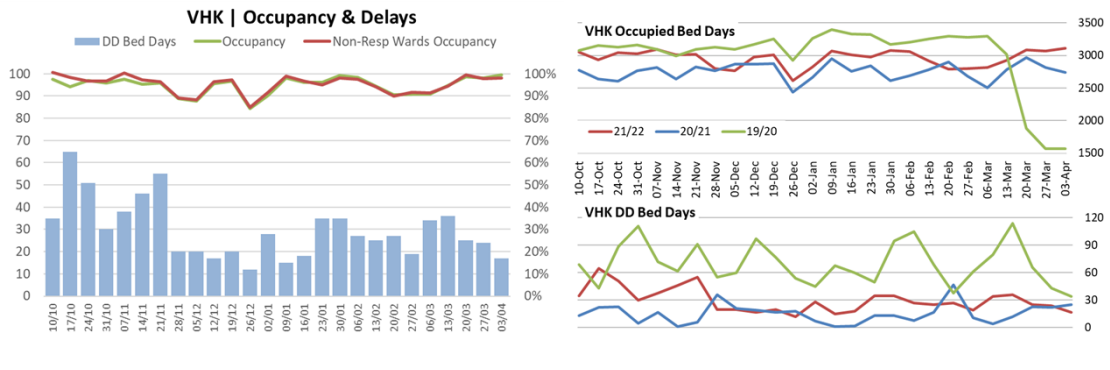
Acute Occupancy & Delays

Narrative

VHK occupancy was high late January then dipped in February till mid-March but has since been extremely high (98-99%), this coincides with the high covid numbers which will put a squeeze on beds available.

The non-respiratory pathway has almost mirrored the overall occupancy and ending March with 98%.

The number of Delayed Discharge Bed Days in VHK was steady during February until the end of the month where numbers climbed and continued into March, these have since decreased again. There has been an average of 26 Delayed Discharge Bed Days lost over the last 2 months.



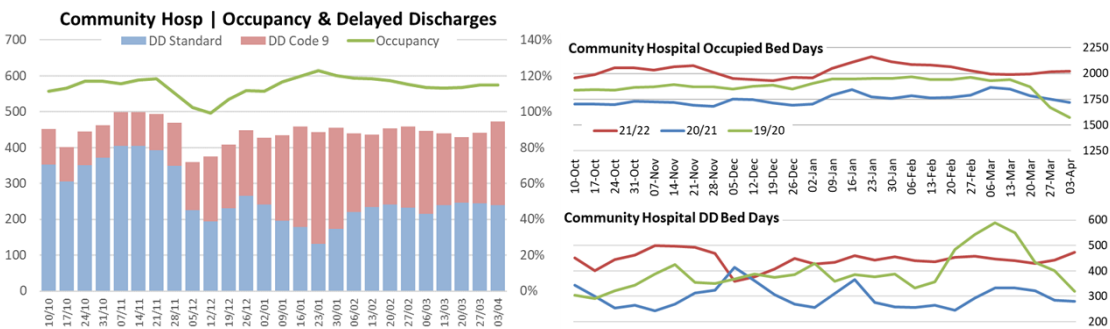
Community Occupancy & Delays

Narrative

Occupancy has maintained well above 100% for the whole of Winter and hitting 123% in January, and consistently 113% or above this year. Many wards throughout the period have had to close due to Covid which has contributed to pressure throughout.

The occupancy this winter is trending higher than any other due to the number of surge beds opened to try and maintain flow within the acute hospital.

There has been an average of just above 446 bed days lost to delayed discharges within the community hospital throughout February and March. The standard delays have remained fairly static around the 230-240 mark, whereas code 9's have fluctuated a little more.

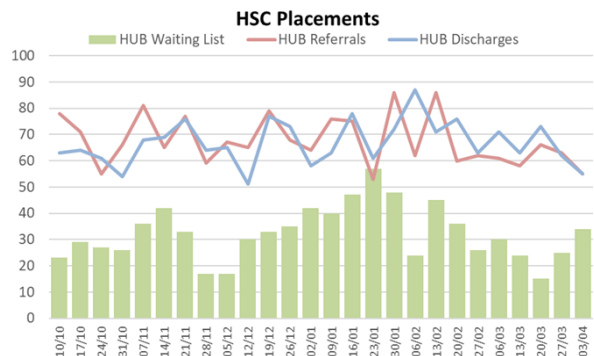


H&SCP Placements

Narrative

The number of referrals to H&SCP is on average 66 patients per week, with the number of discharges over this period over at an average of 69.3 per week.

The waiting list peaked at 57 week ending 23rd January and has gradually declined since thanks to the high discharges.



Section B: Performance Summary to Wk Ending 3rd April 2022

Weekly Unscheduled Care Monitoring Report

Area	Indicator	Trend	06-Feb	13-Feb	20-Feb	27-Feb	06-Mar	13-Mar	20-Mar	27-Mar	03-Apr
Urgent Care	Contacts		2174	2139	2229	2133	2134	2206	2150	2111	2296
	Home Visits		108	120	121	112	114	121	112	92	136
	COVID Outcome		291	315	296	299	304	324	336	357	277
	NHS24 Outcome		359	362	397	358	342	368	351	292	335
VHK ED	All		1355	1433	1385	1504	1424	1543	1501	1459	1493
	Planned		230	213	216	244	187	196	194	153	223
	Unplanned		1125	1220	1169	1260	1237	1347	1307	1306	1270
	Performance		76.8%	79.3%	77.0%	80.5%	76.0%	73.6%	71.5%	73.1%	73.9%
MIU	Total		382	347	317	403	383	436	371	440	385
	Unplanned		317	291	267	332	325	373	311	381	325
VHK	Admissions		696	687	709	731	745	769	722	718	724
	Emergency		617	595	639	651	651	684	639	650	647
	Medical		348	333	355	369	363	404	368	354	350
	Surgical		269	262	284	282	288	280	271	296	297
	Discharges		683	646	692	670	697	663	683	667	661
Theatre Activity	Scheduled		260	257	218	272	294	304	277	274	231
	Cancelled		19	7	15	7	12	15	25	14	16
	Hospital Cancelled		6	0	3	2	0	1	3	0	4
VHK Bed Utilisation	Occupancy		98%	95%	91%	91%	91%	95%	99%	98%	99%
	COVID Bed Days		291	242	271	252	208	279	441	621	698
	DD Bed Days		27	25	27	19	34	36	25	24	17
Community Hospital	Admissions		72	54	57	49	50	51	57	45	39
	Discharges		70	55	51	59	45	56	55	35	36
	Occupancy		119%	118%	117%	115%	114%	113%	113%	115%	115%
	COVID Bed Days		303	265	173	143	180	149	155	218	458
	DD Bed Days		440	436	454	458	446	440	429	442	472
	DD Standard		220	234	241	233	215	240	247	244	239
	DD Code 9		220	202	213	225	231	200	182	198	233

STAFF GOVERNANCE COMMITTEE
(Meeting on Thursday 12th May 2022)

The main focus of the Area Partnership Forum meeting held on Wednesday 23rd March 2022 was on the ongoing workforce and financial challenges; and staff health and wellbeing as the impact of COVID-19 continues.

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

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 23RD MARCH 2022 AT 13:30 HRS VIA MS TEAMS

Chair: Wilma Brown, Employee Director

Present:

Indranil Banerjee, Local Negotiating Committee	Margo McGurk, Director of Finance & Strategy
Vicki Bennett, British Dietetic Association	Alison Nicoll, Royal College of Nursing
Kirsty Berchtenbreiter, Head of Workforce Development & Engagement	Louise Noble, UNISON
Nicky Connor, Director of Health & Social Care	Janette Owens, Director of Nursing
Linda Douglas, Director of Workforce	Carol Potter, Chief Executive
Simon Fevre, British Dietetic Association	Kevin Reith, Deputy Director of Workforce
Neil Groat, Society of Radiographers	Caroline Somerville, UNISON
Paul Hayter, UNISON	Joy Tomlinson, Director of Public Health
Joy Johnstone, Federation of Clinical Scientists	Sally Tyson, Head of Pharmacy – Development & Innovation (for Ben Hannan)
Chu Chin Lim, British Medical Association	Andrew Verrecchia, UNISON
Kirsty MacGregor, Head of Communications	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Wendy McConville, UNISON	Mary Whyte, Royal College of Nursing
Neil McCormick, Director of Property & Asset Management	

In Attendance:

Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME AND APOLOGIES

W Brown welcomed colleagues to the meeting, especially S Tyson, attending her first Area Partnership Forum (APF) and apologies were noted from C Dobson, B Hannan (S Tyson attending), M-A Gillan, C McKenna, C Murray, L Parsons, J Pickles and S Raynor.

W Brown indicated that given the current pressures and impact of COVID-19, it had been agreed to focus on the most urgent and important topics in this meeting.

02. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 19th January 2022 were accepted as a true and accurate record. The Action List was agreed.

