Staff Governance Committee

Thu 03 March 2022, 10:00 - 12:30

MS Teams

Agenda

10:00 - 10:01
1 min

1. Apologies for Absence

Ms S Braiden

10:01 - 10:02
1 min

2. Declaration of Members' Interests

Ms S Braiden

10:02 - 10:04
2 min

3. Minutes of Previous Meeting held on Wednesday 12 January 2022

Enclosed   Ms S Braiden

📄 Item 03 Staff Governance Committee Minutes 12.01.2022 (Unconfirmed).pdf (7 pages)

10:04 - 10:06
2 min

4. Matters Arising / Action List

Enclosed   Ms S Braiden

📄 Item 04 Table of Actions From Meeting Held on 12.01.22.pdf (2 pages)

10:06 - 11:06
60 min

5. GOVERNANCE MATTERS

5.1. Annual Review of Committee's Terms of Reference

Enclosed   Gillian MacIntosh

📄 Item 5.1 SBAR Annual Review of Committee's ToR.pdf (3 pages)
📄 Item 5.1 Staff Governance Committee ToR.pdf (4 pages)

5.2. Committee Self-Assessment Report

Enclosed   Gillian MacIntosh

📄 Item 5.2 SBAR Committee Self-Assessment Report 20212022.pdf (13 pages)

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

Enclosed   Linda Douglas

📄 Item 5.3 Review of SGC Workplan 2021-2022 and Draft SGC Annual Workplan 2022-2023 Report - 3.3.22.pdf (13 pages)

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

Enclosed   Linda Douglas

- Item 5.4 Board Assurance Framework - Workforce Sustainability 3.3.22.pdf (4 pages)
- Item 5.4 Appendix 1 - NHS Fife Board Assurance Framework (BAF) 13.1.22 - Workforce Sustainability.pdf (2 pages)
- Item 5.4 Appendix 2 - BAF Risks - Workforce Sustainability - Linked Operational Risks as at 13.1.22.pdf (2 pages)

5.4.1. Nursing & Midwifery Staffing Levels

Presentation   *Janette Owens*

5.5. Staff Governance Standard – Improved & Safe Working Environment

Presentation   *Neil McCormick*

5.6. iMatter Feedback Report

Presentation   *Kirsty Berchtenbreiter*

5.7. Appraisal & Revalidation Report – Wider NHS Fife Registered Workforce

Enclosed   *Linda Douglas/Janette Owens*

- Item 5.7i SBAR AHP Professional Assurance February 2022.pdf (4 pages)
- Item 5.7ii SBAR Nursing and Midwifery Revalidation Update February 2022.pdf (3 pages)

11:06 - 11:36
30 min

6. STRATEGY / PLANNING

6.1. Workforce Plan and Strategy Development 2022-2025

Verbal   *Kevin Reith*

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

Verbal   *Margo Mcgurk*

6.3. Joint Remobilisation Plan 2021/2022 - Winter Plan Actions

Enclosed   *Janette Owens*

- Item 6.3 SBAR Joint Remobilisation Plan 2021-22 – Winter Plan Actions.pdf (7 pages)
- Item 6.3 Winter Planning Monthly Report.pdf (6 pages)

6.4. Workforce Implications of Memorandum of Understanding 2 (MOU) Update

Enclosed   *Nicky Connor*

- Item 6.4 SBAR - Workforce Implications of MOU2 Update.pdf (8 pages)

11:36 - 12:06
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 February 2022 Report.pdf (44 pages)

7.2. Integrated Performance & Quality Report Review - Progress Update Report

Enclosed   *Margo Mcgurk*

- Item 7.2 SBAR IPQR Review Progress Update Report.pdf (6 pages)

7.3. NHS Fife Workforce Information Overview

Enclosed   *Kevin Reith*

📄 Item 7.3 NHS Fife Workforce Information Overview - 3.3.22.pdf (14 pages)

7.4. Staff Health & Wellbeing Update

Enclosed   *Rhona Waugh*

📄 Item 7.4 - Staff Health and Wellbeing Update 3.3.22.pdf (34 pages)

12:06 - 12:11
5 min

8. ANNUAL REPORTS

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

Enclosed   *Rhona Waugh*

📄 Item 8.1 Occupational Health and Staff Wellbeing Service Annual Report 2020-2021 - 3.3.22.pdf (23 pages)

12:11 - 12:16
5 min

9. LINKED COMMITTEE MINUTES

9.1. Minutes of the Area Partnership Forum held on 19 January 2022 (unconfirmed)

Enclosed

📄 item 9.1 Linked Minute Cover Sheet APF 19.01.22.pdf (1 pages)
📄 Item 9.1 APF Minutes 19.01.22 (Unconfirmed).pdf (7 pages)

9.2. Minutes of the Health & Social Care Partnership Local Partnership Forum held on 19 January 2022 (unconfirmed)

Enclosed

📄 Item 9.2 Linked Minute Cover Sheet H&SCP LPF 19.01.22.pdf (1 pages)
📄 Item 9.2 H&SCP LPF Minute 19.01.22.pdf (7 pages)

9.3. Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 23 December 2021 (unconfirmed)

Enclosed

📄 Item 9.3 Linked Minute Cover Sheet ASD & CD Local Partnership Minute 23.12.21.pdf (1 pages)
📄 Item 9.3 ASD & CD Local Partnership Forum Minute 23.12.21 (Unconfirmed).pdf (9 pages)

12:16 - 12:26
10 min

10. ESCALATION OF ISSUES TO FIFE NHS BOARD

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

Verbal

12:26 - 12:30
4 min

11. ANY OTHER BUSINESS

12:30 - 12:30
0 min

12. Date of Next Meeting: Thursday 12 May 2022 via MS Teams

Fife NHS Board

<u>Unconfirmed</u>

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON WEDNESDAY 12 JANUARY 2022 AT 10.00AM VIA MS TEAMS

Present:

S Braiden, Non-Executive Member (Chair)	C Potter, Chief Executive
A Morris, Non-Executive Member	J Owens, Director of Nursing
M Mahmood, Non-Executive Member	
S Fevre, Co-Chair, Health & Social Care Partnership Local Partnership Forum	
K MacDonald, Whistleblowing Champion	

In attendance:
K Berchtenbreiter, Head of Workforce Development & Engagement
K Booth, Head of Financial Services & Procurement
N Connor, Director of Health & Social Care
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
Dr G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
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 reiterating that in line with other Board Committees, today's meeting was based on a condensed agenda, due to system-wide pressures currently being experienced in Fife and nationally. In the interest of time, the Chair requested the Committee to keep to the agenda as far as possible and for those presenting papers to give a brief overview of key points, 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 were noted from W Brown, Employee Director and A Verrecchia, Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum.

2.   Declaration of Members' Interests

There were no declarations of interest made by members.

3.   Minutes of the last Meeting held on Thursday 28 October 2021

The minute of the last meeting was **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, 3 & 4 - Deferred to 3 March 2022 meeting in light of the condensed agenda for this meeting.
Items 5, 6 and 7 – To be added to the Agenda of 3 March 2022 meeting.

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

5.   GOVERNANCE / ASSURANCE

5.1   General / Workforce Covid-19 / Omicron Update

The Chief Executive highlighted the continuing and increasing workforce challenges, particularly in relation to Covid-related absence, reiterating that a number of actions were underway to support recruitment and retention of staff. The Committee were informed of a recent letter received from the Royal College of Nursing addressed to all Chief Executives, requesting that Health Boards support the registered nursing workforce, who are working in extraordinary circumstances and under extraordinary pressures at this time.

The Director of Workforce delivered a presentation to the Committee to offer assurance on the work being undertaken to mitigate workforce challenges at this time of extreme pressure. The presentation provided an overview of the current recruitment and deployment actions, with the complementary training and development infrastructure to support staffing levels, alongside the various wellbeing supports available for staff. It was noted that NHS Fife would be the first NHS Scotland Board to welcome new international nurses under the International Recruitment Initiative. The collaborative working across the Workforce, Nursing and other Directorates to accomplish this was acknowledged. The initiatives to promote staff engagement via i-Matter and Executive visits across locations and service areas were also highlighted.

The Director of Nursing advised members that the ward admin support that was now in place to support to Senior Charge Nurses had been positively received.

S Fevre acknowledged the tremendous efforts being made both by management and staff, affirming the extremely challenging situation for everyone at the moment. He noted that whilst colleagues would do all they could to get to get through this situation, the resultant consequences of potential staff burnout might be the final price to be paid. Whilst reflecting on the work being undertaken on the permanent Staff Hubs, S Fevre expressed disappointment that these were not available right now, across all sites, when staff needed them.

A Morris, recognising the pressures on staff, queried the potential impact of staff shortages on safety and quality of patient care. The Director of Nursing responded that all indicators of potential patient harms (e.g., Pressure Ulcers, falls etc.) were being closely monitored and no discernible changes in terms of harm to patient safety were noted. The December 2021 SAB (S. aureus bacteraemias) report recorded 80 SABs in 2021, the lowest on record, a result that had to be commended, given the levels of activity over the last year. In addition, work was being done in the space of supervision and values based reflective practice to support staff. The Chief Executive commented that, in addition to the metrics, Care Opinion was another good source for assessing patient experience and consideration needs to be given as to how this can be monitored as part of a whole-system dashboard and temperature check of patient experience.

K MacDonald noted that there were a range of support options available for staff, and queried whether staff were able to make use of these and what the uptake of these initiatives was, given the pressures. The Director of Workforce confirmed that the support services offered were indeed being used by staff. In the interest of time, the Chair requested K MacDonald to link in with R Waugh, Head of Workforce Planning & Staff Wellbeing, post meeting to obtain this information.

The Committee **noted** and was **assured** by the General / Workforce Covid-19 / Omicron Update provided, with the presentation to be circulated to Committee Members after the meeting.

Action: Director of Workforce

5.2 Whistleblowing – Quarter 2 Update

The Head of Workforce Resourcing & Relations spoke to the paper, which provided an update on Whistleblowing concerns for the second quarter of reporting from 1 July 2021 to 30 September 2021. The data had been expanded from previous reports by including any anonymous concerns received. It was noted that during this period there were no whistleblowing complaints reported within NHS Fife.

K MacDonald thanked the team for incorporating anonymous concerns within the report, which was particularly helpful in the context of interpreting a nil return for whistleblowing complaints. A query was raised around how the Executive Team and Senior Managers were gaining assurance that staff know how to raise concerns, are supported to do so and that learning from any anonymous concerns is shared. The Director of Workforce responded that assurance was gained from a range of sources, such as regular feedback from staff, the number of staff accessing employment processes within the organisation, and the LAER (Local Adverse Events) and SAER (Serious Adverse Events) arrangements that are overseen by the Director of Nursing.

The Director of Health & Social Care Partnership provided examples of the efforts made to encourage and promote the uptake of the Whistleblowing standards and the processes in place for staff to raise concerns. These include a daily whole system Bronze meeting, which provides an opportunity for each service area to report concerns, a daily review of Datix incidents, and the weekly Quality & Safety Huddle chaired by the Associate Director of Nursing and the Associate Medical Director, where incidents reported at all levels within H&SCP are reviewed for themes and trends. The team also gains feedback from visiting service areas and speaking with front-line staff. Additionally, Whistleblowing Standards had been discussed with senior representatives and staff-side over three Local

Partnership Forum (LPF) sessions, to encourage rollout. The Standards were also included in the Weekly Director's Brief circulated to all staff.

The Head of Workforce Development & Engagement, in responding to whether staff had the awareness and training in place to raise a concern, provided assurance that, as of 31 December 2021, over 3000 staff and 500 managers had undertaken the relevant training. Face-to-face sessions were being delivered to staff who were unable to access the training electronically. K MacDonald commented that it would be helpful for this information to be provided in future reports to offer assurance around the ongoing work being done to roll-out the Standards across the organisation.

The Committee **affirmed assurance** from the information provided in Whistleblowing Quarter 2 Update, including the customised sample report and the data for the second quarter, which reflected a nil return.

6. STRATEGY / PLANNING

6.1 NHS Fife Population Health and Wellbeing Strategy Update

The Director of Finance & Strategy, confirming that the paper was presented for assurance, outlined the ongoing process in relation to the community engagement exercise to establish areas of priority for the new strategy. It was advised that in future this area of corporate activity would be reported and monitored through the newly formed Public Health & Wellbeing Committee and only brought to this Committee when there was a specific reference to Staff Governance.

Due to the ongoing pandemic and the challenge in delivering the range of services at this time, the Chair, Chief Executive and NHS Fife Board have agreed that activity on the Strategy Development will be temporarily paused until Quarter 1 of 2022-2023. There will, however, be a conclusion of the initial engagement exercise, with a more focussed participation programme being the next phase. The Director of Finance & Strategy updated that just under 1,000 survey responses had been received. Whilst this was low in comparison with the population size, this was understandable in the current context. Recommendations on reaching out to groups other than those noted in the report, and in particular on engagement with the younger population, were welcomed from the Committee.

S Fevre commented that he was not able to recall a great deal of advertising around the survey and queried how many of the responses received were from staff and how relevant the outputs from such a low response rate would be. He agreed that, from a Staff Governance perspective, elements of the Strategy that are relevant to staff would need to be brought back to the Committee for reflection and input. The Director of Finance & Strategy confirmed that 300 of the responses received were from staff. The response deadline had been extended by two weeks to 22 December 2021 and radio messaging and social media reminders had also been issued, as only 500 responses were received by the initial return date.

M Mahmood suggested that liaising with Fife Council via secondary schools to engage the younger population, as well as an increased use of social media platforms, may encourage a higher response rate from groups that are to be prioritised in the next focused stage. The Director of Finance & Strategy advised that, in terms of the younger population, collaboration with Fife College was being explored in relation to using their

existing routes. Legal advice received confirmed that respondents needed to be over 16 to participate in a survey of this nature, posing a challenge as to how feedback could be obtained from this section of the population.

The Committee took **assurance** from the NHS Population Health and Wellbeing Strategy Update provided.

6.2   South East Payroll Services Consortium Update

The Director of Finance & Strategy introduced the paper, reiterating that this initiative (which had been initiated in 2016 and has now reached Final Business Case stage) had been presented to and received support from the Finance, Performance & Resources (FP&R) Committee at its meeting on 10 January 2022. It had also been presented to the Area Partnership Forum (APF) on 17 November 2021. The general consensus of the APF was that in principle the initiative should be supported to protect payroll services and promote the resilience and wellbeing of the staff employed to deliver NHS Fife's payroll.

The Director of Finance & Strategy went on to explain that in March 2021, whilst support in principle was confirmed to the Payroll Service Programme Board, it was decided to take the initiative forward in phases due to the ongoing pandemic. The Programme Board was requested to review elements of the proposal, including the proposed transfer of staff in line with the Transfer of Undertakings Protection of Employment (TUPE) legislation, alongside a refresh of the business case, to reflect that payroll services were being delivered very differently in the context of Covid-19, particularly in relation to home working. A presentation on the business case was shared at a meeting with the Regional Directors of Finance in October 2021, offering assurance and strengthening the case on how payroll services could be delivered in a more resilient way. The specific issue around the staff TUPE transfer was explored and it was confirmed that this had to apply to protect staff and to avoid any unnecessarily complex matrix reporting. Whilst advising the Committee that the business case sets out a reasonable time frame for implementation, the Director of Finance & Strategy highlighted that our Payroll Service was under significant pressure and it would be unfair on the team to not take the opportunity to enter into the Consortium to alleviate this pressure. In addition, this would give the current team opportunities to develop, as the retirement of the current Payroll Manager draws near. K Booth, the Head of Financial Services & Procurement, was commended for the work done thus far.

S Fevre thanked K Booth for the helpful feedback provided in response to questions he had posed ahead of the meeting and advised that, from a staff-side perspective, the matter needed to be progressed to provide staff with a structured way to move forward. S Fevre concluded that, provided the content of the addendum and engagement with staff could be delivered over the six-month period and beyond, it was important to move forward with this issue.

A Morris also affirmed the need to progress this initiative in a positive manner and for it to be regarded as a solution to a problem and not something which is being forced upon the service. The workforce is down to the minimum number that is needed to process all the payroll functions and it would be detrimental for this to impact on service delivery. A Morris acknowledged that whilst this path was not without challenge there were also opportunities for better training, development and post progression for staff and in light of this confirmed support for the initiative to move forward as soon as possible.

K Booth updated that there was a good level of talent within the current payroll team and that there was an opportunity for these colleagues to play key roles in this consortium, with the plan to build a Quality Board. K Booth committed to being involved in this from the start, to ensure that the quality of service planned is delivered for NHS Fife.

The Committee **approved** the refreshed Business Case Addendum and **recommended** the same for Board approval.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report

The Director of Workforce, in providing an overview of the Integrated Performance & Quality Report (IPQR), recognised that absence levels at 6.34% in October 2021 were in excess of the target. Whilst offering assurance to Committee that every effort was being made to reduce the level of sickness absence, it was acknowledged that these rates reflected the challenging circumstances of the past couple of years.

M Mahmood noted the CAMHS section of the report (Improvement Actions - 22.1 Recruitment of Additional Workforce), which reflected that staff recruited have no CAMHS experience and the induction / training period would need to be extended, before an active clinical caseload could be allocated. It was queried as to whether this was normal practice within NHS Fife or specific to the CAMHS service. The Director of Workforce advised that the Director of Health & Social Care would be requested to respond to this query post meeting. However, it was not unusual for new employees based on their experience or indeed for those who were joining the workforce directly from a training or education setting to be onboarded with an induction / orientation phase, where they are supported by a more experienced member of staff.