03. MATTERS ARISING

a. Finance and Strategy Workshop

M McGurk explained that the development of the SPRA had been delayed this year as a result of an extension made nationally to the timeline for the Remobilisation Plan (RMP) process and Workforce Plan. The Financial Plan is as originally scheduled and is currently going to the relevant committees for approval. However, it was agreed that finance colleagues would arrange the

MMcG

workshop for April 2022; with the discussion to include financial and strategic plans going forward.

APF Meeting Format

W Brown reported that during the APF meeting in January, several staff side colleagues had felt rushed and that their contribution was not welcomed. It was acknowledged that the timings noted on the agenda were to ensure the meeting ran to schedule, but A Nicoll suggested it was off putting and stifled conversation. W McConville advised she had written to the Co-Chairs after the meeting to raise her concerns that she felt she was hurried and not able to contribute freely. W Brown acknowledged the issues and assured colleagues they would be addressed in partnership.

04. AREA PARTNERSHIP FORUM

a. Draft Terms of Reference

K Reith thanked colleagues for their feedback on the draft Terms of Reference, and indicated that now the document had been given a much-needed refresh, a routine review would be undertaken on an annual basis going forward to ensure accurate terminology and reflection of our partnership ethos.

APF **approved** the Terms of Reference.

b. Draft Work Plan 2022-23

W Brown explained that although APF has not previously employed a work plan it would be useful to ensure specific items are brought to APF for timely discussion and onwards through the governance route. The topics were noted, although additional items could be suggested and agreed at the Agenda Setting Meetings. It was agreed this would be a standing item on the agenda.

APF **approved** the Work Plan.

05. UPDATE/ ISSUES FOR ESCALATION FROM LOCAL PARTNERSHIP FORUM (LPF)

a. Acute Services Division and Corporate Directorates

It was recognised that Acute Services are experiencing an extremely challenging time due to the continued impact of the pandemic, given the recent surge in positive cases and staff absence; and relentless high levels of presentations at our emergency department which is bringing unprecedented pressures across the whole health and social care system. Colleagues were encouraged to liaise with their line manager to see if they could be released to provide help where it is most needed.

APF **noted** the update.

b. Health & Social Care Partnership

N Connor assured APF that H&SCP, Acute Services colleagues and other partners are working closely together in a 'joined up' approach to face the challenges across the whole system. There are frequent meetings to keep up-to-date with the fast-moving picture and address matters as they arise. Key issues being faced include 'flow', workforce pressures, and business continuity arrangements. A retraction process is in place and is being regularly reviewed to balance pressures across the system.

N Connor indicated that two years ago this week, the country went into lockdown and as we mark the second National Day of Reflection, it reminds us of the devastating impact the virus has had on all our communities. N Connor expressed her sincere thanks to all staff for their continued efforts.

N Connor highlighted that a potential Care Inspectorate and Health & Care Scotland joint inspection is scheduled for April; however, discussions are underway to rearrange to a future date given the current focus on COVID-19. S Fevre agreed it is not an ideal time for a large-scale inspection and welcomed the plan to reschedule.

S Fevre advised that at the recent H&SCP LPF, discussions included health and wellbeing: staff are very appreciative of the retraction of some services and with a gradual return to substantive posts. Progress is being made with the Staff Health & Wellbeing Hubs across both NHS Fife Acute and Community sites. It was acknowledged there is significant staff absence due to COVID-19.

S Fevre also highlighted the successful strategic engagement events hosted by the Immunisation Strategic Workforce Group for the immunisation team. The Lead, Lynne Barker has been extremely impressed with the professional leadership and the way in which staff and staff side have worked together to take this agenda forward. Staff have been supported through several engagement events, presentations and SWAY communications to keep them informed, to celebrate achievements and to give the opportunity to raise any queries or concerns they may have, especially when fixed term contracts neared their end date. Recruitment of a permanent immunisation workforce is at interview stage this week; any unsuccessful applicants will be signposted to alternative posts within NHS Fife. A further engagement session is planned for April 2022. The Strategic Group is exploring the development of a Community Immunisation Service, and will continue to engage with staff.

APF **noted** the update.

05. **REPORTS FOR DISCUSSION**

a. **Population Health & Wellbeing Strategy Update**

It was agreed to defer this item to the next meeting.

M McGurk suggested she share with APF the paper going to the Board in March 2022, outlining the proposal for the development of the Strategy; any comments to be directed to M McGurk for discussion at the workshop.

**M McG/
APF
members**

APF **agreed** to defer this item to the next meeting.

b. **Workforce Strategy 2022-25 and Workforce Plan 2022-25 Updates**

It was agreed to note the paper and for an update report to be discussed at the next APF in May 2022.

K Reith highlighted that the National Workforce Strategy document had been published and circulated to APF (see Item 08d).

R Waugh advised that the Workforce Plan 2022-25 will be circulated during April for APF members to comment.

APF **noted** the update.

c. **Workforce Resourcing & Resilience (including Staff Health & Wellbeing)**

It was agreed to note the paper and for an update report to be discussed at the next APF in May 2022.

APF **noted** the update.

d. Workforce Information Overview

W Brown highlighted the following areas had been raised at APF Staff Side for further discussion:

Joiners, Leavers, Turnover – It was noted that overall, turnover has decreased to around 6% whereas earlier in the pandemic it had been higher. W Brown requested that the data be further broken down into job family categories to identify more easily where the 'hotspots' are; and suggested establishing why staff are leaving in order to understand and address the issues and put mitigations in place to retain staff e.g., a rotational programme. K Reith confirmed more detailed information could be provided and suggested either he or R Waugh could attend a Staff Side meeting to discuss further if appropriate.

KR/ RW

Supplementary Staffing – It was recognised that additional staffing onboarded for COVID-19 reasons had been fully funded; however, this funding is no longer forthcoming and there is an ask to reduce the use of Agency staff and reliance on Bank staff. This is causing concern on the wards. W Brown acknowledged the need to limit the spend on supplementary staffing but a balance is needed to ensure adequate and safe levels of staffing. K Reith advised work is ongoing in relation to establishing a suitable number of core staff and forecasting of future workforce requirements. M McGurk clarified that the sizeable spend on supplementary staffing is due to the large number of vacancies. M McGurk explained that one of the workstreams of the Financial Improvement & Sustainability Programme (FISP) is to explore what is driving this spend; however, more important is the continuity of care in the wards. J Owens outlined plans are in place to achieve safe staffing levels by expanding the non-registered workforce and quickly recruiting to the Bank; retention of staff is a priority; eRostering is making rostering more efficient and NES Band 2-4 work continues. W Brown reminded APF that Safe Staffing legislation will be implemented later this year and the NHS will come under greater scrutiny.

It was agreed to discuss this further at the workshop.

Vacancies – It was noted the vacancy rate for Nurses, Midwives and AHPs is extremely concerning; W Brown requested figures for other staff groupings to compare vacancies across the organisation. K Reith explained the focus was on the core groups of the workforce but the data could be expanded to include other job families. W Brown suggested supplementary staff and those on fixed term contracts could be made into permanent posts.

L Douglas advised significant recruitment activity continues apace across the organisation notwithstanding turnover hotspots; and recognised the need for the right level of data and narrative to explain and evidence movement. C Potter noted it is a complex situation in relation to vacancies: taking into account the number of posts pre-pandemic, with substantial recruitment to additional temporary and new COVID-19 related roles. K Reith indicated work is progressing to ascertain core establishment gap across the organisation and identify trends/ patterns. R Waugh advised the paper on 'Leavers' previously circulated to APF, gives a better sense of where additional staff numbers were going; and advised we will refresh both aspects. N Connor gave an example of supporting staff with undertaking educational programmes to offer career pathways; and operationally to manage caseloads and sustainability of

services.

Staff Availability/ Absence Ratings – W Brown said it comes as no surprise that staff absence is high this year; but observed that we used to compare several years, the paper only details ‘during COVID-19’.

W Brown highlighted that the report indicates a high absence rate for staff aged 16-19 years old: however, as there are not many staff in this age group, this may skew the figures.

Employee Relations – W Brown stressed the time being taken to conclude some ER cases is not ideal: a delay of several months is unacceptable even considering the prevalence of COVID-19; and is affecting staff health and wellbeing. W Brown acknowledged management and staff side discussions on how to improve the process have commenced; however, there are still individuals waiting a long time for their case to be concluded.

K Reith indicated HR colleagues are happy to discuss in partnership as we all wish to resolve these cases quickly. In the spirit of Once for Scotland policies, it is beneficial to manage the root cause wherever possible to reduce cases going down a formal route. Work is being progressed with managers to ensure they are capable and confident of working with such issues. L Douglas emphasised that the number of cases taking a long time to conclude are relatively small and some are affected by issues outside our control; we aim wherever possible to work to an effective and speedy conclusion. S Fevre drew attention to the fact that some investigations can be complex and time consuming and managers are having to do this in addition to their ‘day job’. W Brown agreed some managers have no experience of ER cases and suggested they shadow an investigation in the first instance.

SR/ WB

It was agreed to discuss this further out with the meeting.

Buy Back of Annual Leave – W Brown advised it was disappointing that local information is not available in time for discussion at this meeting. When the DL, a national directive, was issued at the end of 2021, staff side were not willing to support it as staff should be allowed to take sufficient rest periods. Staff side have been contacted by staff advising they are being told by their manager they don’t have the time to give them annual leave or don’t have the resources to buy it back. W Brown explained the DL is about staff saying I’m ok and I could buy back a few days. K Reith advised that monitoring work is ongoing nationally and feedback will be brought back to the next meeting. K Reith thanked S Fevre for flagging the value and benefits of rest and recuperation and supported staff taking adequate leave. A Verrecchia voiced his misgivings with the DL and its interpretation in relation to staff not being able to take their allocated leave.

W Brown and K Reith agreed to take this matter forward out with the meeting.

WB/ KR

APF **noted** the update.

e. Finance Update from the Integrated Performance & Quality Report (IPQR)

M McGurk indicated that the December 2021 position was a projected forecast outturn of £14.2m deficit; however, was pleased to report that NHS Fife has achieved the target of £13.7m savings with Scottish Government non-recurring support, and breakeven for the 2021/22 financial year. M McGurk stressed such support would not be forthcoming next financial year and substantial savings must be made to ensure a balanced position.

APF **noted** the update.

(i) Financial Improvement & Sustainability Programme

M McGurk advised that the inaugural Financial Improvement & Sustainability Programme Board meeting was held on 14 March 2022; its work will be priority for the next year ahead as we strive to improve financial performance.

APF **noted** the report.

(ii) Portfolio Board

M McGurk explained that the Portfolio Board was established towards the end of 2021, so in the early stages. It was agreed to share the recently approved Terms of Reference with APF to give an understanding of its role and remit. It will oversee strategy development and major programmes of work, including the FISP and local iterations of five national care programmes – which could be discussed at the forthcoming workshop.

M McG

APF **noted** the report.

f. Staff Training and Engagement

(i) Core Training

K Berchtenbreiter confirmed that she had recently met with W McConville, and also Lorraine King, Business Manager ICCS, H&SCP and Jackie Millen, Learning & Development Officer – KSF to address the concerns W McConville had raised at the APF meeting in January. It had been a positive meeting during which a greater appreciation of the challenges faced in gathering accurate data were understood and explored. K Berchtenbreiter advised that we have successfully completed Phase 1 of the move to TURAS Learn (from learnPro) with all the elearning module uploaded. Phase 2 of TURAS Learn (which will record, and enable managers to report on, staff training) goes live towards the end of 2022. It is anticipated that learnPro training records will be uploaded to TURAS Learn. In the meantime, W McConville and L King have agreed to participate in the pilot review of role specific training needs which will then be rolled out organisation-wide. In addition, staff will be trained on OBIEE (reporting function) on eESS to extract training information. W McConville recognised that once TURAS Learn is fully up and running, this will give staff 'time to care'. The timescale for retaining training records was clarified: the duration of employment plus 6 years.

APF **noted** the update.

(ii) KSF/ Turas Appraisal

Work to date and the intention for the year ahead was noted by APF members. It was agreed to note the paper and for an update report (with Q4 figures) to be discussed at the next APF in May 2022. APF members were asked to contact K Berchtenbreiter if they had any queries.

APF **noted** the update.

(iii) iMatter Presentation

It was agreed to note the paper and for an update report to be discussed at the next APF in May 2022.

K Berchtenbreiter suggested the presentation is circulated to APF colleagues

in order that the 2021/22 reports are shared prior to commencement of the iMatter cycle for 2022/23.

KB

APF **noted** the presentation.

g. Whistleblowing Q3 Report

W Brown indicated that 'whistleblowing' had been discussed at the recent Partnership Group and concerns raised at APF Staff Side meetings. S Fevre continued, indicating that the definition of what is 'whistleblowing' is unclear. There are concerns around 'whistleblowing' incidents being recorded correctly whether raised anonymously or by named individual(s). It seems unlikely that there are no cases; and clarity is sought to ensure accurate reporting. L Douglas stressed that this report relates to Q3 (September – December 2021) and any recent cases would appear in the Q4 report (January – March 2022) being brought to APF in May 2022.

S Fevre suggested it would be beneficial to have a broader discussion on whistleblowing. L Douglas proposed an information sharing session on Whistleblowing is held to provide clarification and to give an opportunity for any queries to be responded to.

SR/
Susan
Young

W Brown noted the Whistleblowing Standards is a large tome; and L Noble agreed it is not user friendly or easy to find the right information. K Reith indicated that INWO welcome feedback on the guidance. In addition, local reporting is in its first cycle and can be developed going forward. A Nicoll advised she had attended an INWO session in February 2022 as a staff representative and found it useful, in addition to undertaking the elearning module.

APF **noted** the update.

h. Period Poverty

R Waugh confirmed that supplies have been received and to ensure easy access to these essential items for both staff and visitors, we are currently rolling out stocks of sanitary items to bathrooms in wards, departments and main public areas across NHS Fife sites. This will be promoted on StaffLink this week.

APF **noted** the report.

07. COMMUNICATIONS UPDATE

K MacGregor reported on StaffLink developments from the User Group:

- First in a series of StaffLink Hints and Tips videos was shared with the User Group, receiving positive feedback. We are progressing the development of other videos and will make this accessible as a guide.
- Development of discount area for staff – Feel Good Friday – has received positive feedback from group, issued weekly on a Friday. Hoping to link with more local companies going forward to dovetail with Anchor Institution ethos.
- We have discussed with Blink the opportunity for the User Group to feedback on wider Blink developments at an early stage, which will help influence wider development
- Restructure of Hub - needs to be done in a few stages. First stage involves spring clean of content in conjunction with services; building

teams. We're also looking to do a wider staff survey shortly.

K MacGregor thanked staff for engaging with events including supporting the Cabinet Secretary Visit in relation to International Recruitment. It was noted that Caroline Lamb's visit scheduled for 25 March has been postponed due to ongoing COVID-19 pressures.

The National Day of Reflection (today) has been marked with videos and comments on StaffLink. C Potter drew attention to the poem read by Moira Duncan and shared on Staff Link and social media; and advised it was very moving and brought her to tears with the stark and emotional reality of the lived experience of many, and expressed her thanks for the ongoing efforts of all. W Brown, reflecting on personal experience, emphasised, the need to be kind to one another.

APF **noted** the update.

08. ITEMS FOR NOTING

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

- a. H&SCP LPF – (i) Confirmed Minutes of 14th December 2021 and (ii) Confirmed minutes of 19th January 2022
- b. NHS Fife Staff Health & Wellbeing Group – Confirmed Minutes of 16th December 2021
- c. STAC(TCS03)2022 - Collection of Annual Leave Buy Back Data
- d. National Workforce Strategy for Health & Social Care in Scotland

09. AOB

There was no other business to discuss.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 25th May 2022 at 13:30 hrs via MS Teams.

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

(Thursday 17 February 2022)

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 FEBRUARY 2022 AT 2.00 PM VIA MICROSOFT TEAMS

Present:

Andrew Verrecchia (AV), Unison (**Chair**)
 Andrew Mackay (AM), Deputy Chief Operating Officer (Joined at 2.20 pm)
 Paul Bishop (PB), Head of Estates
 Lynn Campbell (LC), Associate Director of Nursing
 Kevin Egan (KE), Unite
 Joy Johnstone (JJ), FSC
 Dr Sue Blair (SB), BMA
 Mary Ann Gillan (MG), Royal College of Midwifery
 Belinda Morgan (BM), General Manager – Emergency Care
 Neil Groat (NG), SoR
 Louise Noble (LN), Unison
 Ann-Marie Marshall (A-MM), Acting H&S Advisor

In Attendance:

Karen Laird (KL), HR Officer (for S Young)
 Andrea Barker (AB), PA to Director of Property & Asset Management (**Minutes**)

The order of the minute does not necessarily reflect that of the discussion.
 The meeting was recorded on Teams.

Action

1 WELCOME & APOLOGIES

AV opened the meeting and welcomed everyone.

Apologies were received from Claire Dobson, Miriam Watts, Neil McCormick, Caroline Somerville, Susan Young and Murray Cross.

2 MINUTE OF PREVIOUS MEETING – 23 DECEMBER 2021

The Minutes of the Meeting held on 23 December 2021 were accepted as an accurate record.

3 ACTION LIST & MATTERS ARISING

3.1 **Annual Report & Workplan**

- SY has suggested working towards a June 2022 deadline. AV will contact SY to progress.
- Close action.