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

8. LINKED COMMITTEE MINUTES

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

8.1 Minutes of the Area Partnership Forum dated 17 November 2021 (unconfirmed)
8.2 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 3 November 2021 (confirmed)
8.3 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 28 October 2021 (unconfirmed)
8.4 Minutes of the NHS Fife Strategic Workforce Planning Group held on 23 November 2021 (unconfirmed)
8.5 Minutes of the Health and Safety Sub Group held on 10 December 2021 (unconfirmed)

9. ESCALATION OF ISSUES TO NHS FIFE BOARD

9.1 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 Tuesday, 25 January 2022.

The Chair requested that sickness absence figures reflected in the IPQR be escalated to the Board. S Fevre commented that this escalation, although a negative update for the Board, should be put into context in terms of the fact that staff absence reflects the overall situation the organisation is in.

The Chief Executive advised that, at the Board meeting on 25 January 2022, rather than a deep dive into the IPQR, there would be a whole system monitoring report, which considers the impact of staff absence in the context of other metrics that are driving and being influenced by staff absence. Therefore, staff absence will be highlighted as a key issue, but within a broader Balanced Scorecard context.

10.   ANY OTHER BUSINESS

The Head of Corporate Governance & Board Secretary reminded the Committee that, as agreed with the Chair, an online Self-Assessment exercise would be disseminated at the end of the month for completion. Members and regular attendees were encouraged to take the time to complete and return the Self-Assessment, as it provides helpful feedback from a governance perspective, to ensure the effective working of the Committee.

Date of Next Meeting: Wednesday, 3 March 2022 at 10.00 am **via MS Teams**

Deadline passed / urgent		
In progress / on hold		
Closed		

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 3 March 2022

NHS Fife

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	12 January 2022	**General / Workforce Covid-19 / Omicron Update**	Workforce Covid 19 Update Presentation shared at meeting to be circulated among Committee members	**LD**	Immediate	Presentation circulated on 14 January 2022.	**Closed**
2.	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**	TBC	Agreed with Chair to defer to a future meeting in light of already full agenda for meeting on 3 March 2022.	**In progress**
3.	28 October 2021	**Revision of NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability**	Director of Workforce to liaise with Risk Management Team regarding BAF report format.	**LD**	3 March 2022	Action completed in liaising with Risk Management Team.	**Closed**
4.	28 October 2021	**Annual Internal Audit Report 2020/2021**	Director of Workforce to review Annual SGC Workplan and forthcoming Committee Agendas to ensure Staff Governance strands are appropriately represented.	**LD**	3 March 2022	Included in Agenda for meeting on 3 March 2022.	**Closed**
5.	28 October 2021	**Strategic Planning & Resource Allocation Process 2022/2023**	Director of Finance to provide an update on SPRA Prioritisation exercises	**MMcG**	3 March 2022	Included in Agenda for meeting on 3 March 2022.	**Closed**
6.	28 October 2021	**Workforce Implications of Memorandum of Understanding 2 (MOU2) Implementation**	Director of Health & Social Care to provide an update on the Workforce Implications of Memorandum of Understanding 2 (MOU2) Implementation at alternate Committee meetings.	**NC**	3 March 2022	Included in Agenda for meeting on 3 March 2022.	**Closed**
7.	28 October 2021	**Medical Appraisal & Revalidation Annual Report 2020/2021 –**	Director of Workforce & Director of Nursing to consider whether a report, representing revalidation in respect of	**LD / JO**	3 March 2022	Included in Agenda for meeting on 3 March 2022.	**Closed**

Page 1 of 2

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
		Report on wider NHS Fife Registered Workforce.	the wider workforce could be provided to the Committee meeting on 3 March 2022.				

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 3 March 2022**
Title:	**Annual Review of Committee's Terms of Reference**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Gillian MacIntosh, Board Secretary**

1. Purpose

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

This report relates to a:
- Local policy

This aligns to the following NHSScotland quality ambition:
- Effective

2. Report Summary

2.1 Situation

All Committees are required to regularly review their Terms of Reference, and this is normally done in March of each year. Any changes are then reflected in the annual update to the NHS Fife Code of Corporate Governance, which is reviewed in full by the Audit & Risk Committee and then formally approved by the Board thereafter.

2.2 Background

The current Terms of Reference for the Committee were last reviewed in March 2021, as per the above cycle.

2.3 Assessment

An updated draft of the Committee's Terms of Reference is attached at Appendix 1 for members' consideration, with suggested changes tracked for ease of reference. Proposed minor amendments largely relate to clarifying existing wording rather than any changes of substance.

The Committee should note that it is likely that further updates to the section on risk management (see Section 6) will be required, after the Board has considered the forthcoming changes to risk reporting and the BAFs, which will be captured in a future update.

Following review and approval by each Committee, an amended draft will be considered by the Audit & Risk Committee as part of a wider review of all Terms of Reference by each standing Committee and other aspects of the Code. Thereafter, the final version of the Code of Corporate Governance will be presented to the NHS Board for approval.

2.3.1 Quality / Patient Care

N/A

2.3.2 Workforce

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

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

The regular review and update of Committee Terms of Reference will ensure appropriate governance across all areas and that effective assurances are provided to the 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 initially by the Committee Chair and Lead Executive Director.

2.4   Recommendation

This paper is provided for the Committee to **consider** the attached remit and suggested changes, to **advise** of any further proposed changes and **approve** a final version for further consideration by the Board.

3.   List of Appendices

The following appendices are included with this report:

Appendix 1 – Staff Governance Committee Terms of Reference

Report Contact:

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

STAFF GOVERNANCE COMMITTEE
CONSTITUTION AND TERMS OF REFERENCE

Date of Board Approval: ***

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, and is built upon partnership and collaboration, and within the direction provided by the Staff Governance Standard.

1.2   To assure the Board that the staff governance arrangements in the Integration Joint Board are working effectively.

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

2. COMPOSITION

2.1   The membership of the Staff Governance Committee will be:

- Four Non-Executive members, one of whom will be the Chair of the Committee
- Employee Director (as a Stakeholder member of the Board by virtue of holding the Chair of the Area Partnership Forum)
- Chief Executive
- Director of Nursing
- Staff Side Chairs of the Local Partnership Forums, or their nominated deputy

Each member shall give notification if they are unable to attend a meeting. For Non-Executive members, they shall notify the Chair, who may ask other Non-Executive Board members to act as members of the Committee, to achieve a quorum. For Staff Side Chairs of the Local Partnership Forums, they will notify the Lead Officer, confirming their nominated deputy. This will be reported to the Chair.

2.2   Officers of the Board will be expected to attend meetings of the Committee when issues within their responsibility are being considered by the Committee. In addition, the Committee Chair will agree with the Lead Officer to the Committee which other senior staff should attend meetings, routinely or otherwise. The following will normally be routinely invited to attend Committee meetings:

- Director of Workforce
- Director of Acute Services
- Director of Health & Social Care
- Deputy Director of Workforce and Heads of Service, Workforce Directorate
- Board Secretary

2.3   The Director of Workforce will act as Lead Executive Officer to the Committee.

3.   QUORUM

3.1   No business shall be transacted at a meeting of the Committee unless:

- at least three members are present, at least two of whom should be Non-Executive members of the Board.
- at least one of the Staff Side Chairs of the Local Partnership Forums or their nominated deputy is present.

There may be occasions when due to unavailability of the above Non-Executive members the Chair will ask other Non-Executive Board members to act as members of the Committee so that quorum is achieved. Similarly, there may be occasions due to unavailability, a Staff Side Chair of the Local Partnership Forums shall confirm the nominated deputy who will attend meetings in their absence. This will be reported to the Chair. This information will be drawn to the attention of the Board.

4.   MEETINGS

4.1   The Staff Governance Committee shall meet as necessary to fulfil its purpose, but not less than four times a year.

4.2   The Chair of Fife NHS Board shall appoint a Chair who shall preside at meetings of the Committee. If the Chair is absent from any meeting of the Committee, members shall elect from amongst themselves one of the other Committee members to chair the meeting.

4.3   The agenda and supporting papers will be sent out at least five clear days before the meeting.

5.   REMIT

5.1   The remit of the Staff Governance Committee is to:

- Consider NHS Fife's performance in relation to its achievements of effective Staff Governance and its compliance with the Staff Governance Standard;

- Review action taken on recommendations made by the Committee, NHS Boards, or the Scottish Ministers on Staff Governance matters;

- Give assurance to the Board on the operation of Staff Governance systems within NHS Fife, identifying progress, issues and actions being taken, where appropriate;

- Support the operation of the Area Partnership Forum and the Local Partnership Forums in their Staff Governance monitoring role and the appropriate flow of information to facilitate this;

- Encourage the further development of mechanisms for engaging effectively with all members of staff within the NHS in Fife;

- Contribute to the development of the Annual Operational Plan, in particular but not exclusively, around issues affecting staff;

- Support the continued development of personal appraisal professional learning and performance;

- Review regularly the sections of the NHS Fife Integrated Performance & Quality Report relevant to the Committee's responsibility;

- Undertake an annual self-assessment of the Committee's work and effectiveness.

5.2   The Committee is also required to carry out a review of its function and activities and to provide an Annual Report incorporating a Statement of Assurance. This will be submitted to the Board via the Audit and Risk Committee. The Annual Report will be presented to the first Committee meeting in the new financial year or agreed with the Chairperson of the respective Committee by the end of May each year for presentation to the Audit and Risk Committee in June.

5.3   The Committee shall draw up and approve, before the start of each financial year, an Annual Workplan for the Committee's planned work during the forthcoming year.

5.4   The Committee shall provide assurance to the Board on achievement and maintenance of Best Value standards, relevant to the Committee's area of governance as set out in Audit Scotland's baseline report "Developing Best Value Arrangements".

6.   AUTHORITY

6.1   The Committee is authorised by the Board to investigate any activity within its Terms of Reference, and in so doing, is authorised to seek any information it requires from any employee.

6.2   In order to fulfil its remit, the Staff Governance Committee may obtain whatever professional advice it requires and require Directors or other officers of the Board to attend meetings.

6.3   Delegated authority is detailed in the Board's Standing Orders, as set out in the Purpose and Remit of the Committee.

7.   REPORTING ARRANGEMENTS

7.1   The Staff Governance Committee reports directly to Fife NHS Board on its work. Minutes of the Committee are presented to the Board by the Committee Chair,

who provides a report, on an exception basis, on any particular issues which the Committee wishes to draw to the Board's attention.

7.2   Each Committee of the Board will scrutinise relevant risks on the Corporate Risk Register on a bi-monthly basis.

7.3   Each Committee of the Board will scrutinise the Board Assurance Framework risk(s) aligned to it on a bi-monthly basis.

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**3 March 2022**
Title:	**Committee Self-Assessment Report 2021-22**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Gillian MacIntosh, Board Secretary**

1   Purpose

This is presented to Staff Governance Committee for:

- Discussion

This report relates to a:

- Local policy

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

- Effective

2   Report summary

2.1   Situation

The purpose of this paper is to provide the outcome of this year's self-assessment exercise recently undertaken for the Staff Governance Committee, which is a component part of the Committee's production of its annual year-end statement of assurance.

2.2   Background

As part of each Board Committee's assurance statement, each Committee must demonstrate that it is fulfilling its remit, implementing its agreed workplan and ensuring the timely presentation of its minutes to the Board. Each Committee must also identify any significant control weaknesses or issues at the year-end that it considers should be disclosed in the Governance Statement and should specifically record and provide confirmation that the Committee has carried out an annual self-assessment of its own effectiveness. Combined, these processes seek to provide assurance that a robust governance framework is in place across NHS Fife and that any potential improvements are identified and appropriate action taken.

Following the comprehensive review undertaken in 2019 of the format and range of self-assessment questions previously used, a more light-touch review of the question set was

undertaken this year, taking account of members' feedback on the length and clarity of the previous iteration of the questionnaire. Board Committee Chairs each approved the set of questions for their respective committee.

To conform with the requirement for an annual review of their effectiveness, all Board Committees were invited to complete a self-assessment questionnaire in early February 2022. The survey was undertaken online, following overwhelmingly positive feedback on the move to a non-paper system of completion, and took the form of a Chair's Checklist (which sought to verify that the Committee is operating correctly as per its Terms of Reference) and a second questionnaire (to be completed by members and regular attendees) comprising a series of effectiveness-related questions, where a scaled 'Agree/Disagree' response to each question were sought. Textual comments were also encouraged, for respondents to provide direct feedback on their views of the Committee's effectiveness. Given the events of the past year, an additional question was added to capture any comments related to the Committee's operation during the pandemic period.

2.3   Assessment

As previously agreed, Committee chairs have received a full, anonymised extract of the survey responses for their respective committee. A summary report assessing the composite responses for the Staff Governance Committee is given in this paper. The main findings from that exercise are as follows:

Chairs' Checklist (completed by Chair only)

It was agreed that the Committee was currently operating as per its Terms of Reference and that past difficulties in securing a quorum for meetings had now been addressed via new appointments to the Committee. The good attendance of members was highlighted, the open and constructive discussions, and it was also noted that feedback on the induction for new members joining the Committee had been positive.

Self-Assessment questionnaire (completed by members and attendees)

In total, 6 members (excluding the Chair) and 8 regular attendees completed the questionnaire. In general, the Committee's current mode of operation received a mostly positive assessment from its members and attendees who participated. Satisfaction with how the Committee has operated through the pandemic period and the levels of open and robust contributions at meetings were noted. A number of important areas for improvement were nevertheless highlighted. Initial comments identified for further discussion include:

- enhancing agenda management, to ensure that discussions remain focused on governance / strategic items, rather than operational matters, and that the discussions are not curtailed due to time management issues;

- ensuring that there is appropriate coverage of the Staff Governance Standards across the workplan and that there is appropriate linkage to these within agenda papers;
- completing as a priority the reviews of the IPQR and BAF, to support further scrutiny of a wider range of performance metrics relevant to this Committee;
- a general review of information and papers provided, to ensure reports are succinct, data meaningful and with clear recommendation of what the Committee is expected to do in response; and
- ensuring that assurance items include relevant data, to improve scrutiny and challenge by members.

In relation to training, it is suggested that the Committee adopt the practice of the Audit & Risk Committee, at which (at least twice a year) briefing sessions are held on matters specifically relevant to the Committee's remit. This should take the form of a briefing being delivered ideally at stand-alone sessions (given comments made from members about the existing pressure of heavy agendas at scheduled meetings) and may make use of external advisors. It is therefore suggested that the Chair and Lead Director agree a briefing programme for the forthcoming year, after seeking the Committee's input on relevant topics, and these are formally factored into the Committee's agenda planning.

2.3.1 Quality/ Patient Care

N/A

2.3.2 Workforce

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

2.3.3 Financial

N/A

2.3.4 Risk Assessment/Management

The use of a comprehensive self-assessment checklist for all Board committees ensures appropriate governance standards across all areas and that effective assurances are provided.

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 initially by the Committee Chair and Lead Executive Director.

2.4 Recommendation

This paper is provided for:

- **Discussion** – on what actions members would wish to see implemented to address those areas identified for improvement.

3 List of appendices

The following appendices are included with this report:

- Appendix 1 – Outcome of Committee's self-assessment exercise

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

		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Comments
A. Committee membership and dynamics							
A1.	The Committee has been provided with sufficient membership, authority and resources to perform its role effectively and independently.	4 (29%)	9 (64%)	1 (7%)	-	-	The inclusion of Executive members of the Committee does not align with the "independence" required of committee members. I have raised this point previously. The focus on strategic rather than operational issues is continuing to improve.
A2.	The Committee's membership includes appropriate representatives from the organisation's key stakeholders.	4 (29%)	10 (71%)	-	-	-	I particularly welcome the input from staff-side representatives.
A3.	Committee members are clear about their role and how their participation can best contribute to the Committee's overall effectiveness.	2 (14%)	7 (50%)	4 (29%)	1 (7%)	-	There is a tendency to focus on operational issues and introduction of / repetition of matters not for Committee level. There has been some change in recent times so naturally there is some bedding in and evolution of the Committee's work, which is a natural consequence. Straying at times into other committee agendas. Is there a clear enough distinction or linkages between APF and Staff Governance Committee? Further clarity required on the role of staff-side members / attendees vs Non-Executive Board Members might be helpful.
A4.	Committee members are able to express their opinions openly and constructively.	5 (36%)	9 (64%)	-	-	-	SGC is an open forum but we have been through a challenging period for governance due to emergency footing so the Committee does need to get the opportunity to normalise its behaviours to ensure sufficient open dialogue on the right topics. We have strayed into areas which are more operational in nature and perhaps not for a governance committee. There are good relations within the Committee, which allows open and sometimes robust discussion.

							We are encouraged to ask questions about anything we feel is unclear. Views are expressed openly. Given the challenges faced in the past year and the level of concern re workforce, it has been challenging to think how things could be more constructive.
A5.	There is effective scrutiny and challenge of the Executive from all Committee members, including on matters that are critical or sensitive.	2 (14%)	9 (64%)	1 (7%)	2 (14%)	-	Previous point on Executive membership of the Committee applies. Again, Covid emergency footing has been a challenge but there has been substantial effort on behalf of Committee members and attendees to allow the right level of scrutiny and challenge. I think that there can be a perception that the staff are not being listened to. There are very few staff statistics so we rely on the assurance of Executive members. That makes effective scrutiny difficult. At times there has been focus on operational detail at the expense of assurance and appropriate scrutiny. The Board Active Governance Session has resulted in improvements but this will require further development during the new year.
A6.	The Committee has received appropriate training / briefings in relation to the areas applicable to the Committee's areas of business.	-	9 (64%)	2 (14%)	3 (22%)	-	Continuing emphasis on strategic Board level priorities. There are probably areas which will require training and briefing in due course as we re-enter a normal governance cycle of activity. Discussions indicate that further training or briefings may be helpful. Not aware of any specific training or briefing sessions held.
A7.	Members have a sufficient understanding and knowledge of the issues within its particular remit to identify any areas of concern.	1 (7%)	8 (57%)	5 (36%)	-	-	I can only comment on myself, not other members. Members rely on Executive reassurance as understandably there is a lack of data. For example, how many people use the staff wellness hubs? Is it the same people or is the use growing? How do we measure the effectiveness of the hubs? As an attendee it is difficult to comment. There is probably further knowledge to be developed but this is an ongoing process in a very volatile environment.