**AV
GMcK**

4 HEALTH & SAFETY:

4.1 Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was distributed and noted, for information.
- A-MM advised that Brian Ritchie, Assistant H&S Advisor is settling in well to his new role and is proving to be a good asset to the H&S Team. LC added that she wished to thank Brian for his efforts when he went above and beyond.
- A-MM advised interviews for the post of H&S Manager will take place on Thursday 24 February 2022.
- A-MM advised there was a push with face fit testing from mid-December through the Christmas holidays where 25-30 extra members of staff were tested. Over the next 2 weeks, extra clinic dates will be added as before.
- A-MM advised she is in contact with Teresa McNiff in order to create a generic email address for new starts to enable them to arrange their own face fit testing. This will tie in with Manual Handling training at the offset.
- A-MM advised clear masks are now available for use, however these should only be used in areas that specifically require them. The masks prove beneficial to staff and patients who require support with language and lip-reading purposes.
- Clear masks can be ordered through Pecos:
Description – II/R Mask Haika Clear
Pecos Code – AS) F261161
Box Quantity – 1 x 50
- A-MM advised all requests for clear marks follow strict guideline criteria by the Transparent Mask Technical User Group who review each request and then process the order. The group meets weekly, and supply and availability of clear masks has not been problematic to date.
- A-MM advised both manual handling co-ordinators are now back at work following absence, on a phased return basis, and the training workload will be shared between them.
- A-MM advised manual handling training continues. New starts, from mid-January, are given the OHSAS email address to book direct in order to progress with their own manual handling training. (fife.ohsastrng@nhs.scot)
- A-MM advised scheduled training dates will be available on StaffLink soon covering COSHH, DSE, H&S Managers, Risk Assessments. All dates, times and rooms have been booked to get the training up and running again.

5 STAFF GOVERNANCE 2019/20

A Well Informed

5.1 Director of Acute Services Brief – Operational Performance

- AM advised last month's comparison with hospital activity January 2020 against January 2021 show ED attendances to hospital were up 30% with admissions into hospital up by 15%. This is quite a significant increase year on year and if you layer on top the increased staff absences, including COVID, it is remarkable how well NHS Fife has coped given the challenges faced. It is important to illustrate to staff how challenged we have been whilst maintaining as many services as we can. This obviously has impacted on our patients and our aim now is to try and remobilise those services that have been retracted as quickly and safely as we can.
- AM advised admissions continue to fluctuate week-to-week and we are experiencing pressure changes throughout the hospital.
- AM advised over the last few weeks, we have suffered system wide with the number of ward closures either within VHK or within community hospitals due to COVID outbreaks. This constraint on capacity has rippling impacts throughout the whole system and most of the pressure tends to get put back to the front of the system and ends up generally at ED and front door areas of the hospital.
- AM advised we have seen an easing of ward closures over the last couple of weeks and, with the result, flow has improved, and we have seen less constraint on the system overall. At one point, we had in excess of 70 patients within Acute who were medically fit to be elsewhere but there was no capacity for them to go to because of the number of closures across community. At times, we struggled with ambulance offloads and flow as a result.
- AM advised Operational Pressure Escalation Levels (OPEL) continue to be bedded into all our processes. OPEL will feature at the Huddle in the morning for those who attend. In the Patient Safety Teams area the capacity report is uploaded 3 times a day and we are also uploading the escalation level report in order that the teams can see what the OPEL level is and, more importantly, which parts of the system are driving the pressures. This use of common language is helpful and is starting to 'bed' into different parts of the hospital. There is more work to be carried out around the action cards for the system and we are working with teams to collaborate how we get these correct. The common language and understanding across the system of the site position is working well so far.
- AM advised in terms of where we sit over the next few weeks, projections are for admission demand to stay close to where it is sitting at the moment, with a slight reduction in several areas. We are at a phase now where surge remains open, but we will be cautious learning from experience in the past.
- AM advised capacity levels and operationally overall the outlook is looking generally good over the weeks and months ahead and we are building the OPEL system so we are clear

and can see that the pressures, built up around COVID, are reducing alongside admission demand.

- LC added that there is a whole range of criteria that determines the final OPEL score and that 'safe to start' escalation process for nursing & midwifery staff is one of the criteria (seen at the Huddle) and is one of the factors that informs the final site position but is also a very specific look at the staffing situation.
- AV asked if there was information available around the OPEL system that could be shared with staff-side colleagues. AM advised a data dictionary has been created with overarching document which explains some of the actions on different individual roles and responsibilities and contains the action cards. As this has developed through EDG, partnership colleagues have been asked to do the same and this is being developed. This version is being discussed at EDG Gold Command on 18.02.22 with both being discussed at the next Board Development Session on where we can agree how the two join together in terms of the language and terminology. Once approved, this can then be rolled out. A presentation given by Annette Alfonzo/Belinda Morgan may be useful to staff-side colleagues.

5.2 Attendance Management Update

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

Acute

- KL advised Acute is higher than the overall NHS Fife sickness absence figure of 6.98% in December 2021.
- KL advised the figure for Acute was 7.91% in December 2021, and we have COVID absence on top of that which increased in line with the general population to 2.63%.
- KL advised the last three months are above 7% and absence with comparable months last year is higher throughout with the exception of April 2021.
- KL advised in December 2021, ECD were sitting at 8.07%, PCD 8.81%, WCCS at 6.66%.
- KL advised anxiety, stress and depression continues to be the highest number of hours lost with an increase in episodes of gastro and cough and flu which is expected at this time of year. Unknown causes remain high.
- KL advised nursing and midwifery both B5+ and B1-4 is the highest number of hours lost. LC added that these figures sit over and above the vacancy level and this combination within a challenging registrant recruitment context adds to a complex scenario when maintaining staffing levels. All of this affects how each shift is rostered.

- KL advised there continues to be an increase in long-term absence of 4.6% which is a concern although there is a decrease in short-term.
- KL advised there are 23 areas all above 10% sickness absence, which is higher than usual.

Corporate Services

- KL advised Corporate Services were below the NHS Fife average sitting at 6.19% in December 2021 with the COVID absence at 1.66%.
- KL advised Corporate Services absence is overall higher than comparable months last year with the exception of September.
- KL advised there is a high percentage of absence within Health & Safety, which is a small team and Facilities are sitting at 9.46%.
- KL advised similar to Acute, anxiety, stress and depression continue to be the highest number of hours lost followed by an increase in episodes of gastro and cough and flu, which is expected at this time of year.
- KL advised consistent with previous months, Support Services has the highest number of hours lost and percentage.
- KL advised there has been a sharp increase in long-term absence to 3.6% and slight decrease in short-term absence of 2.5%.
- KL advised there are 13 areas above 10% sickness absence.

General

- KL advised the temporary change to Fit Notes previously reported ceased at the end of January 2022.
- KL advised managers continue to support staff and manage attendance in a person-focused way.
- KL advised Attendance Management Training remains available.
- KL advised the Review and Improvement/Promoting Attendance Panels are still taking place. Several areas are trying a different approach to these panels. There is always the opportunity to discuss challenging cases and have in-depth discussion whilst keeping individual cases anonymous.

5.3 Feedback from NHS Fife Board & Executive Directors

- In the absence of CD and NM, there were no issues noted.

6 B Appropriately Trained

6.1 Training Update

- LC advised Acute Performance Reviews were held last week and several areas are doing better than others given the current

challenges we are facing. Work is in progress, and we will concentrate more on areas that will need improvement.

6.2 Turas Update

- LN advised a number of staff struggle to find time to complete Turas. In general, there is concern around what should be carried out in terms of mandatory and statutory training, area dependent.
- LC advised that there has been a recently updated document, which advises staff of what training is required and levels of frequency. This will be especially useful for those staff who are assisting in other departments. Link to document: <https://nhsfife.joinblink.com/#/hub/2dd15e77-c46b-4e9e-915e-77c46b1e9ea4>

7 C Involved in Decisions which Affect Them

7.1 Annual Report

- AV requested that the Annual Report Item 7.1 of 23.12.21 be taken off the Action Plan. Close Action.

7.2 Staff Briefings & Internal Communications

- AV/CD have dates scheduled in the diary for monthly walkrounds.
- AV believes social distancing within a health setting will remain and we will be unable to hold face-to-face briefings for some time yet.
- AM advised in the meantime if staff-side colleagues have concerns regarding individual areas, they can reach out to AM/GMs to support such a visit.

7.3 iMatter

- KL advised the 2021 iMatter National Report was published on 7 February 2022.
- KL advised a decision was taken late that the team stories would not be published in the 2021 report with the aim to resume this in the 2022 report. Kirsty Berchtenbreiter will contact those departments who have shared a team story with her and will ensure that these are published in due course.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes/Remobilisation

- AM advised we would be looking to remobilise more of our scheduled activity however due to current staffing levels and

GMcK

challenges with capacity for P2 patients this will have to be done incrementally and done based on impact as we layer things on slowly. The first place we will look to increase activity further is at QMH.

- AM advised outpatient activity will slowly start to pick up, but we need to be assured around the staffing position before we start to turn on theatre activity at QMH and then increase the theatre activity at VHK given the knock-on impact on ward areas.
- AM advised there are ongoing discussions about some of the smaller services and how we interact with other boards.
- AM advised we are starting to look more closely around some of the options and activity that will be covered under the national treatment centre for the Orthopaedic Elective Centre and will be a focus of Acute SLT over the coming months. There is an opportunity to attract staff and there have been an increased number of applicants for some roles within the Orthopaedic Elective Centre.
- KL advised there are some discussions ongoing around the return of Acute staff from the vaccination and test and protect teams and how best we can support those staff back into posts.

9 E Provided with an Improved & Safe Working Environment

9.1 Staff Health & Wellbeing Update

- The Staff Health and Wellbeing Update report was distributed and noted for information.
- KL advised NHS Fife's Occupational Health team continue to support the efforts during the pandemic, with a focus on contact tracing, staff testing, vaccinations for staff who cannot be vaccinated via the standard pathway and supporting recruitment of supplementary staff.
- KL advised in addition, two new services, a Mental Health Occupational Health Nurse and the OT service to support staff resuming work following diagnosis of long-COVID are now in place.
- KL advised Going Beyond Gold / Healthy Working Lives Review of recent activity in relation to sustaining a kind, mindful and healthy organisation, including COVID-19 specific efforts, is detailed within the February 2022 Endowment Committee report, attached at Appendix 1. It was good to see some of the excellent reviews from staff who attended the Outdoor Sessions for Staff Wellbeing. It was noted that a problem exists around staff having time to attend these sessions.
- KL advised there are plans in place for an online Self Care for Living and Working course to help support staff who are struggling with burnout, compassion fatigue or low wellbeing.
- KL advised plans are also in place for Wellbeing Champions to be offered to wider nursing teams.

- KL advised it is good to see the positive feedback for the NHS Fife Peer Support in Appendix 5.
- KL advised resilience is on the Health & Wellbeing Agenda for this year.
- KL advised the Health & Wellbeing Framework is being published soon.
- KL advised there are a wide variety of support available to both managers and staff as detailed in the report but also on National Wellbeing hub. Support includes a wide variety of podcasts including resilience, long-COVID, psychological, first aid and a range of other topics.

9.2 **Capital Projects Report**

- The December 2021 Capital Projects Report was noted for information.
- PB reported Estates has had a very busy and challenging 12-months, especially over the last 3-month period following funding allocated to NHS Fife by Scottish Government.
- PB advised works include IVT improvements to make it a safer environment; surge in ward 6; work will commence on the Staff Hub at QMH next week; and the existing squash court building (next to Staff Club), VHK remodelled into a Staff Hub. Preparation work continues.
- PB advised applications are being considered from the capital equipment funding from Scottish Government.
- PB advised estates are on target this year to achieve funding commitments.
- PB advised the FEOC topping ceremony took place last week with Tricia Marwick and Carol Potter in attendance together with representatives from Grahams. The build has reached its highest point and work will now start internally.
- AV asked about the possibility of the relocation of the Dining Room at VHK. PB advised that this remains part of the Capital Masterplan.
- AV raised the question on the broken lift in Hayfield House and LN outlined the impact is it having on visitors regarding accessibility and also concerns over black rubbish bags collecting and lying around. PB to investigate and provide an update.

PB

9.3 **Adverse Events Report**

- The Adverse Events Report for the period February 2021 to January 2022 was noted, for information.
- LC advised over the last couple of meetings we have talked about the change in the most commonly reported incidents and the theme has usually sat within the unwanted behaviours and violence and aggression, but this changed last year, and we welcomed the fact that as staff were reporting through Datix

where they were concerned about the staffing levels. We have almost dropped back to normal trends and there has been a real drop in the reporting around infrastructure and staffing. Discussions have taken place with the senior team around reporting levels, and they will be proactive and support the completion of Datix incidents by ward teams. This will be monitored, and they will continue to encourage reporting.

- LC advised the areas normally in the top 10 have not reported issues as frequently but there have been reports noted in areas such as Paediatrics (Neonates).
- LC advised most of the other themes are in the normal parameters.

9.4 **Violence & Aggression Performance Reports**

- The Violence & Aggression Performance Report was distributed and noted for information.

10 ISSUES FROM STAFF-SIDE

10.1 **Significant Change Request (SCR) Timescales**

- LN advised there are a number of people waiting a very long time to have their Significant Change Request (SCR) looked at and there does not appear to be any process and no set policy around timescales.
- KL advised she is aware Wilma Brown has raised this issue for discussion tomorrow at the partnership meeting with senior HR. KL advised job evaluation was one the aspects that had been paused as part of the COVID-19 response and they were trying to catch up. There have been a number of new posts especially those related to pandemic response, that have been prioritised and it was noted SCRs need a full matching process and there are limited trained evaluators.

10.2 **Policies & Processes**

- LN raised concerns regarding a number of HR policies and processes not being followed by managers and members are contacting staff-side colleagues raising concerns.
- KL was disappointed to hear about these concerns and advised from discussions with the managers in the areas she supports at RIPS they were following the processes in relation to the formal stages with supported conversations and were encouraging a person focussed support with the member of staff. KL was concerned to hear about the issues regarding reviews as this is missing out the right of appeal under the new policy moving from one stage to another.
- KL advised the new NHSScotland policy does not actually require HR to support at stage 1 or stage 2, however KL has

been involved in a number of stage 1 and stage 2 hearings especially when the case is complex; the manager is new; or redeployment is a potential outcome.

- KL advised she has regular meetings with the managers she supports to discuss the staff who are appearing on the list for that directorate and to discuss how to help and support that member of staff.
- AM advised it would be helpful if staff-side colleagues could provide information to AM/GMs/HR to enable the concerns to be followed up and to arrange for targeted education and training to be given to the areas required. KL advised Promoting Attendance Management Training is still being offered together with support and guidance around target setting if managers are unsure around the new triggers.

AV/LN

11 MINUTES FOR NOTING:

13.1 Capital Equipment Management Group

- The Minutes of the Capital Equipment Management Group meetings held on 4 November and 2 December 2021 were noted, for information.

12 TERMS OF REFERENCE

- The ASD & CD LPF Terms of Reference document was distributed and noted for information.
- AV requested that this item be carried forward to the next meeting.
- AV advised he would meet and discuss this with CD within the next 2 months.

GMcK
AV

13 HOW WAS TODAY'S MEETING?

13.1 Issues for Next Meeting

- Agreed to revisit the process for staff hearings at the next meeting.

AV

13.2 Issues for Escalation to Area Partnership Forum

- There were no issues for escalation to the APF.

14 ANY OTHER COMPETENT BUSINESS

14.1 International Recruitment

- KL advised Alison McArthur has commenced in her new post as International Recruitment Officer.
- KL advised there are 3 recruits starting on 28.02.22, with two working in ICU and one in Theatres.

- KL advised the training and induction of these staff is bespoke to help welcome and settle the new recruits into the Scottish culture with many administrative tasks they need to carry out when they first arrive e.g. open a bank account etc.
- KL advised there are excellent welcome packs in place and there will be a meet and greet at the airport to take the new staff to their accommodation. They will start the normal induction process which will run alongside the training from PPD for OSCE practice, plus a tour of the area, welcome lunch, pastoral care, befrienders, and Police Scotland involvement for personal safety.
- KL advised the staff will go for intense OSCE training at week 5, then return to Fife for more practice then sit their test around weeks 8-10. Once the new recruits pass the test then they will then be able to register with NMC.
- KL advised it is hoped there will be 10 new recruits per month.
- KL advised they are backfilling Alison McArthur's Recruitment Team Leader role, and interviews have taken place and are going through pre-employment process.
- LC added that NHS Fife will be the first Board in Scotland recruiting internationally. The Chief Nursing Officer visited yesterday and was pleased to see the ongoing activity and developments in spite of the significant challenges being faced.

14.2 **COVID 19 Workforce Guidance**

- KL advised the COVID-19 Workforce Guidance had a significant refresh and streamlined.

14.3 **Radiology Recruitment**

- NG confirmed that 2 Radiographers started with NHS Fife during December 2021. An additional Radiographer has also been employed and is currently going through the employment process. All staff are settling in well. NG added that he was pleased to see the posts being filled which is encouraging news.

15 **DATE OF NEXT MEETING**

Thursday 28 April 2022 at 2.00 pm via MS Teams.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2022/170222

H&SC LOCAL PARTNERSHIP FORUM

(Meeting on 16 March 2022)

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 WEDNESDAY 16 MARCH 2022 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
Simon Fevre, Staff Side Representative
Debbie Thompson, Joint Trades Union Secretary
Angela Kopyto, Dental Officer, NHS Fife
Anne McAlpine, Clinical Service Manager (for Lynne Garvey)
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence, H&SC
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Jane Brown, Principal Social Work Officer, H&SCP
Karen Nolan, Clinical Services Manager (for Bryan Davies)
Kenny McCallum, UNISON
Lynn Barker, Associate Director of Nursing
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Young, HR Team Leader, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Alison Nicoll, RCN
Bryan Davies, Head of Primary & Preventative Care Services
Eleanor Haggett, Staff Side Representative
Helen Hellewell, Associate Medical Director, H&SC
Kenny Grieve, Health & Safety Adviser, Fife Council
Kevin Egan, NHS Fife
Lynne Garvey, Head of Community Care Services
Morag Stenhouse, H&S Adviser, Fife Council
Susan Robertson, UNITE
Valerie Davis, RCN Representative
Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	