	B. Committee meetings, support and information						
B1.	The Committee receives timely information on performance concerns as appropriate.	3 (21.5%)	8 (57%)	3 (21.5%)	-	-	Overall, the intention is to provide timely information. However, the need to complete internal governance process and the availability of quality assured data can push timelines further than ideal. It would be good to review how the governance cycle can be adjusted to assist with this issue. Sometimes papers can be issued too close to the meetings, or the agendas contain too many issues that put pressure on quality discussions due to the requirement of getting through the agenda. Review of IPQR will support further scrutiny of a wider range of performance metrics as we move into 2022 and a sharpened focus on the wellbeing of staff, resulting from the wide impact of the pandemic.
B2.	The Committee receives timely exception reports about the work of external regulatory and inspection bodies, where appropriate.	2 (14%)	7 (50%)	5 (36%)	-	-	Those matters that are within the control of NHS Fife are. Some matter, e.g., the publication of the iMatter annual report have been delayed and therefore have a knock on effect to the workplan of the Staff Governance Committee. This is not a big part of the Committee's work.
B3.	The Committee receives adequate information and provides appropriate oversight of the implementation of relevant NHS Scotland strategies, policy directions or instructions.	3 (22%)	10 (71%)	1 (7%)	-	-	The Committee are well sighted on implementation of NHS Scotland strategies and policies.
B4.	Information and data included within the papers is sufficient and not too excessive, so as to allow members to reach an appropriate conclusion.	-	10 (71%)	4 (29%)	-	-	I appreciate that what is sufficient and not too excessive can vary member to member, with positive feedback from members indicating that we have received and appropriately responded to their request to limit the amount of information provided. Some papers are quite excessive from time to time. This is an area (Workforce data, Board Assurance Framework, IPQR etc), which I think we could continue to improve on. Information that is provided is good and I note the focus to continue to improve this within our overall corporate governance activity. The IPQR is lacking on meaningful data re staff matters. Some papers are too long and

						I would like the Executive to make more recommendations as part of the BAF submission. The lack of whistleblowing raises questions such as are the staff aware of how to do that? There is a lack of data that would confirm or reject that possibility for example. Less is more and I think information and discussions could be streamlined. See previous comments about IPQR and operational detail vs assurance.
B5.	Papers are provided in sufficient time prior to the meeting to allow members to effectively scrutinise and challenge the assurances given.	6 (43%)	5 (36%)	3 (21%)	-	-	More time to go through the papers would be preferred. Some papers are too long and lack clear recommendations. Timing of issues of papers has been very good throughout my experience.
B6.	Committee meetings allow sufficient time for the discussion of substantive matters.	3 (21.5%)	7 (50%)	3 (21.5%)	1 (7%)	-	The agendas can be extensive and therefore effective time management can be a challenge. Limited discussion time has been available to the Committee. Potentially an area for consideration in relation to the length of agenda / presentation of items. At times the agenda is weighty and may curtail discussion on some of the issues. This is something that development of the Committee workplan is aiming to address. This depends on the agenda items and length of discussion. Most meetings are under time pressures, and dialogue can sometimes stray into other topics. Sometimes the focus in a discussion is lost and the Committee over runs.
B7.	Minutes are clear and accurate and are circulated promptly to the appropriate people, including all members of the Board.	6 (43%)	7 (50%)	1 (7%)	-	-	In my experience the capture and issue of minutes is excellent. A new style minute has been introduced which does not include recognition of who said what. This might take a little time for members to become comfortable with.

B8.	Action points clearly indicate who is to perform what and by when, and all outstanding actions are appropriately followed up in a timely manner until satisfactorily complete.	6 (43%)	8 (57%)	-	-	-	Good practice is applied on action point capture.
B9.	The Committee is able to provide appropriate assurance to the Board that NHS Fife's policies and procedures (relevant to the Committee's own Terms of Reference) are robust.	5 (36%)	8 (57%)	1 (7%)	-	-	Transparent process for updating the Committee, so again good practice applied. In the main, I take the Executive's assurance at face value, as the lack of data makes it difficult for the Executive to demonstrate performance and assurance.
B10.	Committee members have confidence that the delegation of powers from the Board (and, where applicable, the Committee to any of its sub-groups) is operating effectively as part of the overall governance framework.	1 (7%)	11 (79%)	1 (7%)	1 (7%)	-	I don't believe the actions required around Staff Absence are operating effectively. My experience is that, subject to earlier comments about committee evolution and membership adjustments, there is a confidence in the governance handling of staff issues. Greater connection required with Health & Safety Sub-Committee.

C. The Role and Work of the Committee

C1.	The Committee reports regularly to the Board verbally and through minutes, can escalate matters of significance directly and makes clear recommendations on areas under its remit when necessary.	6 (43%)	8 (57%)	-	-	-	In my experience there has been robust discussion about issues for escalation at SGC and these have informed reporting to the Board. This works well. Agreement on escalation is sometimes challenging and results in a very long statement at the Board. On occasion the feedback has been operational in detail rather than assurance focussed; and there is a time lag between e.g., performance metrics reported to Committee then into the Board via the IPQR (In relation to this latter point, it is applicable to all committees).

C2.	In discharging its governance role, the focus of the Committee is at the correct level.	1 (7%)	8 (57%)	4 (29%)	1 (7%)	-	I don't believe that the Staff Governance Standards are given enough focus and commitment. Instances of occasional operational focus. As noted in other sections this can evolve further in terms of strategic overview, but this has been partly affected by COVID-19 response. There is a fine balance between too much detail on the one hand and too much general assurances on the other. The Committee should not stray into operational issues but we do spend a lot of time on strategy and governance and not a lot of time on recruitment and staff sickness levels for example.
C3.	The Committee's agenda is well managed and ensures all topics within the Committee's Terms of Reference are appropriately covered.	4 (29%)	8 (57%)	2 (14%)	-	-	And this is a development area e.g., further work is underway to demonstrate the connections to the strands of the Staff Governance Standards. There is great effort to manage the agenda through the workplan and we have a foundation to make further adjustments and improvements in the 22/23 cycle. On the whole yes, but sometimes the agendas can be very long. Discussions can be long and the Committee over runs.
C4.	Key decisions are made in a structured manner and can be publicly evidenced.	3 (21%)	9 (64%)	2 (14%)	-	-	This could be enhanced.
C5.	What actions could be taken, and in what areas, to further improve the effectiveness of the Committee in respect of discharging its remit?	Further training and/or development sessions for the Committee to broaden or unify understanding of role and remit. Use the Staff Governance standards to shape the agenda. Continued emphasis on strategic aspect and of Staff Governance strands. Clearer link of agenda items to overall Strategy and greater triangulation with Clinical Governance issues may ensure greater overall effectiveness. As noted, workplan development. Perhaps further scope to deep dive on issues. Review of the governance cycle, if possible, would be ideal to look at timing of the EDG/APF/SGC/Board meetings in relation to each other to streamline the governance cycle.					

		I think the procedures at the moment have been set quite well. Pre meetings are a valuable time to discuss any questions that would be raised at Committee meetings. I think perhaps meeting in person would be more effective. Clear briefs, more structured discussions.					
C6.	Particularly in reference to the challenges faced during the ongoing Covid pandemic, are you content with the Committee's input and oversight of areas of NHS Fife's response relevant to the Committee's particular remit? Please provide comments.	Yes. I do not think we have been at the heart of the staffing crisis, ensuring the Staff Governance Standard is adhered to. One of the greatest challenges of Covid has been the impact on staff wellbeing and the movement of people to reconfigure services. The presence of the Employee Director ensures a strong representation of staff experience. However, it would be very helpful to hear staff stories directly where appropriate and to hear the organisational response to this - even in a simple format of 'You said - We did'. Yes - there has been comprehensive coverage of key issues and in my experience, this has been open and transparent reflecting the at times extremely difficult challenges face by the Board in supporting its staff. Due to our inability to meet face to face or to interact with staff by meeting with them, there is a feeling of being remote at a time when staff are under immense pressure. I feel that the committees are doing well in arranging online meetings to discuss issues. This is a very challenging area for the Committee as workforce is such a huge pressure. The Committee has endeavoured to provide input and oversight. Escalation to the Board needs to be more succinct. I am but do think COVID-19 updates should have been first item on every agenda.					

D. Staff Governance Committee specific questions

D1.	The Committee is provided with appropriate assurance that the corporate risks related to the specific governance areas under its remit (i.e., those related to either Clinical, Finance and Performance, Remuneration, or Staff) are being managed to a tolerable level.	1 (7%)	12 (86%)	1 (7%)	-	-	Continued development of the Board Assurance Framework, review of Risk Appetite etc. will further contribute to this outcome. The improvement work in relation to risk management will support the work of the committee Early stages in terms of redevelopment of our Board Assurance Framework. The specific feedback on the individual operational risks at meetings has been good to

							develop further understanding of these risks, mitigations and impact. Greater assurance will be provided in my opinion when a clear process for determining and assessing risks is produced as part of the Risk Policy update. This will ensure consistency of risk analysis and classification. Scrutiny of risks has been undertaken in 21/22, with SGC being provided with both an overview of high level risks and deep dive into specific issues during the year. I note this work will continue in the context of a review of risk management at Board level. There is a lot of assurance in this regard. I have the impression that HR cannot do more or try any harder. The effectiveness of that is harder to demonstrate but this may be due to market conditions e.g., difficulty in recruitment/retention. Review of BAF and overall framework for risk management will be key during the forthcoming year.
D2.	The performance information and data presented to the Committee allows for easy identification of deviations from acceptable performance (both negative and positive).	-	12 (86%)	1 (7%)	1 (7%)	-	IPQR review group considering additional information to show the broader range of work underway to support staff health and wellbeing. I would note the live discussion ongoing at SGC regarding the information provided to Committee members to assist their role to review key performance. Information for this purpose has improved and the Board-level review of IPQR will direct the next 22/23 cycle. Good governance work and the introduction of data as run/control charts etc. will enhance this. We need more data, for example on staff morale and a breakdown of reasons for leaving the NHS. Performance information needs refined through the IPQR for staffing/workforce.

| D3. | Where there is a negative deviation from acceptable performance, the Committee receives adequate information to provide assurance that appropriate action is being taken to address the issues. | 4 (29%) | 9 (64%) | 1 (7%) | - | - | The Committee is given adequate information that attempts to provide assurance that appropriate action is being addressed, e.g., Staff Governance standard - Provide Staff with a Safe and Healthy Working Environment - given the number of vacancies and high sickness absence levels, staff are not always working in the most safe and healthy environments. However, this is a recognition that we are in unprecedented times.

Comprehensive reporting on mitigation measures has been a feature throughout the last year.

This has developed during the year - additional reports on wellbeing and resourcing have added further information / context / assurance which has not been provided within the IPQR. |

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 3 March 2022**
Title:	**Review of Staff Governance Committee Annual Workplan 2021 / 2022 and Draft 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 / Decision

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 is required to agree an Annual Workplan to effectively manage the work of the Committee throughout the year. The current Workplan agreed in April 2021 reflected the anticipated priorities for the year and was then affected as a consequence of the pandemic and the continued emergency footing of the NHS in Scotland.

The purpose of this paper is two-fold; **Appendix 1** provides an overview of the work undertaken during the past year by way of assurance to the Committee, as evidenced within the completed Workplan for 2021 / 2022.

The draft Annual Workplan for 2022 / 2023 is provided at **Appendix 2**, setting out the priorities for the forthcoming year and anticipating the reporting arrangements for the Committee for the year ahead.

2.2   Background

The Staff Governance Committee sets out the planned work for the next year at the earliest opportunity, this being the final Committee meeting of the current cycle of meetings and given that the January 2022 meeting reflected the COVID-19 situation.

2.3 Assessment

The completed Workplan attached at **Appendix 1** evidences that there is good coverage of all strands of the NHS Scotland Staff Governance Standard as detailed below, with the later inclusion of the Improved and Safe Working Environment strand:

- Appropriately Trained and Developed
- Improved and Safe Working Environment
- Well Informed
- Treated Fairly and Consistently
- Involved in Decisions

The draft Annual Workplan for 2022 / 2023 is attached at **Appendix 2** for consideration and discussion and reinforces the work of the Committee on a business as usual footing.

In addition, the content of the proposed Workplan 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.

At present, it is not intended that there will be a separate Staff Governance Committee Monitoring Action Plan, with the evidence for this being provided by the Local Partnership Forum Annual Reports, the Staff Governance Annual Monitoring Return and monitoring of activity presented to the Committee via the workplan.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Delivering robust governance across the organisation ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Standard. This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

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 draft Staff Governance Committee Annual Workplan 2022/2023 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of any initial comments received.

2.4 Recommendation

This paper is provided for:

- **Assurance / Decision** – Staff Governance Committee members are invited to **note** the activity undertaken as demonstrated by the Workplan for 2021 / 2022 and to **discuss** and **approve** the Staff Governance Committee Workplan for 2022 / 2023.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Review of Staff Governance Committee Annual Workplan 2021 / 2022
- Appendix 2 – Draft Staff Governance Committee Annual Workplan 2022 / 2023

Report Contact:

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

NHS Fife

STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2021 / 2022

Governance – General

	Lead	29/4/21	1/7/21	2/9/21*	28/10/21	12/1/22	3/3/22
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to NHS Board	Chair	✓	✓	✓	✓	✓	✓
Annual Staff Governance Committee Workplan	Director of Workforce	✓ 2021/2022				X Reduced Agenda	✓ 2022/2023
Corporate Calendar – Proposed 2022 / 2023 Committee Dates	Board Secretary			✓			
Annual Review of Committee's Terms of Reference	Board Secretary						✓

Governance / Assurance

	Lead	29/4/21	1/7/21	2/9/21	28/10/21	12/1/22	3/3/22
Board Assurance Framework (BAF)	Director of Workforce	✓	✓ Community Paediatrics	✓ Radiology	✓ Community Services East	X Reduced Agenda	✓ N&M Staffing Levels Presentation
Staff Governance Committee Annual Statement of Assurance 2020 / 2021	Board Secretary	✓	Verbal Action List				
Staff Governance Committee Self Assessment Report 2020 / 2021	Board Secretary	✓					✓

Governance / Assurance Continued							
	Lead	**29/4/21**	**1/7/21**	**2/9/21***	**28/10/21**	**12/1/22**	**3/3/22**
HR Policies – Monitoring Update	**Head of Workforce Resourcing & Relations**			**Delayed to 28/10/21**	✔		**Not Required**
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	**Director of Nursing**			**Delayed Date TBC**			
Update on Equality, Diversity and Human Rights	**Director of Nursing / Director of Workforce**					**X Reduced Agenda**	**Delayed to 12/5/22**
Whistleblowing Quarterly Reporting of Incidents / Data	**Director of Workforce**			✔ **Quarter 1 Report**		✔ **Quarter 2 Report**	
Strategy / Planning							
	Lead	**29/4/21**	**1/7/21**	**2/9/21***	**28/10/21**	**12/1/22**	**3/3/22**
Interim Joint Workforce Plan 2021 / 2022	**Deputy Director of Workforce**	✔		✔			
Workforce Strategy 2019 to 2022 Update (and 2022 to 2025 Workforce Plan and Strategy Development)	**Director of Workforce**		✔			**X Reduced Agenda**	✔ **Verbal**
Annual Workforce Projections for 2021 / 2022	**Deputy Director of Workforce**		**Not required (Scottish Govt.)**				
Strategic Planning & Resource Allocation Update	**Director of Finance**		**Not required**		**Process for 2022/2023 – 2026/2027**	**X Reduced Agenda**	✔ **Verbal**
Joint Remobilisation Plan Update 2021 / 2022 and Annual Operating Plan	**Director of Finance** **Director of Nursing**	**Private Session**	**RMP4 now published**	✔			✔ **Winter Plan Actions**

Completed Staff Governance Annual Workplan 2021-2022
23 February 2022

Page 2 of 5
Version 08

Originator: Workforce Directorate
Review By February 2022

*Following the main meeting, there will be a break for lunch, followed by a Development Session in the early afternoon

Quality / Performance

	Lead	29/4/21	1/7/21	2/9/21*	28/10/21	12/1/22	3/3/22
Integrated Performance & Quality Report	**Director of Workforce**	✓	✓	✓	✓	✓	✓ **IPQR Review Progress Update Report**
NHS Fife Workforce Information Overview – Workforce, Sickness Absence and Equality	**Deputy Director of Workforce**		✓	✓	✓	**X Reduced Agenda**	✓
Staff Health & Wellbeing Update	**Head of Workforce Planning & Staff Wellbeing**	✓		✓		**X Reduced Agenda**	✓
Medical Appraisal & Revalidation Annual Report 2020 / 2021	**Medical Director**				✓		
Personal Development Planning & Review and Training Compliance Update	**Head of Workforce Development and Engagement**						**Delayed to 12/5/22**