NO	HEADING	ACTION
2	PREVIOUS MINUTES	
2.1	Minute from 15 February 2022	
	The Minute from the meeting held on 15 February 2022 was approved as an accurate record of the meeting.	
2.2	Action Log from 15 February 2022	
	The Action Log from the meeting held on 15 February 2022 was approved as accurate.	
3	JOINT CHAIRS UPDATE	
	Nicky Connor advised that a joint inspection of Adults with Physical Disabilities and Complex Needs by Healthcare Improvement Scotland and the Care Inspectorate will be happening in the near future. Dialogue is ongoing to establish when this fairly significant inspection will begin. The inspection will last approximately 21 weeks and will require a lot of preparation from staff before and during it.	
	Regular meetings are being set up with the Cabinet Secretary to discuss the situation with delayed discharges and to provide a level of scrutiny and challenge.	
4	HEALTH & SAFETY UPDATE (INC FORUM)	
	Anne-Marie Marshall advised that a new H&S Manager has been appointed to the NHS H&S team and should be in post by May. Since the last LPF meeting complaints have been received from NHS staff who have been wearing the see-through face masks. If managers received complaints can these please be passed to Anne-Marie. Targeted Datix training for staff was discussed, to assist staff to complete reports appropriately with sufficient information. Anne-Marie and Simon to discuss and bring back to a later meeting.	SF/AMM
	There was also discussion on reporting of incidents in Social Work / Social Care settings and the need to encourage staff to record these.	LG/AM
	Lynne Garvey and Anne McAlpine will promote this through Social Care and Rona Laskowski through the Health and Safety Forum.	RLas
	There had been discrepancies with how employees with Covid-19 were being reported in NHS and FC – in FC each case was being checked to see if it was RIDDOR reportable (if work was source of infection). Anne-Marie and Morag to discuss this and talk through the process.	AMM/MS
	Morag Stenhouse had provided a written update on Health and Safety from a Fife Council perspective, this was circulated with the papers for the meeting.	
5	BUDGET / FINANCE UPDATE	
	Audrey Valente updated on the Revenue Budget 2022-23 as well as the budget gap and medium-term position to March 2025. Budget for next year is balanced with an expected £4m gap in year 2 and a £7m gap in year 3. These are high level estimates which take account of expected recurring funds and new cost pressures and will be refined going forward.	

5 BUDGET / FINANCE UPDATE (Cont)

The Integration Joint Board, at its meeting on 25 March 2022, will be asked to approve a one-year budget. During 2022 the Medium-Term Financial Strategy will be aligned to the refreshed Strategic Plan.

With regards to the Finance Update, Audrey advised there has not been much change since the previous report. There is a projected underspend on £573k which can be carried forward if not spent. There has been additional funding allocated from Scottish Government and the Fife share is £43m.

Discussion took place around ongoing PPE and testing costs, recruitment to vacancies, agency costs and the new Transformation Board. Audrey will share the Terms of Reference for the Transformation Board with Simon, Debbie and Eleanor.

Agency costs should reduce as staff are recruited to fill posts on a permanent basis.

AV

6 IMMUNISATION WORKFORCE AND PLANNING ASSUMPTIONS

Karen Nolan covered this report for Bryan Davies. The flu and covid vaccination programme will continue through 2022 and 2023. As a result of additional funding being made available a permanent workforce is now being established with interviews currently being held. Fife Council staff are expected to return to their substantive posts by 1 May 2022. Staff engagement is ongoing.

Vaccinations for 5-11 year-olds go live this weekend with Care Homes and those over 75 being boosted in the coming weeks.

7 WINTER PRESSURES, COVID-19 POSITION & WORKFORCE UPDATE

Nicky Connor advised that the current position is on a fairly good trajectory but covid numbers have risen in the past week and this has had a significant impact. Bronze command is updated daily and safe services are being provided.

Anne McAlpine updated on behalf of Lynne Garvey. There is considerable pressure within Care Homes and Care at Home and staff are working to ensure people can be kept at home. Business continuity plans have resulted in surge capacity being opened up.

Rona Laskowski advised that within Complex & Critical Care Services there has been a gradual return of staff to their substantive posts and a "welcome back" week has been arranged to help staff to re-engage with their original teams. Vacancies continue to put pressure on most areas, but staff absences are reducing. Mental Health and Adult Resources are currently absence hot spots. Management actions have included planning team sessions, face to face support and blended working patterns.

Rona then updated on Primary & Preventative Care Services on behalf of Bry Davies. Recruitment has been challenging within Health Visiting and School Nursing. Covid is having an effect on staff in Dentistry and Nutrition and Dietetics. Currently five GP practices are only able to provide reduced services due to staff absences as a result of covid.

NO	HEADING	ACTION
7	WINTER PRESSURES, COVID-19 POSITION & WORKFORCE UPDATE (Cont)	
	<p>Nicky Connor updated on workforce issues and the national funding situation.</p>	
	<p>Elaine Jordan advised that there has been a focus on supported Care Home and Care at Home staff . A new Lead HR Officer has been appointed and will join the partnership in April to provide recruitment support.</p>	
	<p>Susan Young advised there are similar issues within the NHS. Recruitment to new Health Care Support Worker and Ward Admin roles has taken place.</p>	
	<p>Scottish Government guidance for Health and Social Care Partnerships is expected soon and this should provide advice on keeping staff safe whilst also reducing the number of restrictions which are in place.</p>	
8	HEALTH & WELLBEING	
	<p>Susan Young updated on the attendance statistics for NHS staff which are showing an overall absence rate of <6% overall, although some areas are over 10%. Both short and long terms absences have reduced. Review groups are being set up to allow more investigation into absence.</p>	
	<p>Elaine Jordan advised that a dedicated resource is in place to mirror the information provided by the NHS on staff absence. Levels in Fife Council are currently around 15% with covid-19 and vacancies proving challenging. Lots of support is available for managers and staff through HR, Elaine's team and Oracle. There will be a focus on absence in the coming months.</p>	
	<p>Elizabeth Crichton advised three new staff members had joined her, one would focus on Oracle data the other two would support Elizabeth with the University of Hull stress assessment work. Absence Management Review Panels have been set up for the coming month. The current provision for Occupational Health/Counselling/Physiotherapy Services for Council staff is coming to an end and new services will be introduced following a retendering process.</p>	
	<p>Angela Kopyto asked what support would be available to Ukrainian employees who required time off in light of the conflict. Susan Young and Angela will speak out with the meeting to discuss in more detail.</p>	
	<p>Nicky Connor left the meeting and Simon Fevre took over as Chair.</p>	
	<p>Discussion took place around the prevalence of muskuloskeletal problems causing absences and the lack of Manual Handling training during the covid pandemic. Additional support has been in place and Elaine Jordan will ensure there is an update on this for the next full LPF meeting.</p>	
	<p>Susan Young advised that fuel poverty awareness sessions are being provided and are open to NHS and Council staff, the link to these was shared.</p>	

NO	HEADING	ACTION
9	ITEMS FOR BRIEFING STAFF	
	Hazel Williamson had left the meeting before this item but had been noting items for the briefing throughout the meeting.	
10	LPF ANNUAL REPORT	
	Simon Fevre advised that work was about to commence on this year's Annual Report. A copy of last year's report would be sent to all LPF members and Simon would contact those who would contribute to the new Report later in the week.	WA
	It is anticipated that the final report would be taken to the IJB meeting on Friday 29 July 2022.	
11	AOCB	
	Nothing was raised under this item.	
12	DATE OF NEXT MEETINGS	
	Tuesday 19 April 2022 – 2.00 pm – 3.00 pm – Single Item Meeting - Winter Pressures, Covid-19 Position & Workforce Update Wednesday 11 May 2022 – 9.00 am – 11.00 am – Full Meeting	

STAFF GOVERNANCE COMMITTEE
(Meeting on Thursday 12th May 2022)

The main focus of the Strategic Workforce Planning Group meeting held on Tuesday 22nd February 2022 was on NHS Fife and H&SCP 3-year workforce plans and strategy development, and the continuing workforce challenges in all services.

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

UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE PLANNING GROUP MEETING HELD ON TUESDAY, 22 FEBRUARY 2022 AT 14:00 HRS VIA MS TEAMS

Chairing this meeting: Linda Douglas, Director of Workforce

Present:

Jacqui Balkan, Regional Workforce Planning Manager
 Lynn Barker, Associate Director of Nursing, Health & Social Care Partnership (H&SCP)
 Lynn Campbell, Associate Director of Nursing, Acute Services Division
 Susan Fraser, Associate Director of Planning and Performance
 Ben Hannan, Director of Pharmacy & Medicines
 Roy Lawrence, Principal Lead for Organisational Development & Culture. H&SCP, Fife Council
 Dafydd McIntosh, Workforce Development Lead Officer, Fife Council
 Brian McKenna, HR Manager – Workforce Planning
 Kevin Reith, Deputy Director of Workforce
 Doreen Smith, Head of Practice & Professional Development (deputising for Nicola Robertson)
 Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
 Amanda Wong, Associate Director of Allied Health Professionals (AHPs)

In Attendance:

Janet Melville, Personal Assistant (Minutes)

Actions

Welcome and Apologies

L Douglas welcomed everyone to the meeting and apologies were noted from W Brown, C Dobson, A Graham, H Hellewell, M McGurk and N Robertson (D Smith attending).