Staff Governance & Staff Governance Standards

	Lead	29/4/21	1/7/21	2/9/21*	28/10/21	12/1/22	3/3/22
Staff Governance Annual Monitoring Return 2020 / 2021	**Head of Workforce Resourcing & Relations**	✓	✓	✓ **Additional Report**		**Delayed to 3/3/22 (SG feedback not received)**	**Delayed to 12/5/22 (SG feedback not received)**
Staff Governance Standards Presentation - Appropriately Trained - Improved and Safe Working Environment - Well Informed – Communication & Feedback - Treated Fairly and Consistently - Involved in Decisions	**Workforce Leadership Team** **Director of Property & Asset Management**			✓ **Presentation**			✓ **Improved and Safe Working Environment Presentation**

Completed Staff Governance Annual Workplan 2021-2022
23 February 2022

Page 3 of 5
Version 08

Originator: Workforce Directorate
Review By February 2022

*Following the main meeting, there will be a break for lunch, followed by a Development Session in the early afternoon

Staff Governance & Staff Governance Standards Continued							
	Lead	**29/4/21**	**1/7/21**	**2/9/21***	**28/10/21**	**12/1/22***	**3/3/22**
iMatter Feedback Report	**Head of Workforce Development & Engagement**					**Delayed to 3/3/22** (Report not received)	✓ **Presentation**
Draft Staff Governance Action Plan	**Head of Workforce Resourcing & Relations**						**No longer required**

Additional Agenda Items Not on the Workplan							
	Lead	**29/4/21**	**1/7/21**	**2/9/21***	**28/10/21**	**12/1/22***	**3/3/22**
Winter Report 2020 / 2021	**Director of Nursing**	✓ Verbal					
N&MAHP Professional Assurance Framework Survey (November 2020)	**Director of Nursing**	✓					
Medical Education Report 2020 / 2021	**Medical Director**	✓					
Corporate Objectives 2021 / 2022	**Associate Director of Planning & Performance**	✓ Verbal	✓				
Development of the NHS Fife Population Health and Wellbeing Strategy	**Director of Finance**	✓ Verbal	✓ Verbal	✓		✓	
East Region Recruitment Transformation	**Director of Workforce**		✓				
South East Payroll Services Consortium Update	**Director of Finance**		✓			✓	
Role of the Whistleblowing Champion	**Whistleblowing Champion**			✓ Verbal			
Acute Services Division and Corporate Services Local Partnership Forum Annual Report 2020 / 2021	**Director of Acute Services Division**			✓			

Completed Staff Governance Annual Workplan 2021-2022
23 February 2022

Page 4 of 5
Version 08

Originator: Workforce Directorate
Review By February 2022

*Following the main meeting, there will be a break for lunch, followed by a Development Session in the early afternoon

Additional Agenda Items Not on the Workplan							
	Lead	**29/4/21**	**1/7/21**	**2/9/21***	**28/10/21**	**12/1/22***	**3/3/22**
Health and Social Care Partnership Local Partnership Forum Annual Report 2020 / 2021	**Director of Health and Social Care Partnership**			✓			
Redesign of Urgent Care	**Medical Director**				✓		
Annual Internal Audit Report 2020 / 2021	**Director of Finance**				✓		
Workforce Implications of MOU2 Implementation	**Director of Health & Social Care Partnership**				✓		✓
Volunteering Annual Report 2020 / 2021	**Director of Nursing**				✓		
General Workforce / Covid-19 / Omicron Update	**Chief Executive / Director of Workforce**					✓ **Presentation**	
Occupational Health and Staff Wellbeing Service Annual Report 2020 / 2021	**Director of Workforce**					**X Reduced Agenda**	✓
Winter Plan 2021 / 2022	**Director of Nursing**					**X Reduced Agenda**	**Included in RMP4**
Black, Asian, Minority, Ethnic (BAME) Staff Network Update	**Head of Workforce Planning and Staff Wellbeing**						**Delayed to12/5/22**
Nursing Midwifery and Allied Health Professionals (NMAHP) (Wider NHS Fife Registered Workforce) - Appraisal and Revalidation Report	**Director of Nursing**						✓ **Action List**

*Following the main meeting, there will be a break for lunch, followed by a Development Session in the early afternoon

NHS Fife

STAFF GOVERNANCE COMMITTEE

DRAFT 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**	✓ **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 2022 / 2023	**Board Secretary**	✓ **(Draft)**	✓ **(Final)**				
Staff Governance Committee Self Assessment Report 2022 / 2023	**Board Secretary**						✓

Proposed Staff Governance Annual Workplan 2022 / 2023
23 February 2022

Page 1 of 5
Version 01

Originator: Rhona Waugh
Review By February 2023

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

9/13

38/228

Governance Matters Continued							
	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**	✓					
Update on Equality, Diversity and Human Rights, including BAME	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**	✓					
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	**Director of Workforce**			✓			
Whistleblowing – Quarterly Report	**Head of Workforce Resourcing & Relations**	✓ **Quarter 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**
NHS Fife Three Year Workforce Plan for 2022 to 2025	**Head of Workforce Planning & Staff Wellbeing**	✓	✓		**TBC**		
H&SCP Three Year Workforce Plan for 2022 to 2025	**Director of Health and Social Care Partnership**	✓	✓		**TBC**		
Workforce Strategy 2022 to 2025	**Deputy Director of Workforce**						✓
Annual Workforce Projections for 2023 / 2024 - TBC	**Head of Workforce Planning & Staff Wellbeing**						
Strategic Planning & Resource Allocation (RMP 2022 / 2023) - TBC	**Director of Finance & Strategy**						
Annual Operating Plan 2022 / 2023, including Winter Plan – TBC	**Director of Finance & Strategy**						

Proposed Staff Governance Annual Workplan 2022 / 2023   Page 2 of 5   Originator: Rhona Waugh
23 February 2022   Version 01   Review By February 2023
*Items on the agenda and their timing continue to be reviewed and may be subject to change

10/13   39/228

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**			✓			✓
• Appropriately Trained							
- Medical Appraisal & Revalidation Annual Report 2021 / 2022	**Medical Director**				✓		
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Report 2021 / 2022	**Director of Nursing**				✓		
- Personal Development Planning & Review and Training Compliance Report 2021 / 2022	**Head of Workforce Development & Engagement**				✓		
• Improved and Safe Working Environment	**Director of Property & Asset Management**				✓		
• Well Informed – Communication & Feedback	**TBC**						

Proposed Staff Governance Annual Workplan 2022 / 2023
23 February 2022

Page 3 of 5
Version 01

Originator: Rhona Waugh
Review By February 2023

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

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**
• Treated Fairly and Consistently - 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 - TBC	**Head of Workforce Resourcing & Relations**	✓					
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**				✓		

Proposed Staff Governance Annual Workplan 2022 / 2023
23 February 2022

Page 4 of 5
Version 01

Originator: Rhona Waugh
Review By February 2023

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

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**				✓		
Equality Inclusion & Diversity Report - TBC	**Director of Nursing**						

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**

Proposed Staff Governance Annual Workplan 2022 / 2023
23 February 2022

Page 5 of 5
Version 01

Originator: Rhona Waugh
Review By February 2023

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

13/13

42/228

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 3 March 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 / Decision

This report relates to an:

- On-going issue

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

- Effective

2.   Report Summary

2.1   Situation

The purpose of this report is to provide 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

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 at 13 January 2022.

Following discussion at the October 2021 Staff Governance Committee meeting, the risk rating in respect of Risk ID 1324: Medical Staff Recruitment and Retention; and Risk ID 1652: Lack of Medical Capacity in the Community Paediatric Service; have reduced to moderate and are therefore no longer required to be linked to the Workforce Sustainability BAF.

Since the BAF was presented to the Staff Governance Committee in October 2021, there have been minor changes to the content, tracked within **Appendix 1**. 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 and the future population Health & Wellbeing Strategy 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'

An update on the Linked Operational Risk ID 2214: Nursing and Midwifery Staffing Levels will be provided to the Staff Governance Committee members seperately.

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 at the Staff Governance Committee meeting held in October 2021. 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 from services on the impact of the linked operational high risks.

2.4   Recommendation

This paper is provided for:

- **Assurance / Decision** – Staff Governance Committee members are invited to **note** the content of this report and **approve** 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

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

Board Assurance Framework (BAF) - Workforce Sustainability

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.

Rationale for Current Score: 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.

The current scores reflect the existing controls and mitigating actions in place.

Current Controls:

Ongoing actions designed to mitigate the risk including:

WORKFORCE – GENERAL
• Implementation of the Workforce Strategy to support the Clinical Strategy and Strategic Framework; development of Workforce Strategy and Workforce Plans for 2022 to 2025.
• Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025.
• Implementation of the NHS Fife Board Strategic Objectives, particularly the "exemplar employer / employer of choice" and the associated values and behaviours.
• Implementation of the NHS Fife / H&SCP Joint Interim Workforce Plan for 2021/2022.

WORKFORCE CAPACITY
• Current resourcing actions include: active local and international recruitment campaigns and *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.

WORKFORCE CAPABILITY
• eLearning and training offers aligned to current work modes
• Continuation of fast track induction and related activity, including new welcome and orientation package.
• Implementation of Practice Development initiatives to support changes in service delivery and preparation for further escalation requirements, for example training 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.

WORKFORCE ENGAGEMENT
• Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised.
• iMatter – supporting action planning and Board actions arising from the 2021 cycle of feedback and reporting.
• Supporting staff through changes in ways of working and providing access to new and different career opportunities.
• Realising the benefits of the Internal (Staff) Communication Strategy and ensuring that StaffLink and other mediums for example the weekly Team and Chief Executive Briefings, joint managerial / partnership walkabouts support organisational objectives.
• Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce.

WORKFORCE SUPPORT & WELLBEING
• Provision of support and wellbeing initiatives which contribute to staff maintaining and enhancing their personal health and wellbeing at work and creating a great place to work.
• Access to OH, H&S, Peer Support, Psychology, Spiritual Care and Staff Listening Services.

Gaps in Control: Nil

Mitigating actions - what more should we do?

WORKFORCE – GENERAL
• Implementation and review of workforce plans and strategies to ensure that these support service delivery and the provision of appropriate and safe care to the population of Fife.
• Ensuring workforce preparedness for any further COVID-19 escalation requirements, working in partnership through the respective Workforce Groups and command structure.
• Support for capacity building within and across the organisation to make sure we make the best use of the skills of all of our workforce and to foster an environment for staff development.

WORKFORCE CAPACITY
• Consideration of redesign of roles and services, for example: expansion of Health Care Support Worker and Nursing Associate roles, Advanced Practitioners, Pharmacy Technicians and Physicians Associates, combined with targetted ward administrative support, to enable clinical time to be released.
• Consideration of alternative ways to attract and recruit staff, or redesign of job roles to support service delivery models and the future supply pool.
• Realising the benefits of implementation of the regional recruitment model.
• Harnessing the benefits of digital technology and automation.
• 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 Kickstanrt and Long Term Unemployed Programme.

WORKFORCE CAPABILITY
• Consideration of and implementation of learning and development activities in support of skill mix and associated actions.
• Contributing to NHS Scotland developments in Learning and Development.
• Realising benefits from the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce.
• Supporting managers to harness the benefits of Tableau, TURAS and other systems integration aligned to workforce planning.
• Provision of workforce planning training and support for managers.
• Develop and deliver further phases of the framework to improve leadership capability and embed talent management and succession planning.
• Consideration of the functionality of TURAS Learn to support capture and to facilitate reporting and analysis of training and development data.

WORKFORCE ENGAGEMENT
• Continuation of active partnership working through APF and LPFs, with staff side colleagues key stakeholders in the development of the next Workforce Strategies and Action Plans.
• Continue to promote NHS Fife as an employer to enhance our ability to recruit and retain staff, utilising positive Communication support and social media.
• To develop mechanisms which enable everyone to feel more valued and involved on a collaborative basis throughout health and social care.

WORKFORCE SUPPORT & WELLBEING
• Review of Staff Health & Wellbeing Strategy to take account of COVID-19 lessons learned and evaluation of activities to establish which are most appreciated by staff.
• Provision of additional staff support and wellbeing initiatives which contribute to staff health and wellbeing, staff resilience and staff retention, showcasing NHS Fife as an exemplar employer in the local labour market.
• Continue to hold Gold HWL Award status and deliver on HPHS commitments.

Assurances:
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

Sources of Positive Assurance on the Effectiveness of Controls:
1. Use of national data for comparative purposes
2. Internal Audit reports
3. Audit Scotland reports
4. Bench - marking against other NHS Boards

Gaps in Assurance: Full implementation and utilisation of eESS, Job Train, Tableau and TURAS will provide integrated workforce systems which, alongside access to national data via the NES Portal will capture and facilitate reporting, including all learning and development activity.

Current Performance: Overall NHS Fife has robust workforce planning, learning and development, governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, in particular the Workforce Strategy supporting the Clinical Strategy and the future Population Health and Wellbeing Strategy for Fife and full implementation and use of eESS, should provide appropriate levels of control.

Rationale for Target Score: 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.

													• Integration of Mindfulness, Good Conversations and Our Space support and Outdoor sessions for staff as part of Going Beyond Gold Programme, contributing to a culture of kindness and staff recovery. • Consistent application of NHS Fife and Once for Scotland employment policies • Provision of a healthy and safe working environment, including access to refreshments in the workplace and ongoing development of Staff Hubs, Pause Pods and rest areas. Management of leave and encouraging rest and recuperation.	• Consideration of support for the ageing workforce and opportunities for job redesign. Responsible Person/s: Director of Workforce							

Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
2214	Nursing and Midwifery Staffing Levels	Active Risk	High Risk	20	Owens, Janette
90	National Shortage of Radiologists	Active Risk	High Risk	16	Dobson, Claire

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1042	Staffing Levels	Active Risk	Moderate Risk	12	Nolan, Karen
1324	Medical staff recruitment and retention	Active Risk	Moderate Risk	12	Kennedy, John
1375	Breast Radiology Service	Active Risk	Moderate Risk	12	Cross, Murray
1420	Loss of consultants	Active Risk	Moderate Risk	12	Bett, Heather
1652	Medical Capacity in Community Paediatric Service	Active Risk	Moderate Risk	12	Dobson, Claire
1846	Test and Protect/Covid Vaccination	Active Risk	Moderate Risk	12	Connor, Nicky
503	Diabetes	Closed Risk	Moderate Risk	9	CHE
1349	Service Provision - GP locums may no longer wish to work for NHS Fife Salaried Practices	Closed Risk	Moderate Risk	8	Dobson, Claire
1353	Service Provision - Shortfall in GP Cover will limit service provision	Closed Risk	Moderate Risk	9	Dobson, Claire
1858	workload resulting from deterioration in mental health	Closed Risk	Moderate Risk	10	Torrens, Jillian

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	21.10.2021 1. NURSING AND MIDWIFERY WORKFORCE PLANNING GROUP re-established: aims to drive nursing and midwifery workforce planning and development activity across NHS Fife. The Group is responsible for over-seeing the implementation of the Health and Care (Staffing) (Scotland) Act 2019, nursing and midwifery recruitment and retention, and supplementary staffing. 2. RECRUITMENT ACTIVITY: 2.1 NQPs: 135 WTE recruited. To minimise orientation periods, where possible, students' final placements have been allocated in line with the substantive post offered, allowing NQPs to become part of the clinical team for 3 months prior to commencing as a registrant. Additionally, NHS Fife has offered NQPs the opportunity to be appointed at Band 4 following confirmation from the Exam Board that they had successfully completed their studies and practice hours. There is normally a 4-6 week delay from Exam board confirmation and allocation of NMC PIN (noting national work to ensure delays are minimised). This period has provided an opportunity to attract early recruitment at Band 4. 2.2 NURSE BANK: .Increase in Bank Team resources, supported by the Director of Workforce, which has facilitated increased recruitment. .A recent advert for non-registered staff yielded significant number of applicants - 107 have been shortlisted for interview. •The university student advert is open with 109 applicants currently to be followed by an advert for Fife College Students only in October. •The Nurse Bank is targeting AHP students for nursing roles •Internal recruitment remains steady, as is movement from vaccination staff over to bank roles within the wards. •71 medical students were started as vaccinators although some have not worked, with a further 70 to assess for interest in nursing roles. Medical students are being offered Band 3 hours to support with front door admissions within Acute 2.3 HCSW RECRUITMENT: A Bronze Group has been established under the Workforce Resilience Silver to oversee the recruitment of the Band 2 and Band 3 clinical workforce across NHS Fife. This will target the recruitment of up to 200 staff over the next quarter. It will also keep a watching brief on work at national level to explore maximising Band 2-4 utilisation. 2.4 INTERNATIONAL RECRUITMENT: Agreement reached with EDG to pursue work with SG and Yeovil Trust - phased start for 40 registrants 2.5 RECRUITMENT OF WARD ADMIN ASSISTANTS: 62 ward admin assistants recruited who will directly support SCN/Ms and release additional time for patient care by undertaking HR and Payroll processing and other core administrative activities. 2.6 TARGETTED RECRUITMENT CAMPAIGN: Engagement has occurred with tmp.worldwide who will promote vacancies utilising a targeted social media campaign. NHS Fife has supplied the content for a landing page (including photos and videos) following collaboration with the Communications team. 3 RESILIENCE LAYER 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 is providing 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. 3.2 REMOBILISATION OF VOLUNTEERS: To support patients and staff, NHS Fife volunteering services are being 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. 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.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Owens, Janette	Robertson, Nicola		31/01/2022

| 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 | 06/09/21 Previous management actions continue
Good discussion with NHS Lothian around forward planning and additional split posts. Regular meetings set up | 4 - Likely - Strong possibility this could occur | 4 - Major | High Risk | 16 | 2 - Unlikely - Not expected to happen - potential exists | 4 - Major | Moderate Risk | 8 | Dobson, Claire | Galloway, Donna | 05/09/2021 | 05/01/2022 |

Appendix 2

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**3 March 2022**
Title:	**Allied Health Professionals Appraisal and Re-registration**
Responsible Executive:	**Janette Owens, Executive Director of Nursing**
Report Author:	**Amanda Wong, Associate Director of Allied Health Professions**

1   Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to :

- Allied Health Profession (AHP) Professional Assurance in relation to supervision, appraisal, PDP and re-registration

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

- Safe, Effective, Person Centred

2   Report Summary

2.1   Situation

The AHP supervision, appraisal, PDP and revalidation update is being brought to the Staff Governance Committee for their awareness. The report provides the Committee with an assurance that all AHP's in NHS Fife are up-to-date and are practising to the appropriate regulatory and professional standards.

2.2   Background

For the purpose of this report Allied Health Professions is an umbrella term that covers 10 professions; Arts Therapists (Art, Music & Drama), Dietitians, Occupational Therapists, Orthotists, Orthoptists, Physiotherapists, Podiatrists, Prosthetists, Radiographers (Diagnostic and Therapeutic) and Speech & Language Therapists.

Any AHP wishing to practise their profession in the UK must be registered with the Health & Care Professions Council (HCPC) and this registration allow them to practise which needs to be renewed every 2 years. This is to assure patients, employers and other healthcare professionals that registered AHP's are up-to-date and are practising to the appropriate regulatory and professional standards.

2.3 Assessment

NHS Fife has responded well to the challenges of AHP Re-registration with few problems and is managing to meet the requirements of the HCPC.

Supervision, appraisal and PDP have continued over the course of the pandemic utilising the TURAS platform.

Not all professions re-registration with the HCPC at the same time, given the number of professions the regulator oversees. Within the period of January-December 2021, the professions that have completed revalidated are, Orthoptists, Orthotists, Prosthetists, Speech & Language Therapists and Occupational Therapists.

Due to the introduction of an online re-registration programme over this period the process has not always run smoothly, but assurance can be provided that any lapses were swiftly identified and dealt with appropriately via our HR processes to ensure patient and public safety.

2.3.1 Quality/ Patient Care

Regular supervision, appraisal and PDP setting ensures that registered AHP's are up-to-date and are practising to the appropriate regulatory and professional standards. The re-registration process also provides an opportunity to provide further evidence, by using the formal appraisal and PDP structures and Continuing Professional Development Portfolio documentation to support the professional declaration.

2.3.2 Workforce

2020/2021 was challenging for all those working in the health and care services. However, supervision, appraisal and PDP activities were continued throughout the pandemic (sometimes lengthened timescales) to ensure staff could provide adequate evidence to allow re-registration to take place.

The content of this AHP supervision, appraisal and re-registration update meets the appropriately trained and developed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment/Management

Not applicable

2.3.5 Equality and Diversity, including health inequalities

Not applicable

2.3.6 Other impact

Not applicable

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has a NMAHP Professional Assurance Framework in place, and alongside this we also have an AHP Supervision Framework and an audit tool has been developed to measure the efficacy of this. Each professional service also reports on the compliance for the staff with appraisal and PDP within the TURAS platform through the operational management units.

2.3.8 Route to the Meeting

This report has been considered by EDG on 17 February 2022.

2.4 Recommendation

- **Assurance** - This report is presented to the Staff Governance Committee for their assurance.

3   List of appendices

The following appendices are included in this report:

- List of Re-registration Dates for AHP's provided by the HCPC

Report Contact: Amanda Wong, Associate Director of Allied Health Professions
Email: amanda.wong@nhs.scot

Appendix 1.

HCPC Revalidation Renewal dates

Profession	Renewal open	Renewal deadline
Practitioner psychologists	1 March 2021	31 May 2021
Orthoptists	1 June 2021	31 August 2021
Paramedics	1 June 2021	31 August 2021
Clinical scientists	1 July 2021	30 September 2021
Prosthetists / Orthotists	1 July 2021	30 September 2021
Speech and language therapists	1 July 2021	30 September 2021
Occupational therapists	1 August 2021	31 October 2021
Biomedical scientists	1 September 2021	30 November 2021
Radiographers	1 December 2021	28 February 2022
Physiotherapists	1 February 2022	30 April 2022
Arts therapists	1 March 2022	31 May 2022
Dietitians	1 April 2022	30 June 2022
Chiropodists / podiatrists	1 May 2022	31 July 2022
Hearing aid dispensers	1 May 2022	31 July 2022
Operating department practitioners	1 September 2022	30 November 2022

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**3 March 2022**
Title:	**Nursing and Midwifery Revalidation Update**
Responsible Executive:	**Janette Owens, Executive Director of Nursing, NHS Fife**
Report Author:	**Nicola Robertson, Associate Director of Nursing, NHS Fife**

1   Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Professional Assurance

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

- Safe
- Effective
- Person Centred

2   Report Summary

2.1   Situation

The Nursing and Midwifery revalidation update is being brought to the Staff Governance Committee for assurance that all nurses and midwives across NHS Fife are supported to meet the Nursing and Midwifery Council's (NMC) revalidation requirements.

2.2   Background

Any nurse or midwife wishing to practise their profession in the UK must be registered with the NMC. NMC registration must be updated annually in order to permit practise as a registrant and each nurse/midwife must also revalidate every 3 years. Revalidation assures patients, employers and other healthcare professionals that registered nurses and midwives are up-to-date and are practising to the appropriate regulatory and professional standards.

2.3 Assessment

NHS Fife has responded well to the challenges of nursing and midwifery revalidation with few problems, and is managing to meet the requirements of the NMC. Supervision, appraisal and PDP have continued over the course of the pandemic utilising the TURAS platform.

Utilising the online revalidation programme, the process is streamlined. Assurance can be provided that any lapses were swiftly identified and dealt with appropriately via HR processes to ensure patient and public safety.

The nursing and midwifery registration and revalidation procedure V2.1 (FWP-N&MR-01) is implemented across NHS Fife.

Table 1: Whole time equivalent (WTE) registered nurses and midwives in post as of February 2022.

Division	Funded WTE	WTE in Post	Variance
Acute	1398	1307	91
HSCP	1344	1279	65
Total	**2742**	**2586**	**156**

2.3.1 Quality/ Patient Care

Regular supervision, appraisal and PDP setting ensures that registered Nurses and Midwives are up-to-date and are practising to the appropriate regulatory and professional standards. The revalidation process also provides an opportunity to provide further evidence, by using the formal documentation to support the professional declaration.

2.3.2 Workforce

2020/2021 was challenging for all those working in the health and care services. However, registration and revalidation process were maintained throughout the pandemic to ensure staff could provide adequate evidence to allow revalidation to take place.

This report meets the appropriately trained and developed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment/Management

Not applicable

2.3.5 Equality and Diversity, including health inequalities

Not applicable

2.3.6 Other impact

Not applicable

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has a NMAHP Professional Assurance Framework in place. Each Directorate and Division also reports on the compliance for staff with appraisal and PDP within the TURAS platform through performance reports.

2.3.8 Route to the Meeting

This report was considered by EDG on 17 February 2022.

2.4 Recommendation

- **Assurance** - This report is presented to the Staff Governance Committee for their assurance.

3 List of appendices

None.

Report Contact: Nicola Robertson, Associate Director of Nursing
Email: nicola.robertson12@nhs.scot

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**3 March 2022**
Title:	**Joint Remobilisation Plan 2021/22 – Winter Plan Actions**
Responsible Executive:	**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 2021/22 – Update to end of December 2021
- Winter Report 2021/22 – Data to January 2022

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

- Safe
- Effective
- Person Centred

2 Report Summary

2.1 Situation

The fourth Joint Remobilisation Plan 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 2020/21.

This paper reports on the actions of the Remobilisation Plan 4 and has been renamed as NHS Fife's Operational Delivery Plan (including the winter actions) 2021/22.

2.2 Background

The Scottish Government letter dated 20 July 2021 titled *Remobilisation Plans 2021/22: 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 19 November 2021 confirming that the RMP4 for the second half of 2021/22 can be taken through NHS Fife's governance process.

2.3   Assessment

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.

Progress against deliverables is to be reported to the Scottish Government on a quarterly basis. This paper focusses on status at end of December (submitted on 9th February) with further update due for early 2022/23 based on status at end of March 2022.

Winter Performance Analysis

The Winter Report highlights the following key indicators for Winter:

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 last 2 months.

Covid-19

Over the last 2 months the bed days of patients with Covid-19 in Acute has been below 300, with the exception of 1 week.

During the same period within a community setting the numbers during December were significantly lower. However due to several community hospital outbreaks these numbers have risen, reaching a peak above 400.

Occupancy

With the exception of the festive fortnight and the first week in December, VHK occupancy has been consistently above 95%, peaking at the end of January with 99%. The percentage occupied is currently trending higher than the same period pre-Covid.

The non-respiratory pathway has almost mirrored the overall occupancy and ending January with 98%.

Occupancy in Community Hospitals has been above 100% for the whole of December and January, with all surge areas being utilised. Many wards throughout the period have had to close due to Covid outbreaks.

Delayed Discharges

There has been an average of just above 423 bed days lost to delayed discharges within the community hospital throughout December and January. The standard delays have dipped through this period, however this has been offset by an increase in the code 9 delays. The bed days lost to delays is trending higher than any previous year, this will have a knock-on effect to the occupancy with the community hospitals also.

Health & Social Care Placements

The number of referrals to H&SCP is on average 70 patients per week, with the number of discharges over this period falling slightly short at an average of 66 per week. This is the reason for the waiting list number increasing, however these numbers are trending higher than pre-Covid levels.

Action Plan Delivery

The delivery action plan of the Remobilisation Plan 4 is being monitored and documented monthly. Appendix 1 documents those actions that are completed, at risk of not being delivered and those actions that are unlikely to be delivered in 2021/22. Key themes relate to current services pressures.

2.3.1 Quality/ Patient Care

Quality of patient care and safety are at the heart of the Remobilisation Plan. The Remobilisation Plan 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 was endorsed by NHS Fife Board on 30 November 2021.

This 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 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 process 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.

- Winter Silver Command

The paper has also been discussed at EDG on 17 February 2022.

2.4 Recommendation

- **Assurance** – The Staff Governance Committee is requested to **note** the progress of deliverables within Joint Remobilisation Plan 4 (RMP4).

3 List of appendices

- Highlight Report of actions from Delivery Action Plan 2021/22.

Report Contact
Susan Fraser
Associate Director of Planning & Performance
Email 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**

Resilience
- ✓ **Escalation Plans**

Unscheduled / Elective 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
- ✓ Pharmacy support to safely manage discharge and transfer medications within the SUMPP parameters

Out of Hours
- ✓ 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

Covid-19, RSV, Flu etc
- ✓ 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

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.

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.**

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.**

Workforce
- ✓ 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.
- ✓ 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.**

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.

Actions at risk

Resilience
- Review of Business Continuity/Resilience
- Workforce planning - planning for surge capacity to include a robust Medical, Nursing & AHP model.

Unscheduled / Elective Care
- 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
- Continue 7-day step-down for Acute (AU1 and AU2) and review a potential ED pathway in hospital @ home. Increase capacity in ICT in preparation for winter
- Develop a Home First Strategy
- Reduce hand offs in discharge processes
- Care Homes
- Home Care Capacity - develop capacity within the in-house care at home provision (START) plus additional investment to and to develop a programme of planning with the private agencies supported by Scottish Care
- Promote interim care home moves for people waiting on PoC.
- Ensure timely access to UCAT and addiction services for patients within the Acute Services Division in crisis's
- Increase overall GP Practice capacity - improve frailty pathways to avoid acute attendance
- Use intelligence to inform better planning in localities to avoid unnecessary admission to hospital
- Prevent un-necessary admission into acute hospital

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.
- Embed robust collaboration and joint working across the interface of primary and secondary care within our ways of working as we remobilise.
- Refresh of the primary care improvement plan following the joint Cabinet Secretary/BMA letter.
- Remobilise the delayed National Dental Inspection Programme. This programme would help address inequalities. Restart Childsmile in a phased manner, dependent on capacity within NHS and education.
- 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.
- Phase 3 (return to majority of previous service provision) will be implemented when safety measures such as social distancing can be relaxed.
- 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.

Planned Care, Electives and Diagnostics
- ACRT and PIR - Continue rollout throughout 2021/22 to all appropriate services.
- Deliver the Fife Elective Orthopaedic Centre Project (FEOC)
- Exploring Locum Consultant recruitment options.
- Develop and implement plan to deliver all sleep studies in Community setting.
- 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.

Pharmacy
- Implementation and roll out of HEPMA.

Workforce
- Consolidation of our Staffing Bank management arrangements.
- 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.

Digital
- Digital Business Continuity and Disaster Recovery (BC/DR) Plan - Creating and maintaining a robust organisational BC/DR plan following initial review. This programme will have a strong emphasis on full business impact analysis to understand the impact of services not being available on the organisation.

Actions unlikely to meet target

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.

Out of Hours
- Optimise digital healthcare where possible.

Mental Health
- Community Wellbeing Hubs across Fife to support delivery of mental health interventions and integrated care

Cancer Performance and Early Diagnosis
- Targeted improvements designed to maintain the 31-day standard and improve the 62-day standard on a sustainable basis

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.
- Remobilisation of Elective pathway in a phased manner with the need to maintain adequate red and amber capacity.

Innovation
- Develop a framework for Innovation adoption, generation, development, monitoring and evaluation.

Winter Planning

Monthly Report

Week Ending 29th November to 30th January 2022

Contents

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 second 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	**Narrative**
	The 95% Standard has not been met in the last 26 weeks. The board average has maintained within 5% of the Scotland average through the last 2 months with only week ending 19th December falling way below.
	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.
	Attendances have had a couple of dips in December and January. Trending below the same period in 2019, however starting and then finishing with around the same numbers during this period.
	Commentary
	4-hour performance continues to be a proxy measure for whole-hospital flow within Acute and the challenges in performance through January reflect the extraordinary pressures placed on the hospital system.
	Attendances for Jan-22 were 30% higher than Jan-21 (4,811 vs 3,715) with an additional 342 patients requiring admission comparing the same periods, giving indication of the significant system strain.

Covid-19 Bed Days	**Narrative**
	The number of Covid-19 positive/suspected patients in Acute has maintained below 300 over the last 2 months with the exception of the week ending 9th January. During the same period within a community setting the numbers during December were significantly lower. However due to several community hospital outbreaks these numbers have risen, reaching a peak above 400 during week ending 23rd January.	

	Commentary

Acute – Thankfully, COVID admissions did not track to the levels anticipates, peaking early January and fluctuating since.

HSCP – outbreaks in community hospitals have peaked at the end of January due to the cases of omicron variant circulating in the community and coincided with opening wards up to restricted visiting.

Narrative

Acute Occupancy & Delays

With the exception of the festive fortnight and the first week in December, VHK occupancy has been consistently above 95%, peaking at the end of January with 99%. The percentage occupied is currently trending higher than the same period pre-Covid.

The non-respiratory pathway has almost mirrored the overall occupancy and ending January with 98%.

The number of Delayed Discharge Bed Days in VHK has gradually climbed throughout January however is well below the peaks of the summer and autumn period. Over the 2 months there was an average of just above 22 days. This is much lower than the same period pre-Covid.
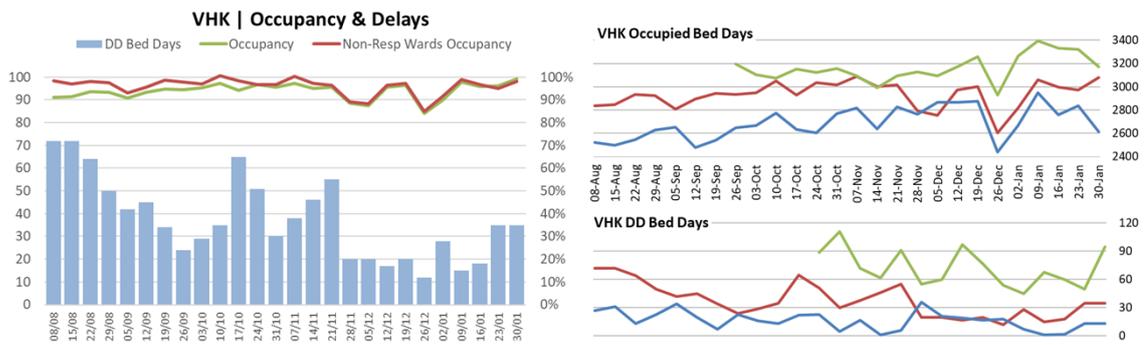
Commentary

Occupancy pressures have been extreme, driven by significant increases in admission demand. Emergency admissions for Jan-22 were 15% higher than Jan-21 (2,847 vs 2,479) 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.

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.

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.

Community Occupancy & Delays

Narrative

Occupancy has maintained well above 100% for the whole of December and January and peaked over 120% week ending 23rd January. 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 423 bed days lost to delayed discharges within the community hospital throughout December and January. The standard delays have dipped through this period, however this has been offset by an increase in the code 9 delays. The bed days lost to delays is trending higher than any previous year, this will have a knock-on effect to the occupancy with the community hospitals also.