01. Minutes and Matters Arising

The minutes of the previous meeting held on 23 November 2021 were accepted as a true and accurate record. There were no matters arising not on the agenda.

02. Population Health & Wellbeing Strategy Update

K Reith reported that since the last NHS Fife Strategic Workforce Planning Group meeting, the development of the Fife Population Health & Wellbeing Strategy had reached the consultation and engagement phase. There were over 1000 responses to the Citizen’s survey; the results of which will be incorporated into the document as appropriate. Winter and COVID-19 pressures have impacted on this work and it is anticipated that development work will restart in Quarter One of 2022/2023, with outputs to be taken forward through the governance channels thereafter.

Strategic Planning & Resource Allocation (SPRA) Update

S Fraser advised that the focus is currently on agreeing corporate objectives for next year with Directors for their area of responsibility, which will be included in the SPRA paper going to the relevant governance committees and the Board. It

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Author: JM	Page: 1 of 6	Review Date: N/A

was agreed to share the paper for discussion at the next meeting of this Group (17 May 2022).

SF

03. NHS Fife Workforce Strategy 2022-25 Development

K Reith indicated that progress with the Workforce Strategy had been delayed due to the pause in the development of the Population Health & Wellbeing Strategy and the later than expected release of the draft National Workforce Strategy; feedback on the latter is being provided through national groups, with publication of the final document likely to be in March 2022. Initial thoughts on the national strategy will help inform NHS Fife's development work and will be reported to this group and to the Staff Governance Committee, as part of the sign off process.

04. NHS Fife Workforce Plan 2022-25 Update

R Waugh confirmed that work continues on the Workforce Plan 2022-2025 towards completion by the extended timescale of 31 July 2022. However, no further Scottish Government guidance has been received in relation to the content required within the document and whether an integrated NHS/H&SCP Workforce Plan is the preferred option. R Waugh advised that she and B McKenna are meeting colleagues from the various services to close off previous action plans and populate current / future action plans. It is expected that before the next meeting of this Group, a draft NHS Fife Workforce Plan will be ready to share for comment, prior to going through the relevant governance route. R Waugh thanked everyone for their input.

RW

L Douglas sought assurance from colleagues that their respective operational teams are actively engaged with workforce planning, acknowledging that ambitions may not have been realised due to COVID-19 pressures; however, we now have the opportunity to recover as we enter the endemic phase. L Douglas asked colleagues to get in touch should they require support to address any issues in terms of action planning.

05. Updates from Associated Groups

5.1 NHS Fife Operational Workforce Planning Group

B McKenna indicated that discussions at the NHS Fife Operational Workforce Planning Group meeting in January 2022 had centred on the Workforce Plan for 2022-2025 and the extension to the reporting cycle. The content of the Action Plans was also considered and individual meetings arranged to capture all relevant information for each service in order to inform the overall Workforce Plan for 2022-2025; and what would be expected from the services during this 3-year cycle.

L Douglas requested that an update report is brought to the next meeting of this Group to summarise work-to-date, and both achievements / targets not met.

BMcK

5.2 Health & Social Care Partnership Workforce and Organisational Development Board

R Lawrence indicated that work around the H&SCP Workforce Strategy is being taken forward in a similar manner and timescale to NHS Fife's –via the governance cycle and to the Integrated Joint Board in July 2022 –

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and thanked colleagues for their support. There is an integrated focus, with the IJB and H&SCP Local Partnership Forum supportive of the approach and content, which includes strategic priorities and workforce activities and issues. Key partners, comprising Fife Council, Third and Independent sectors, have been asked to populate the Action Plan template by the end of February 2022 and an initial draft of the Strategy will be prepared, and then presented to the Senior Leadership Team by the end of March 2022. It was agreed there is an extra degree of complexity in denoting the strategic linkages between external partner groups.

R Waugh, B McKenna and R Lawrence are meeting to catch up on progress in relation to the handover between H&SCP and NHS Fife issues in each of the documents to ensure the two strategies are aligned.

RW/ BMcK/
RL

5.3 NHS Fife Nursing & Midwifery Workforce Planning Group

D Smith reported that 71WTE Band 2 and 3 Nursing staff have been appointed to NHS Fife following a mass recruitment drive. Funding was originally for 68WTE, but as a result of additional funding and some other health Boards not quite meeting targets, NHS Fife has benefitted. Ward Admin posts have also been agreed; funding for which comes with the caveat there must be a direct impact on discharge times.

In terms of international recruitment, three Band 5 nurses commenced on 28 February 2022, with appropriate preparatory training in partnership with Yeovil Health Trust, and undertaking the objective structured clinical examination (OSCE) at the University of Ulster, (hoping to use Northumbria test centre once accredited), to assess their clinical skill proficiency. By July 2022, it is anticipated that a further 20 nurses and 2 radiographers will be in post. L Douglas explained that the ambition nationally is to initially recruit 200 international staff, and growing from that, to establish a pipeline for health and social care across Scotland. D Smith confirmed that a proposal has been put forward for a five year commitment to international recruitment for Nurses, Doctors and AHPs.

5.4 Allied Health Professionals Group Feedback

A Wong confirmed AHP Service Managers are linking in with R Waugh, B McKenna and R Lawrence in terms of the workforce planning details; this can be challenging as many AHP specialties sit within H&SCP, but work is carried out within Acute Services.

A Wong advised that the Scottish Government commissioned an Education Review, with a draft report published in January 2022. The review is being widened to incorporate Workforce Planning, Education and Services for a more integrated approach.

A Wong is continuing to link in with Alistair Reid from HIS in relation to his work on objective measures around workforce and workload and how we can report on that. Jill Main, whilst seconded to NES, provided a report last year in terms of workforce challenges to consider as we move forward, which is another active link.

International recruitment is really good news: from an AHP perspective. A Wong would be keen to broaden the opportunity to other staff groups. The situation is extremely challenging, as not enough individuals are being trained for the number of AHP posts available and recruitment

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remains a challenge as possible applicants are drawn to larger Boards which is concerning for Fife. We therefore need to be flexible and innovative in role design to attract staff.

5.5 Pharmacy Services

B Hannan explained there has been a change in education and training standards for Pharmacists and Pharmacy Technicians as from 2026, newly qualified Pharmacists can be Prescribers from Day 1; there is no longer a requirement for 3 years post-registration. B Hannan acknowledged this is causing some angst, together with a new Advanced Career Framework for Consultant level. However, we are in a good position in Fife: during the past two years workforce planning has been undertaken with a shift and a change to roles. Aligned to this, there has been a whole system review of Pharmacy’s education infrastructure, to ensure key components of workforce planning are in place. B Hannan stressed the need for a shift in culture as education and training becomes a continuous part of pharmacy roles.

The Pharmacy workforce continues to grow significantly in Pharmacy First with some funding from H&SCP, although SG confirmation is still awaited in terms of Level 1. In 2018, there were no Pharmacy staff in this area; there are now 800 Pharmacists and Technicians.

The pipeline for Pharmacy training is being exhausted so an SVQ Pharmacy Technician course is being offered in-house. Pharmacy is receiving SG funding for an additional 10 entry level posts as part of a national scheme.

Mental Health Pharmacy has received significant investment nationally: this amounts to 40 Pharmacists and 20 Technicians for NHS Fife which are out to recruitment.

B Hannan advised he is part of a small group looking to embed Transforming Hospital Pharmacy within the NHS National Recovery Plan, opening the door to funding streams not previously accessible to Pharmacy.

06. Health and Care (Staffing) (Scotland) Act 2019 Update

D Smith advised there is a relaunch of workforce in Excellence in Care in May 2022.

L Campbell indicated that while the ‘safe staffing’ legislation has not yet been implemented, it is anticipated this will be picking up again later this year, and reiterated that it is not only relevant to nursing and midwifery staff, but also to AHPs. L Campbell went on to advise that NES has created a multi-professional learning resource for Workforce Planning, part of a larger repository of educational materials. As part of the national priority work, a process is ongoing in relation to real time staffing levels and how to assess that. The Critical Care aspect has been tested locally and goes ‘live’ in April 2022; this is part of the ability to manage resources along with patient profiles. It was agreed to share the links to the learning resources.

LC

L Douglas suggested a paper be brought to this group, setting out a position statement of who does what – until the safe staffing legislation is in force.

NR

K Reith advised there is recognition of the need to shift the focus wider as the legislation impacts on all job families. It will become more important in the year

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ahead as the legislation comes into force – we will need to evidence how we are implementing and governing robustly. During the discussion that followed, it was agreed this is ‘work in progress’ and would require further analysis and discussion on a national and local basis.

07. Review of Terms of Reference

R Waugh explained that the Terms of Reference (ToR) have been revised to reflect the current environment and welcomed feedback from Group members. L Douglas requested that any comments be submitted by 28 February 2022, to complete the review for this year.

All Group members

Given feedback in the meeting, K Reith suggested looking at the ToR of the other Groups that feed in to this Group, in parallel with the NHS Fife Operational Workforce Group, to ensure membership is comprehensive to capture all areas of the organisation and to clarify which group is progressing which action e.g. nationally, education and training is a big feature of workforce planning commitment and to ensure this is captured. L Douglas suggested a diagrammatic depiction of the connectedness of groups would be helpful.