Community Hosp | Occupancy & Delayed Discharges

Community Hospital Occupied Bed Days

Community Hospital DD Bed Days
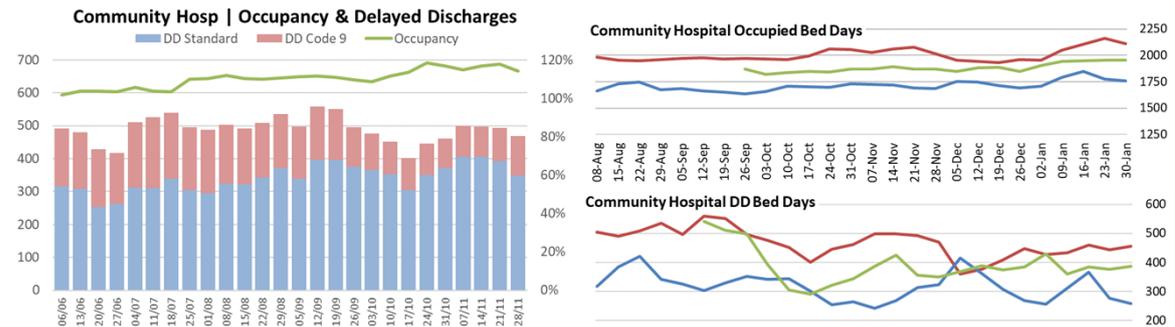
Commentary

Occupancy across HSCP MoE wards is higher than what it has ever been. This is due to the fact that there are 65 additional beds open over and above the MoE normal covid bed base.

Bed days lost has significantly dropped. We are seeing a sustained discharge profile to care at home and interim beds which has attributed to this reduction.

H&SCP Placements

Narrative

The number of referrals to H&SCP is on average 70 patients per week, with the number of discharges over this period falling slightly short at an average of 66 per week. This is the reason for the waiting list number increasing, however these numbers are trending higher than pre-Covid levels.

HSC Placements

The waiting list peaked at 57 week ending 23rd January with the greatest number of patients waiting on a down stream bed. This has started to fall the last week in January. The waiting list also includes patients in other hospitals waiting on a bed in Fife.
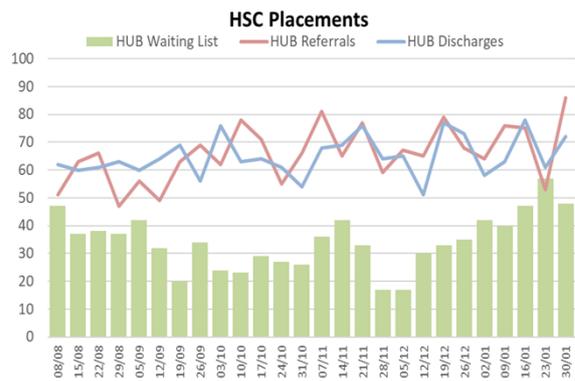
Commentary

It should be noted that referrals into HSCP have tracked well above average (58 per week) since Sept 2019 and peaked in January 2022 at 86. There have been several weeks recently where referrals have been above 70. Discharges from Acute services into HSP services mainly track the amount of referrals in despite a significant rise in referrals. When the demand has not been met this is due to care home closures and ward closures throughout December and January. During some weeks 27 care homes were closed and over 50% of community wards were closed due to covid outbreaks.

The waiting list includes all patients who are in the assessment and planning stage of discharge and not on official delay codes. The peak in January was due to DSBs not being available due to significant ward closures.

Section B: Performance Summary to Wk Ending 30th January 2022

Area	Indicator	Trend	08-Aug	15-Aug	22-Aug	29-Aug	05-Sep	12-Sep	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
Urgent Care	Contacts		2209	2168	1832	2224	2258	2303	2312	2243	2339	2823	1993	2138	2218	2190	2257	2360	2223	2352	2312	2354	1920	3117	2897	2252	2341	2245
	% ref to 2ndary Care		5.16%	5.58%	5.79%	4.18%	5.14%	4.69%	4.24%	3.97%	4.53%	3.86%	4.82%	4.21%	4.24%	3.88%	4.61%	4.11%	5.49%	3.66%	4.93%	4.84%	4.69%	6.35%	5.32%	5.77%	4.66%	5.35%
	Home Visits		117	119	81	96	101	111	101	124	120	152	107	125	134	104	98	108	116	118	107	83	98	247	179	124	124	131
	OoT Home Visits		10	13	14	2	14	11	14	17	3	18	15	18	8	18	8	8	6	14	12	13	9	37	26	19	15	13
	COVID Outcome		212	194	200	309	339	408	426	396	383	530	370	391	308	385	411	431	369	398	358	422	359	666	556	337	308	289
	NHS24 Outcome		380	346	303	328	353	321	326	338	344	414	323	351	376	365	359	351	369	398	399	342	308	522	440	367	383	396
	ED/MIU to Book (4hr)		190	196	168	201	203	204	183	197	177	170	101	144	142	155	143	141	147	144	142	141	104	120	101	125	165	148
	Virtual Assessment		43	31	57	29	27	17	13	17	20	33	33	17	17	15	11	13	20	18	18	25	33	20	25	33	11	21
	Acute Admissions		41	46	49	87	80	127	104	83	92	72	70	95	92	131	141	156	161	188	151	151	155	166	185	218	199	187
VHK RUC	All		#N/A	1498	1521	1515	1580	1524	1462	1392	1411	1450	1268	1267	1350	1434	1377	1357	1359	1398	1380	1283	1114	1267	1227	1177	1319	1348
	Face2Face		#N/A	1330	1344	1330	1379	1348	1305	1226	1251	1288	1167	1149	1220	1300	1248	1235	1209	1261	1258	1159	1002	1169	1123	1049	1173	1218
	Remote		#N/A	168	177	185	201	176	157	166	160	162	101	118	130	134	129	122	150	137	122	124	112	98	104	128	146	130
	% Advised 2 Attend		#N/A	64.9%	81.4%	82.2%	71.1%	71.6%	66.2%	84.9%	71.9%	81.5%	67.3%	81.4%	80.0%	85.8%	76.0%	73.8%	79.3%	65.0%	80.3%	83.1%	81.3%	74.5%	85.6%	87.5%	89.7%	73.1%
	% Advised to Attend VHK		#N/A	31.0%	42.4%	43.2%	32.8%	27.3%	38.9%	50.0%	36.9%	50.0%	36.6%	50.0%	44.6%	49.3%	38.8%	37.7%	43.3%	38.7%	40.2%	51.6%	50.9%	55.1%	51.9%	46.9%	55.5%	43.8%
	Unplanned		#N/A	1266	1269	1250	1309	1254	1234	1157	1180	1208	1120	1091	1165	1233	1196	1186	1148	1189	1199	1094	951	1106	1077	997	1105	1164
	Planned		#N/A	232	252	265	271	270	228	235	231	242	148	176	185	201	181	171	211	209	181	189	163	161	150	180	214	184
Emergency Department	Attendances		#N/A	1266	1269	1250	1309	1254	1234	1157	1180	1208	1120	1091	1165	1233	1196	1186	1148	1189	1199	1094	951	1106	1077	997	1105	1164
	Performance		#N/A	79.1%	76.0%	74.6%	75.0%	73.0%	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%
MIU RUC	Total		#N/A	408	460	502	507	491	484	414	419	377	361	339	347	353	375	374	370	305	352	295	197	204	199	320	367	325
MIU	Total		#N/A	328	366	405	411	388	405	348	346	322	311	290	299	293	308	315	304	250	292	242	146	179	158	267	306	271
VHK	Admissions		#N/A	744	761	751	747	715	695	730	729	709	705	703	682	714	701	689	705	767	717	749	648	713	640	665	730	735
	Emergency		#N/A	650	671	663	663	621	588	642	637	628	624	650	610	626	620	601	619	674	629	658	587	686	619	624	665	664
	Medical		#N/A	356	370	363	376	375	355	357	351	360	358	407	355	351	378	355	357	403	367	391	362	424	368	372	371	375
	Surgical		#N/A	294	301	300	287	246	233	285	286	268	266	243	255	275	242	246	262	271	262	267	225	262	262	251	252	294	289
	Discharges		#N/A	683	712	697	699	656	615	677	648	648	644	649	630	659	660	636	686	679	617	729	656	562	611	642	650	665
Theatre Activity	Scheduled		206	225	254	252	247	224	255	258	245	217	213	207	244	280	225	280	267	265	242	273	141	51	96	182	200	227
	Cancelled		7	12	17	9	7	14	16	16	15	14	16	15	16	15	11	22	11	13	15	19	4	1	11	7	7	20
	Hospital Cancelled		1	0	0	0	0	0	1	3	3	8	1	0	3	4	1	8	0	1	3	2	0	0	3	0	0	0
VHK Bed Utilisation	Occupancy		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	Non-Resp Wards Occupancy		98.4%	97.1%	98.2%	97.4%	93.2%	95.6%	98.8%	98.0%	96.9%	100.5%	98.3%	96.8%	96.8%	100.5%	97.2%	96.5%	89.1%	88.3%	96.5%	97.2%	84.9%	91.7%	99.0%	96.7%	95.0%	98.0%
	COVID Bed Days		129	122	90	153	199	307	346	380	430	420	352	408	408	379	268	318	297	265	224	138	152	241	308	292	245	270
	DD Bed Days		72	72	64	50	42	45	34	24	29	35	65	51	30	38	46	55	20	20	17	20	12	28	15	18	35	35
Community Hospital	Admissions		#N/A	37	47	33	42	55	54	51	52	52	53	42	52	59	59	50	65	52	40	60	57	53	47	72	35	55
	Discharges		#N/A	42	41	30	48	44	55	53	55	45	46	36	69	53	47	48	78	53	40	56	57	50	34	60	37	58
	Occupancy		0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
	COVID Bed Days		76	52	27	13	7	14	28	45	73	65	95	60	37	84	98	67	48	64	54	37	84	136	264	340	433	397
	DD Bed Days		504	491	509	535	497	559	551	496	476	452	401	445	462	499	498	493	469	359	376	408	448	428	434	459	443	456
	DD Standard		323	321	343	372	338	396	397	376	365	352	305	351	372	405	405	392	349	225	195	231	265	242	196	179	132	173
	DD Code 9		181	170	166	163	159	163	154	120	111	100	96	94	90	94	93	101	120	134	181	177	183	186	238	280	311	283

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Thursday 3rd March 2022**
Title:	**Workforce Implications of MOU2 Update**
Responsible Executive:	**Nicky Connor, Director of Health and Social Care**
Report Author:	**Bryan Davies, Head of Primary and Preventative Care**

1 Purpose

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

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

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

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

2 Report summary

2.1 Situation

A revised MOU2 covering the period 2021-2023 was recently agreed between the Scottish Government, the Scottish General Practitioners Committee of the British Medical Association (SGPC), Integration Authorities and NHS. MOU2 recognises what has been achieved to date, but also that there is still a considerable way to go to fully deliver the GP Contract offer and commitments intended to be delivered by April 2021. It also reflects the impact of the Covid-19 pandemic and clarifies expected deliverables and timescales. This report is brought to identify the workforce requirements and the risks associated with the implementation.

2.2 Background

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

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

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

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

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

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

2.3 Assessment

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

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

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

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

Impact detailed throughout the paper. This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

The cost to fully implement the GMS Contract in Fife based on models of care approved by the GP Clinical Quality Group and GMS implementation Group is estimated to be approximately £23m. An important recent development is confirmation of an additional allocation of funding from Scottish Government (SG) from 1st April 2022 of £1,02m, on top of Fife's current allocation of circa £10m, providing Fife HSCP with £11.5m recurring from April 2022. This will enable accelerated progress of implementation of the MOU2 work streams. Fife HSCP has also committed an additional £518k for 2022/2023, to support the acceleration of temporary recruitment, and work is ongoing to identify whether there is scope to commit further funding on a permanent basis.

Overall costs are to be considered in a further SBAR which will also highlight the associated risks. Detailed financial implications are not the subject of this paper, which addresses workforce implications, although costs will be associated with recruitment of the workforce.

2.3.4 Risk Assessment/Management

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

With additional funding allocated to deliver CTAC services, CTAC are currently in the process of recruiting staff to deliver 60% of the overall workforce requirement. A proportion of these positions will recruited on a fixed term basis, creating some challenges in terms of sustainability.

- FVCV staffs are currently on short term contracts. We have had notification from Scottish government that we are to receive recurring funding on an NRAC basis to support recruitment to a sustainable permanent workforce. The final award letter was received

14/02/2022 confirming an NRAC share of £100m meaning £6,517m for Fife. With this assurance from SG that funding is now available, the HSCP SLT and NHS Fife EDG have approved recruitment of the workforce projected as required based on current planning assumptions. A detailed recruitment plan is now being progressed to ensure a sustainable, skilled and resilient workforce. Significant time is being focused from the Nursing Directorate, Vaccination Programme leads, Administration teams and Human Resources to undertake this.

- Large scale workforce recruitment of band 5 Registered Nurses remains to be challenging.

- Continued recruitment of the pharmacotherapy workforce in large numbers remains to be challenging especially in view of the finite number of trained staff available.

- As recovery from covid is delayed as a result of the latest Omicron wave, not all services are functioning at maximum capacity. This has allowed services to use staff flexibly, but as services remobilise this will not continue to be possible.

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

- The winter months are a challenging time to be establishing a new workforce. Staff within NHS Fife continues to work at full capacity, being remobilised to cover surge wards, working extra hours and over time.

   Mitigations:

- The large scale recruitment of Band 5 Registered nurses is being addressed through regular recruitment, international recruitment campaigns and other initiatives.

- Synergy between the FVCV and CTAC workforces will be identified at an early opportunity to assist with a sustainable skilled workforce, offering diverse roles, job satisfaction and improving retention and efficient deployment of the workforce.

- Consideration will need be given to where staffing priorities lie, particularly where staff are seconded, as with the current workforce makeup, it would not be possible to deliver a full programme as required by MOU2 if seconded staff are returned to their own posts.

- Discussions with Service Managers will be required to continue these secondments alongside a permanent workforce being established.

- Recruitment will require to be on a phased basis to mitigate this risk linked to the establishment of permanent posts creating pressures elsewhere in the system.
   CTAC will also explore amending current skill mix requirements to include band 3 and 4 staff carrying out key tasks as part of the overall CTAC workload.

- The impact of the establishment of these additional services linked to winter pressures will be carefully monitored for any impact on staff morale and wellbeing.

   Means of further funding the required workforce to deliver the MOU2 commitments are being continually explored.

2.3.5 Equality and Diversity, including health inequalities

An EQIA will be completed in order to assess and address any impact on individual groups within the community.

2.3.6 Other impact

No other impact.

2.3.7 Communication, involvement, engagement and consultation

Communication and engagement has taken place with key stakeholders including GMS Implementation Group members, Fife H&SCP SLT members, and various primary care and vaccination steering group members.

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.

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

2.4 Recommendation

This report aims to provide the Staff Governance Committee with:

- **Assurance** that there has been progression in the recruitment of the MOU2 workforce including an additional SG investment of £1.02 million.

- **Assurance** regarding the progress of all priority areas and the mitigating actions being taken in relation to the risks identified.

3 List of appendices

The following appendices are included with this report:
- Appendix 1 Workforce considerations in each MOU2 work-stream.

Report Contact
Bryan Davies
Head of Primary & Preventative Care Services
Email bryan.davies2@nhs.scot

Appendix 1

Vaccination Transformation Programme (VTP)

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

The Fife Immunisations strategic framework has gone through the NHS Fife and Fife HSCP governance routes for approval and presented at the IJB. The Immunisation Programme Director is in post with recent agreement for ongoing Project Support Officer Support until June 2022.

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

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

This strategy is now drafted and approved with NHS Fife EDG supporting recruitment of the workforce required based on national planning assumptions and applied to the vaccination requirements for the population of Fife to allow complex workforce planning. This is in line with SG funding award now received to a total of £6,517m NRAC share for Fife of a total national award of £100m. For assurance this strategic workforce plan was progressed via the VTP and FVCV boards. Programme and professional leads are now progressing recruitment at pace in line with the approval given at EDG.

In addition to the FVCV workforce described above requirement is at an advanced stage to recruit a nursing workforce for the delivery of the Shingles and Pneumococcal vaccination.

To support the vaccination supply pathways in the delivery of the VTP programme additional pharmacy workforce is required and approval to recruit this workforce has been received via the GMS implementation group with decision to be ratified at HSCP SLT.

Assurance is given there will be synergies in the workforce recruited to across VTP and FVCV to ensure sustainability and resilience while ensuring efficiencies in service delivery.

In regards to Travel health vaccinations, a SLWG is convened and progressing a plan to transition vaccinations from General Practice to the HSCP. A Service Level Agreement is approved and has now been shared with Community Pharmacy contractors seeking tenders to deliver level 2 and 3 Travel health vaccinations. The SLA includes a negotiated and agreed consultation fee. A pathway for level 4 vaccinations is now being progressed. This includes an infectious disease consultant and GP with Specialist Interest, with these roles now approved via the VTP board and GMS contract implementation group. Associated projected costings have been approved via GMS

implementation group for ratification at HSCP SLT. These are viewed as interim models for care with the longer term vision being a level 4 nurse led model.

Community Treatment and Care Service (CTAC)

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

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

CTAC services will not be delivered in full in Fife by 1 April 2022 and will require transitionary arrangements with Fife GP Practices. Workforce availability, costs and logistics lead to a recommendation that CTAC will be delivered in two phases. This will see 60% of the CTAC Service delivered early 2022/2023, with phase two delivered following confirmation of full funding allocation. Phase one will see the recruitment of 25 WTE band 5 Nurses and an additional 11.5 phlebotomists. The second phase will require some staff previously employed by GP Practices to TUPE over to NHS Fife employment and conversations have taken place with every GP Practice across Fife to determine TUPE requirements which will be taken forward through a dedicated TUPE group.