08. Emerging Workforce Risks / Risk Register

L Douglas confirmed there is an NHS Fife commitment to internally transition from, and to improve, the organisation of our risks, being led by M McGurk. The current Board Assurance Framework (BAF) and risk arrangements on the Risk Register are being reviewed and revised. This Group will oversee the strategic workforce risks to ensure the risks are managed and mitigated, and finally de-escalated as required.

8.1 Workforce Risk Register

K Reith agreed it is appropriate that this group reviews the refreshed workforce risks on the risk register. R Waugh indicated ‘good housekeeping’ of workforce risks has been undertaken to standardise the way they are framed, scored and reviewed.

09. Regional Workforce Planning Group Update

J Balkan updated the situation in relation to the Workforce Strategy 2022-2025 and Workforce Plan 2022-2025. There was a submission from the Chief Executive in the Borders on behalf of the Chief Executives, which included looking for more engagement and support to broaden the scope of the Strategy and to include more H&SC developments.

In terms of the three year Workforce Plans, confirmation on whether there will be a further extension to the submission date to October 2022 (subject to governance) is awaited. J Balkan advised that SG do not appear to be in favour of an integrated plan, although clarification is awaited. K Reith suggested that given the timescales for submission, we would need to continue to work on the basis that there are separate NHS Fife and H&SCP plans, but to appropriately reference each other.

10. National Workforce Planning Group Update

J Balkan reported that the National Treatment Centre Workforce Group met this

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morning; the focus included Anaesthetic Consultant Workforce and alternatives, notably Nursing, ODPs, and AAs. However, J Balkan flagged up that the Group is reporting 'no recruitment' against the Fife NTC in preparation for opening next year, which was contradictory to the message from Fife colleagues. K Reith assured colleagues there is a vast amount of activity ongoing in relation to Fife's NTC and the reporting required updated to reflect this. J Balkan has joined the Project Board and is happy to represent Fife and offered her support as required. L Douglas suggested the future efforts of this Group will be to ensure there is appropriate capability and capacity in the workforce, through careful and innovative role design and linkages with education and training pipelines.

10.1 National Workforce Strategy

As referred to earlier, J Balkan confirmed the first draft has now been circulated for comment.

11. AOB

There was no other business to discuss.

Date of Next Meeting: Tuesday, 17 May 2022 at 14:00 hrs via MS Teams

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**Health & Safety Sub-Committee
(Meeting on 11 March 2022)**

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

UNCONFIRMED Minutes of the Health & Safety Sub Committee held on Friday 11th March 2022 at 12:30 within Microsoft Teams	
Present:	
Neil McCormick (NM) Director of Property & Asset Management Conn Gillespie (CG) Staff Side Representative Dr Chris McKenna (CM) Medical Director Keith Reith (KR) Deputy Director Of Workforce	
In attendance	
Anne-Marie Marshall (AMM) Acting Health and Safety Advisor David Young (DY) Minute Taker	
1. Chairperson's Welcome and Opening Remarks	
NM Welcomed everyone to the meeting and introduced Anne-Marie Marshall to the group.	
2. Apologies for absence	
Linda Douglas (LD) Director of Workforce Paul Bishop (PB) Head of Estates	
3. Minutes of previous meeting	Action
3.1. APPROVAL OF PREVIOUS MINUTES	
The minutes of the previous meeting were reviewed by the group and agreed as accurate.	
3.2. Matters Arising	
3.2.1. Alternate Mask Supply Issues	
AMM stated that she hadn't received any escalation from occupational regarding Alternate Mask Supply Issues health and that the issues appear to have been resolved. CG agreed.	
4. COVID 19	
4.1. Discussion around H&S issues relating to COVID-19 response and ongoing management.	
NMC stated the organisation haven't received any further guidance re COVID 19. There is a proposed removal of final COVID restrictions on the 21st of March and the organisation is waiting to see what the health specific guidance will be either prior to or on that date.	
5. Governance Arrangements	
5.1. Items for escalation to the Clinical Governance Committee	
5.1.1. Health & Safety Manager	
NMC informed the group that following CW's secondment to Infection Control, the Health and Safety Manager's post has been advertised and interviews have taken place. A suitable candidate has been found and they have been offered the job. Hopefully, they will be in position in about two months time. NMC will update the group of any progress and thanked AMM again for holding the fort during the time that the H&S Team had no manager in place.	
5.1.2. Terms of Reference	
NMC informed everyone that he has circulated some governance documents as part of the general administration as a subcommittee. Firstly, NMC discussed the Constitution in Terms of Reference. He told everyone that very few changes had been made to the document other than some dates. He asked if the group were happy to adopt the new terms of reference from next year. The group agreed.	
5.1.3. Annual Work Plan	

<p>NMC explained that the Work Plan contains suggestions about the business the subcommittee should include over the coming months, and has been based around the previous year's plan with some updates; including a review of outstanding Audit Actions for the June meeting. NMC hoped that the outstanding audit actions for sharps and manual handling can be resolved or, if they haven't, can identify what work is still left to be done by the end of May, prior to the meeting in June.</p> <p>NMC explained the details of the audit actions raised</p> <p>Manual Handling: The audit actions relate to the training plan coming out of the pandemic and how the organisation propose to risk assess and train the backlog of people who have joined the organisation since the pandemic started.</p> <p>Sharps: The actions relate to getting the Sharps Strategy Group back up and running. NMC told the group that AMM has organised meeting for 11 April, so some progress will have been made by the next HSSC Meetings.</p> <p>NMC also highlighted to the group that there was an action to remind Sub Committee Members that they have a duty to report up to Clinical Governance if there are any issues relating to Health & Safety including Manual Handling and Sharps and specifically there was an audit action to remind the committee about sharps. NMC asked for this to be minuted so the action could be closed off as complete. It's important that we bring any material issues to the attention of the Clinical Governance Committee for their oversight.</p> <p>CM asked if the previous Sharps action plan was given to Clinical Governance. NMC stated that he wasn't sure and would need to check. NMC told the group that he and AMM had agreed to meet the auditors and find out exactly what the outstanding actions were from their point of view.</p> <p>CM suggested that the inspections and subsequent action plans should be the business of the Clinical Governance Committee and it should be escalated as an individual item beyond the sharing of minutes. NMC agreed.</p> <p>NMC asked that we make sure that the group get the appropriate sharps documentation to the clinical Governance Committee.</p> <p>NMC asked if the group were happy to approve the initial draft of the Annual Work Plan. The group approved.</p> <p>KR pointed out to the group that, at some point in the future, some compliance level reporting for all health and safety training may need to be added as part of the subcommittees work plan.</p> <p>NMC agreed and added that he is aware that AMM already has quite a lot of information regarding training rates</p>	
<p>5.1.4. Annual Report</p>	
<p>NMC spoke to the committee regarding the Annual Report. He said that a report has to be submitted to Clinical Governance at the end of April and it might need to be presented to EDG before that. He therefore has produced an Annual Report based on the minutes from the previous meetings.</p> <p>NMC is happy if anyone wants to comment on the statement of assurance either now or over the next few days but asked if we can approve that subject to any comments coming in over the next week or so and that would be very helpful and we can take that to clinical governance.</p> <p>NMC asked if the group were happy to approve the initial draft of the Annual Report. The group approved.</p>	
<p>6. NHS Fife Enforcement Activity</p>	
<p>There is no current enforcement Activity</p>	

7. Policies & Procedure	
7.1. Health and Safety Policy review	
NMC informed the group that DY has agreed to try and get a more definitive list for the next meeting which will also tie in with some of the audit actions as well	DY
7.2. Skin Surveillance Reporting	
The group discussed skin surveillance, how it relates to this committee and whether the Subcommittee should review skin surveillance or if that gets done through other avenues. After some discussion, it was suggested by NMC that the management responsibility should sit with Sue Blair and the Occupational Health Team and that, from a governance point of view, the subcommittee should take an annual report and submit that assurance to clinical governance. The group agreed that that was a suitable approach.	
8. Other business	
None	
9. FOR INFORMATION/ NOTING	
NMC discussed the need for an internal review relating to the information that's coming up through the committee such as the reporting of training numbers, incidents etc. and suggested that the committee need to improve the reporting elements in this group. Therefore, the committee might need to look at some of the attendees of the committee to make sure we've got the right spread of people who can explain exactly what the figures mean CM suggested that a representative from adverse events should attend such as Claire Fulton, Lead for Adverse Events who can come in and offer some support from the Datix Team into in terms of producing reports. He added that there is a lot that the committee could be discussing but sometimes data is needed to stimulate that conversation AMM informed the group that Reports regarding Sharps Incidents figures could be easily produced. NMC so we could maybe over the next year we could take each meeting deeper dive on a specific areas be it violence and aggression or manual handling or sharps or skin surveillance and we could we could bring that this groups attention so that there's wider understanding as this type of data would be there to have a a sensible conversation about it as well.	
10. Next Meeting	
The next meeting will take place on Friday 10 June 2022 @ 12.30pm on Teams	