Pharmacotherapy

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

The current position is that although Pharmacotherapy aim to deliver a full level one service to all 54 GP Practices by 1 April 2022, this is not possible due to workforce availability and short timescale to implement. It is also noted that at a national level we await an agreed definition of a "full level one service". This will result in the need for a transitionary arrangement with Fife GP Practices for level one pharmacotherapy services from 1 April 2022.

The staffing provision from full investment of allocated funding from years 1-3 brings the service to 0.96 WTE Pharmacotherapy staff per 5000 patients. The agreed investment from year 4, once completed, would enhance this to 1.31 WTEs per 5000 patients. There is acceptance locally and nationally that full delivery will require 2.5 WTEs per 5000 patients and the locally supported interim model at least 1.5 WTEs per 5000 patients. Changes to operational delivery models and development of pipeline require a number of years development time.

The team continue to focus on delivery of enabling work which enhances care while reducing demand, such as increasing use of serial prescribing and reducing the volume of repeated acute prescriptions where possible. Upstream, clinical focus on quality of pharmaceutical review during hospital discharge has the potential to reduce workload demand while improving care. Models of service are being developed in primary care pharmacy, ensuring cooperative working between cluster teams and standardisation of approach. Expert clinical pharmacy resource will be directed to local priorities including high risk pain prescribing.

Regulations will be amended by Scottish Government in early 2022 so that NHS Boards are responsible for providing a pharmacotherapy service to patients and practices by April 2022. Guidance and outcome measures will be in place across Scotland to ensure a standardised level of service across all practices, however, these are yet to be produced by the National Strategic Pharmacotherapy Group. As such, without understanding nationally agreed service levels, it is not possible to quantify the extent of transitionary service payments– it is noted that Scottish Government have set policy in this area for the coming months.

Multi-Disciplinary Team (MDT) Services

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

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

Additional Professional Roles
MoU Parties will consider how best to develop the additional professional roles element of the MoU by the end of 2021 / early 2022. Full delivery of Multidisciplinary Teams is expected by 2023/24. Further advice from MOU parties on the delivery of Additional Professional Roles (including mental health roles) is expected by the end of 2021/ early 2022.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**3 March 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:

- Discussion

This report relates to the:

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

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

- Safe
- Effective
- Person Centred

2   Report Summary

2.1   Situation

This report informs the Staff Governance (SG) Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is (with certain exceptions due to a lag in data availability) up to the end of December 2021.

2.2   Background

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

The report is presented at the 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 2021/22 (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 2021/22 (4.00% is the LDP Standard)	6.98% in December 2021, above planned position at this stage (4.03%) Excludes COVID-19-related absence

2.3.1   Quality/ Patient Care

IPQR contains quality measures.

2.3.2   Workforce

IPQR contains workforce measures.

This 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 February IPQR will be available for discussion at the round of March 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

- **Discussion** – The Staff Governance Committee is requested to **examine** and **consider** the NHS Fife performance, with particular reference to the level of Sickness Absence and the caveats around this

3 List of appendices

None

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

Fife Integrated Performance & Quality Report

Produced in February 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
15th February 2022

Prepared by:
BRYAN ARCHIBALD
Planning & Performance Manager

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 8 (28%) classified as **GREEN**, 5 (17%) **AMBER** and 16 (55%) **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 December:

- All HAI Infection Rates ahead of trajectory for achieving improvement targets by March

- % bed days lost due to patients in delay and 'Standard' delays at lowest levels since March 2021

Additionally, it has now been 20 months since the Cancer-31 DTT performance fell below the 95% Standard, with 5 months out of 9 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 around 80% 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	Year Previous		Previous		Current		Trend	Reporting Period	Fife		Scotland
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Dec-20	24	Nov-21	32	Dec-21	26 ↑		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	Dec-20	8.90	Nov-21	8.35	Dec-21	8.33 ↑		N/A			
	Inpatient Falls with Harm	1.65	Month	Dec-20	2.35	Nov-21	1.37	Dec-21	2.18 ↓		N/A			
	Pressure Ulcers	0.42	Month	Dec-20	0.83	Nov-21	1.40	Dec-21	1.37 ↑		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	Dec-20	20.6	Nov-21	15.1	Dec-21	12.7 ↑		QE Sep-21	16.6	●	18.3
	SAB - Community	N/A	Quarter Ending	Dec-20	11.7	Nov-21	11.9	Dec-21	9.6 ↑		QE Sep-21	9.5	●	9.6
	C Diff - HAI/HCAI	6.5	Quarter Ending	Dec-20	6.5	Nov-21	5.8	Dec-21	4.6 ↑		QE Sep-21	9.5	●	16.7
	C Diff - Community	N/A	Quarter Ending	Dec-20	2.1	Nov-21	2.1	Dec-21	1.1 ↑		QE Sep-21	4.2	●	4.9
	ECB - HAI/HCAI	33.0	Quarter Ending	Dec-20	50.3	Nov-21	47.6	Dec-21	33.6 ↑		QE Sep-21	60.3	●	41.4
	ECB - Community	N/A	Quarter Ending	Dec-20	24.4	Nov-21	32.4	Dec-21	33.1 ↓		QE Sep-21	42.2	●	39.4
	Complaints (Stage 1 Closure Rate)	80%	Quarter Ending	Dec-20	82.4%	Nov-21	71.4%	Dec-21	67.9% ↓		2020/21	80.2%	●	79.5%
	Complaints (Stage 2 Closure Rate)	65%	Quarter Ending	Dec-20	25.8%	Nov-21	12.2%	Dec-21	7.0% ↓		2020/21	32.8%	●	57.8%
Operational Performance	IVF Treatment Waiting Times	90%	Month	Dec-20	100.0%	Nov-21	100.0%	Dec-21	100.0% ↔		N/A			
	4-Hour Emergency Access	95%	Month	Dec-20	86.9%	Nov-21	74.6%	Dec-21	71.4% ↓		Dec-21	76.1%	●	75.7%
	Patient TTG (% of Total Waits <= 12 Weeks)	100.0%	Month	Dec-20	62.3%	Nov-21	65.1%	Dec-21	63.1% ↓		Sep-21	69.3%	●	37.5%
	New Outpatients (% of Total Waits <= 12 Weeks)	95%	Month	Dec-20	57.5%	Nov-21	57.1%	Dec-21	53.8% ↓		Sep-21	58.0%	●	48.1%
	Diagnostics (% of Total Waits <= 6 Weeks)	100%	Month	Dec-20	95.9%	Nov-21	68.3%	Dec-21	57.8% ↓		Sep-21	75.8%	●	57.8%
	18 Weeks RTT	90%	Month	Dec-20	70.9%	Nov-21	70.0%	Dec-21	72.9% ↓		QE Sep-21	71.4%	●	75.1%
	Cancer 31-Day DTT	95%	Month	Dec-20	98.8%	Nov-21	100.0%	Dec-21	100.0% ↔		QE Sep-21	98.9%	●	96.7%
	Cancer 62-Day RTT	95%	Month	Dec-20	91.3%	Nov-21	85.0%	Dec-21	75.4% ↓		QE Sep-21	89.3%	●	83.1%
	Detect Cancer Early	29%	Year Ending	Mar-20	24.5%	Dec-20	19.4%	Mar-21	19.6% ↑		2019, 2020	22.5%	●	24.1%
	Freedom of Information Requests	85%	Quarter Ending	Dec-20	85.4%	Nov-21	80.9%	Dec-21	84.5% ↑		N/A			
	Delayed Discharge (% Bed Days Lost)	5%	Month	Dec-20	5.3%	Nov-21	10.6%	Dec-21	6.0% ↑		QE Jun-21	9.2%	●	5.0%
	Delayed Discharge (# Standard Delays)	N/A	Month	Dec-20	25	Nov-21	82	Dec-21	44 ↑		Dec-21	14.56	●	23.83
	Antenatal Access	80%	Month	Nov-20	85.1%	Oct-21	90.2%	Nov-21	88.4% ↓		FY 2020/21	89.3%	●	88.5%
	Smoking Cessation	473	YTD	Oct-20	51.4%	Sep-21	57.6%	Oct-21	52.9% ↓		QE Jun-21	64.4%	●	92.4%
	CAMHS Waiting Times	90%	Month	Dec-20	85.8%	Nov-21	71.2%	Dec-21	68.2% ↓		QE Sep-21	83.8%	●	78.6%
	Psychological Therapies Waiting Times	90%	Month	Dec-20	80.8%	Nov-21	78.8%	Dec-21	81.1% ↑		QE Sep-21	86.3%	●	87.2%
	Alcohol Brief Interventions (Priority Settings)	80%	YTD	Mar-19	60.2%	Dec-19	75.7%	Mar-20	79.2% ↑		FY 2019/20	79.2%	●	83.2%
	Drugs & Alcohol Treatment Waiting Times	90%	Month	May-20	86.8%	Apr-21	91.0%	May-21	87.1% ↓		QE Mar-21	94.5%	●	95.6%
	Dementia Post-Diagnostic Support	N/A	Annual	2018/19	93.4%	2019/20	93.2%	2020/21	96.1% ↑		2018/19	93.7%	●	75.1%
	Dementia Referrals	N/A	Annual	2018/19	61.0%	2019/20	58.5%	2020/21	50.5% ↓		2018/19	60.9%	●	43.4%
Finance	Revenue Resource Limit Performance	(£14.2m)	Month	Dec-20	N/A	Nov-21	(£14.2m)	Dec-21	(£13.8m) ↑		N/A			
	Capital Resource Limit Performance	£33.5m	Month	Dec-20	N/A	Nov-21	£9.9m	Dec-21	£11.8m ↑		N/A			
Staff Governance	Sickness Absence	3.89%	Month	Dec-20	5.87%	Nov-21	6.79%	Dec-21	6.98% ↓		YE Mar-21	4.77%	●	4.67%

Better than Projected | Worse than Projected | No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)		Quarter End Jun-21	Quarter End Sep-21	Quarter End Dec-21	Month End Jan-22	Month End Feb-22	Month End Mar-22	Quarter End Mar-22
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	2,795	752			
	Variance	279	-167	-605	-451			
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	19,599	5,060			
	Variance	2,388	1,036	-1,306	-2,226			
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	1,258	441			
	Variance	-395	-322	-582	-172			
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			
	Variance	2,121	1,379	-1,909	-518			
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	20,728	21,110	18,701	5,920			
	Variance	3,618	2,000	-1,919	-1,190			
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%			
	Variance			-2.6%	-7.9%			
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	10,006	9,980	3,298			
	Variance	2,045	1,686	-700	-222			
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	2,819	980			
	Variance	435	437	209	110			
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				
	Variance	-110	-98	-78				
62 Day Cancer - Referral to First treatment (Definitions as per published statistics)	Projected			200	70	70	70	210
	Actual			215				
	Variance			15				
CAMHS - First Treatment Appointments (patients treated within 52 weeks of referral)(Definitions as per published statistics)	Projected			405	130	143	120	393
	Actual			350				
	Variance			-55				
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				
	Variance			-55				
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%				
	Variance			2.6%				
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				
	Variance			-191				
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				
	Variance			-121				
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%				
	Variance			6.9%				

		Month End Jun-21	Month End Sep-21	Month End Dec-21	Month End Jan-22	Month End Feb-22	Month End Mar-22	Month End 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	128	112	69	96			
	Variance	63	49	-15	15			
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	25	46			
	Variance	19	2	2	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	81	83	44	50			
	Variance	44	47	-17	-10			

[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**

Hospital Standardised Mortality Ratio (HMSR) 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 falls with harm rate by 10% in FY 2021/22 compared to rate in FY 2020/21*	**1.65**	**2.18**

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 some increase noted in December. This correlates with an increase in staff absence alongside significant vacancies and an associated increase in the use of supplementary staffing. Environmental challenges in relation to maintaining the appropriate infection control measures and the demand on capacity across all in patient areas increases the challenge of maintaining supervision. Data is reviewed with wards to support mitigation and consider action for improvement, but the challenges noted has impacted the pace of improvement towards the target.

Pressure Ulcers	*50% reduction by December 2020, continued for FY 2021/22*	**0.42**	**1.37**

Acute: In the previous quarter the pressure ulcer performance remains below trajectory. The data shows non-random variation with no noticeable signs of improvement. Data continues to be shared with local teams in order to drive improvement. To complement the Excellence in Care, CAIR dashboard a Quality and Clinical Governance dashboard is being built locally. This will allow for a real time review of adverse events, including pressure ulcers and will allow for early identification of emerging themes so that that support can be provided timely.

HSCP: The rate of hospital acquired pressure ulcers has increased from the last quarter. Monitoring is undertaken weekly at the Quality Matters Assurance Safety Huddle using adverse events quality dashboard, involving senior clinicians and managers from across the HSCP representing all services. This dashboard continues to evolve and covers all care delivery services within the partnership, and enables a timely action to be taken to the incidences. The LAER/SAER process continues to ensure robust review with key learning to inform improvement activity, and there is ongoing work to improve the sharing of learning from these reviews.

Caesarean Section SSI	*We will reduce the % of post-operation surgical site infections to 2.5%*	**2.5%**	**2.5%**

Mandatory SSI surveillance remains paused until further instruction from the Scottish Government. However, Maternity Services continue to monitor Caesarean Section SSI cases and, where necessary carry out Clinical Reviews. The performance data provided is non-validated and does not follow the NHS Fife Methodology, and no national comparison data has been published since Q4 2019.

SAB (MRSA/MSSA)	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**18.8**	**12.7**

NHS Fife continues to be on target to achieve a 10% infection rate reduction by March 2022. There was one Renal haemodialysis line SAB in October, but there have been no PVC SABs since August.

C Diff	*We will reduce the rate of HAI/HCAI by 10% between March 2019 and March 2022*	**6.5**	**4.6**

At the end of December, NHS Fife is in line to achieve the local improvement trajectory for a 10% reduction of HCAI CDI by March 2022. There was just one health care associated CDI in December. 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 since August.

ECB	*We will reduce the rate of HAI/HCAI by 25% between March 2019 and March 2022*	**33.0**	**33.6**

The target for NHS Fife is to achieve a 25% reduction of HCAI ECBs by March 2022. At the end of December, NHS Fife was on target to achieve this. There were 18 ECBs in total for December with two of these due to a CAUTI. Reducing CAUTI incidence remains the quality improvement focus to achieve the reduction target of HCAI ECBs.

CLINICAL GOVERNANCE		Target	Current
Complaints – Stage 2	*At least 65% of Stage 2 complaints are completed within 20 working days (50% by October 2021)*	**65%**	**7.0%**

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 continues to respond to concerns and Stage 1 complaints relating to COVID-19 vaccination appointments, particularly in regard to the programme team delivering third vaccines.

OPERATIONAL PERFORMANCE		Target	Current
4-Hour Emergency Access	*95% of patients to wait less than 4 hours from arrival to admission, discharge or transfer*	**95%**	**74.6%**

The high attendance trend has continued which has impacted on the 4-hour access target, a theme across mainland health boards. Access pathways through the Flow and Navigation Centre are being increased further to support prevention of admission from primary care and early redirection where possible. Embedding of the Assessment pathways in AU1 continues, but is challenged by high occupancy and demand for bed capacity. The Emergency Department has successfully remodelled the Resus area, providing increased capacity accommodating both red and amber pathways.

Patient TTG (Waiting)	*All patients should be treated (inpatient or day case setting) within 12 weeks of decision to treat*	**100%**	**63.1%**

Performance in December has deteriorated further with 63.1% waiting less than 12 weeks compared to stable performance of 68% in June. Elective activity in December was significantly less than projected with surgery being restricted to urgent patients only in response to significant pressures in unscheduled care and the emergence of the Omicron variant. The waiting list continues to rise with 4,121 patients on list in December, 34% greater than in January. There is a continued focus on clinical priorities whilst reviewing long waiting patients. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients and difficulties in maintaining access to beds for elective activity. It is anticipated that there will be a gradual resumption in non urgent activity in February, but this is heavily dependent on our ability to maintain access to beds for elective activity.

New Outpatients	*95% of patients to wait no longer than 12 weeks from referral to a first outpatient appointment*	**95%**	**53.8%**

Performance stabilised in November but deteriorated in December with 53.8% waiting less than 12 weeks 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 reduced but remains high with 20,619 on the outpatient waiting list. 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 rose slightly in December but has reduced by 67% since March. Due to the ongoing need for physical distancing our outpatient capacity and therefore activity continues to be restricted. A recovery plan is in place with additional resources agreed with the Scottish Government to deliver the plan. However, the implementation has been restricted following the decision to focus on urgent patients.

Diagnostics	*100% of patients to wait no longer than 6 weeks from referral to key diagnostic test*	**100%**	**57.8%**

Performance continues to be under significant pressure, decreasing to 57.8 % of patients in December waiting less than 6 weeks (52.7 % for endoscopy and 58.7% for radiology). The waiting list for diagnostics has increased again, to 6,661 in December. This increase is seen in both endoscopy (mainly Colonoscopy) and radiology (mainly CT and Ultrasound). The demand for urgent and inpatient examinations particularly for CT and Ultrasound remains high resulting in increased routine waits for these modalities. There is a continued focus on urgent and urgent suspicion of cancer referrals along with those routine patients who have been experiencing long waits. Activity continues to be restricted in Endoscopy due to the need for social distancing and enhanced infection control procedures. A recovery plan is being implemented and additional resources have been agreed with the Scottish Government to deliver the plan but the recovery is likely to be slower than anticipated because of the continued restrictions in activity and increases in unscheduled and urgent demand.

Cancer 62-Day RTT	*95% of those referred urgently with a suspicion of cancer to begin treatment within 62 days of receipt of referral*	**95%**	**75.4%**

December 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 and lack of resources. Breast, Oncology and Urology capacity are our current most challenging areas. The majority of breaches continue to be seen in Prostate due to the challenging, lengthy pathway. The range of breaches were 2 to 126 days (average 27 days).

FOI Requests	*At least 85% of Freedom of Information Requests are completed within 20 working days*	**85%**	**84.5%**

OPERATIONAL PERFORMANCE		Target	Current

There were 55 FOI requests closed in December, 7 of which were late, a monthly closure performance of 87.3%.

The performance figure above reflects the performance for the final quarter of 2021, and is the highest 3-month figure since the period from April to June, earlier in the year. Recent figures show a continuing improvement towards the target after a challenging period in the summer.

An Information Governance and Security Advisor has been appointed as FOISA lead and is now overseeing FOISA requests.

Delayed Discharges	*The % of Bed Days 'lost' due to Patients in Delay is to reduce*	**5%**	**6.0%**

The number of bed days lost due to patients in delay has reduced 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. As of the 31st December, 40% of the official delays are code 100 and code 51X and 14% are coded against care home/ward closures.

FINANCE		Forecast	Current

Revenue Expenditure	*Work within the revenue resource limits set by the SG Health & Social Care Directorates*	**(£14.2m)**	**(£13.8m)**

At the end of December the board's reported financial position is an overspend against budget of £13.8m comprising an adverse variance for Acute Services Division of £16.5m and £4m for External Health Care Providers, offset by favourable variances across Corporate Budgets of £6.7m. The exceptional demand on unscheduled care capacity within Acute Services continues to be a challenge to available financial resources coupled with increasing costs of External Health Care Providers. The forecast outturn for the board is an overspend of £14.2m which is a significant improvement on the September (Q2) forecast of £16.9m. The savings target of £8.2m the board committed to delivering in year was delivered in full at the end of December.

Capital Expenditure	*Work within the capital resource limits set by the SG Health & Social Care Directorates*	**£33.5m**	**£11.8m**

The overall anticipated capital budget for 2021/22 is £33.5m. The capital position for the period to December records spend of £11.8m. The full capital budget is on track to be delivered in full by 31 March 2022.

STAFF GOVERNANCE		Target	Current

Sickness Absence	*To achieve a sickness absence rate of 4% or less*	**3.89%**	**6.98%**

The sickness absence rate in December was 6.98%, an increase of 0.19% from the rate in November. The average rate for COVID-19 related special leave, as a percentage of available contracted hours for the financial year to date was 1.37%.

Given on-going workforce pressures and service challenges, the March 2022 target set in relation to NHS Circular PCS(AfC)2019/2 is unlikely to be achieved and we anticipate further NHSScotland guidance on sickness absence targets, which will reflect the circumstances of the last two years.

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**	**146**

Service provision has continued to be delivered remotely by phone, Near Me appointments and use of translation service. Main service access is self-referral by phone, with limited referrals for other health professionals. Some service staff have been deployed to support organisational pressures therefore reduced capacity within the team. The specialist smoking cessation service have been asked to support the Midwifery smoking cessation service as they are experiencing capacity issues with one member of staff on long term absence and one retired. Services have been promoted on hospital radio and planning has started for No Smoking Day on 9th March.

CAMHS Waiting Times	*90% of young people to commence treatment for specialist CAMH services within 18 weeks of referral*	**90%**	**68.2%**

As predicted in the CAMHS Referral to Treatment (RTT) Projections, RTT% has reduced as work on the longest waits increases. The amount of activity 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. To assist in managing the urgent presentations and to free capacity to offer same day assessments at VHK/A&E, CAMHS has introduced Risk Assessment Clinics provided by East & West Core Teams. New recruits are working towards full capacity and Longest Waits staff will take up post in February. Vacant posts remain under review and out to advert. SG Recovery & Renewal funding proposal for Phase 2 recruitment has been approved by HSCP SLT and has been escalated to NHS Fife EDG for support.

Psychological Therapies	*90% of patients to commence Psychological Therapy based treatment within 18 weeks of referral*	**90%**	**81.1%**

The demand for PTs increased significantly in the latter half of 2021 compared to the first 6 months of the year, with an average increase of 82 referrals per month. This has resulted in an increase in numbers on the waiting list and a slowing of the reduction 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.

II. Performance Exception Reports

Clinical Governance

Finance, Performance & Resources: Operational Performance

Finance, Performance & Resources: Finance

Staff Governance

Public Health & Wellbeing

CLINICAL GOVERNANCE

Adverse Events

Major and Extreme Adverse Events
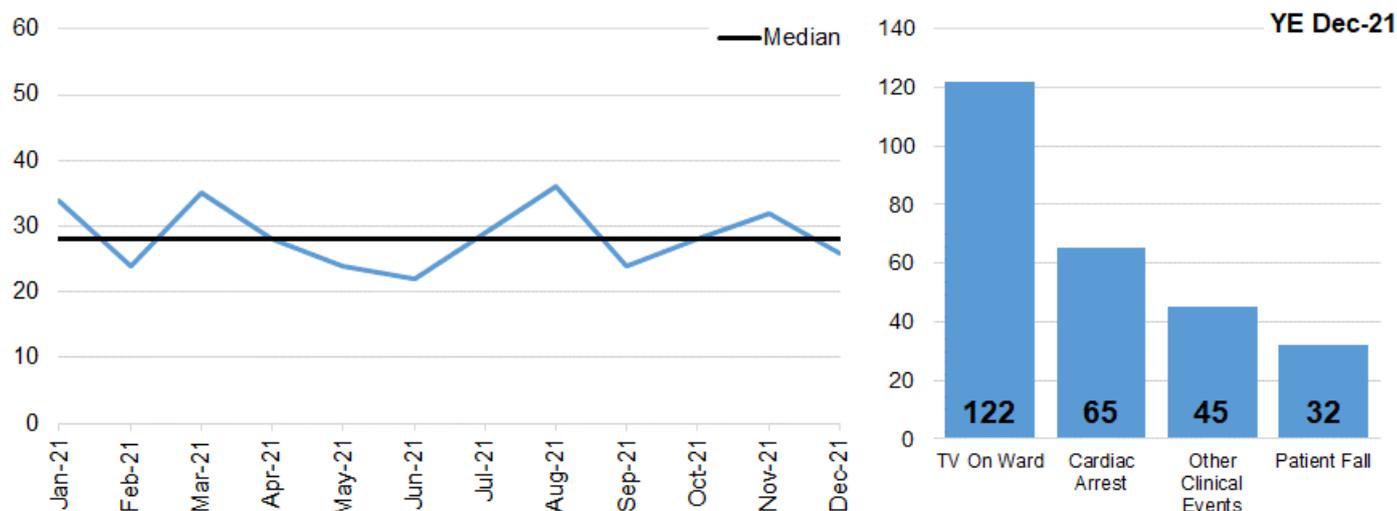
All Adverse Events

	Month	2020/21						2021/22					
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
ALL	NHS Fife	1289	1209	1366	1358	1372	1350	1419	1452	1396	1387	1427	1459
	Acute Services	573	530	631	594	648	605	629	615	608	642	623	582
	HSCP	695	653	708	725	682	694	740	799	746	690	743	820
	Corporate	21	26	27	39	42	51	50	38	42	55	61	57
CLINICAL	NHS Fife	905	854	955	937	1011	935	1008	954	963	943	1007	950
	Acute Services	534	494	589	547	599	546	568	549	535	564	572	522
	HSCP	360	346	353	372	388	365	411	384	401	351	406	395
	Corporate	11	14	13	18	24	24	29	21	27	28	29	33

Commentary

The overall number of incidents reported in November and December are in keeping with normal variation. There is an upward surge in November of incidents reported related to patient information; within this category document/results or wrong patient or wrong document sees the biggest increase.

Within clinical categories, confidentially, communication or consent increased in November and returned to a level that is seen across normal variation in December.

Focused improvement work continues in relation to falls, pressure ulcers and deteriorating patient.

Adverse Events improvement work has commenced. Staff have engaged in the review of the SAER process through a FORMS questionnaire. Results will be available at the end of February and provide valuable feedback to inform the improvement plan.

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 2021ᴾ

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.

HSMR by Scotland: October 2020 to September 2021
Allows comparisons to be made between each hospital and the average for Scotland for a particular period.

Victoria Hospital
Within Limits
Observed Deaths: **1,831**
Predicted Deaths: **1,761**
HSMR: **1.04**
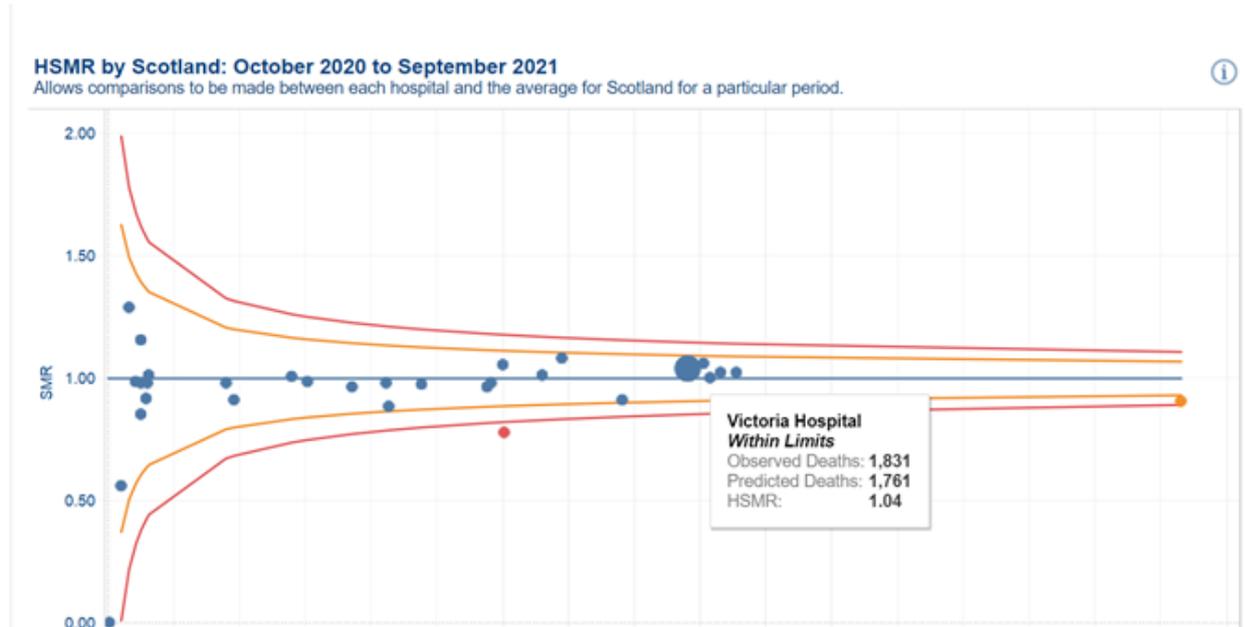
Commentary

Hospital Standardised Mortality Ratio (HMSR) 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
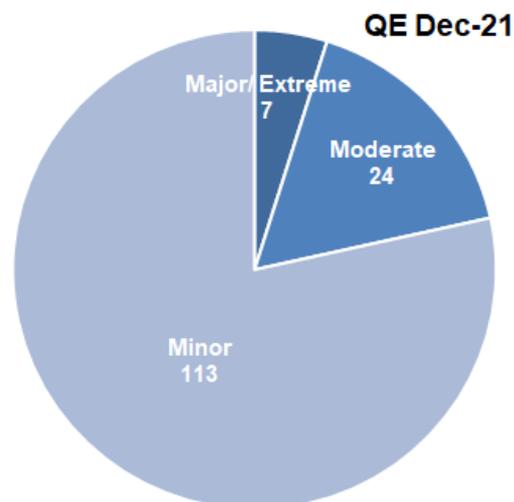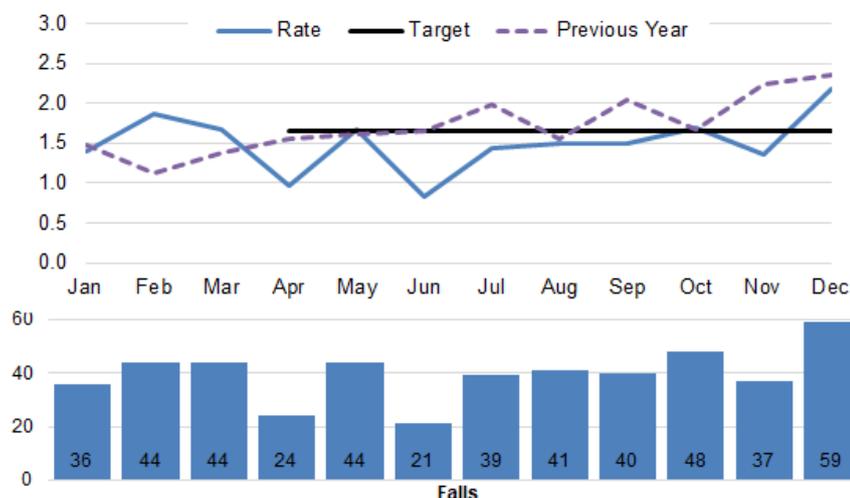
Performance by Service Area

	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	1.39	1.87	1.68	0.98	1.68	0.82	1.45	1.50	1.50	1.69	1.37	2.18
Acute Services	1.24	1.18	0.98	0.35	0.88	0.33	0.79	1.26	0.81	1.52	1.27	2.08
HSCP	1.53	2.47	2.29	1.54	2.40	1.27	2.03	1.72	2.11	1.84	1.46	2.27
Target				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 May-22**

A new national driver diagram and measurement package have still to be finalised and due to current challenges NHS Fife documentation will be reviewed and audit plans finalised. There is no update on progress in the national work and the planned review of local documentation and update of the local paperwork will be deferred until then. This action will be for ongoing review and local action until the national position is clarified.

20.5 Improve effectiveness of Falls Champion Network	**By Mar-22**

This work is 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**

The Community Hospital collaborative has been concluded. As a result of this work data is collated and shared with the Nursing Directorate and Heads of Service weekly. This data looks at a number of differing indicators including falls, tissue viability, and medication errors to inform decisions and strategy. Actions from the weekly Quality matters huddle are logged and actioned, with involvement of Lead Nurses and services real time. This is now embedded and this specific action is closed.

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
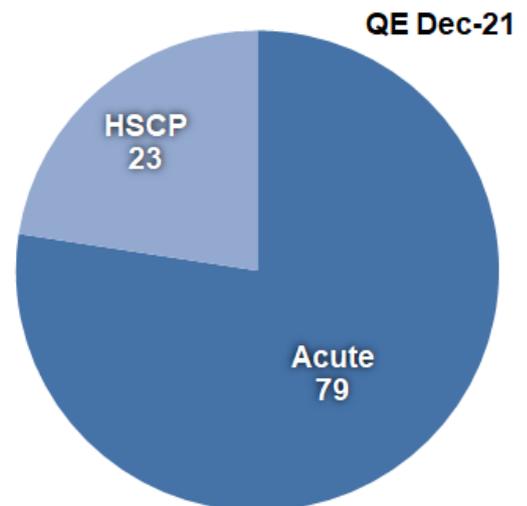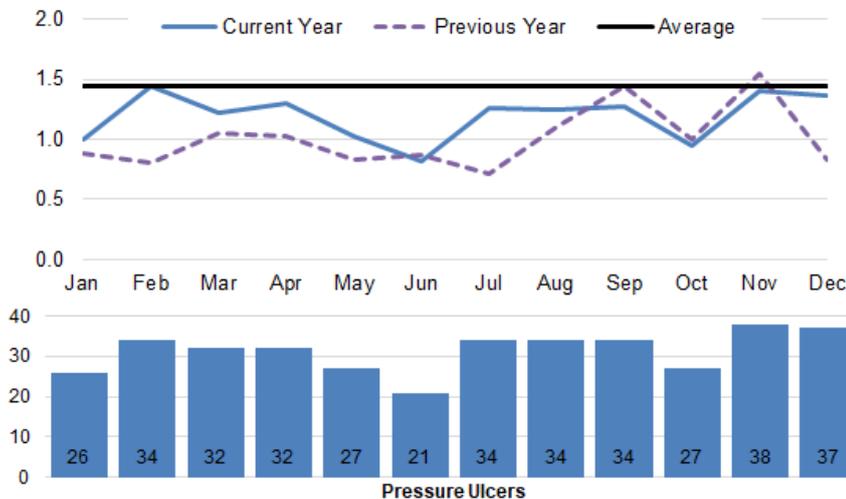
Performance by Service Area

		2020/21			2021/22								
		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Grade 2 to 4	NHS Fife	1.00	1.44	1.22	1.30	1.03	0.82	1.26	1.25	1.28	0.95	1.40	1.37
	Acute Services	2.06	2.18	2.12	2.51	1.68	1.58	2.13	2.36	2.18	1.44	2.46	2.32
	HSCP	0.07	0.80	0.43	0.23	0.44	0.15	0.49	0.27	0.49	0.53	0.49	0.55

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	**By Apr-22**

Community inpatients wards continue to undertake self-assessment against the Prevention and Management of Pressure Ulcers to enhance good practice and identify opportunities for improvement. Due to the pandemic, and current staffing pressures, and in order to reflect and establish SMART objectives and ensure improvement targets are met, support from the QI team is more targeted to individual areas on a bespoke basis.

Wards continue to measure compliance with skin assessment, review and intervention, using weekly data to identify areas for improvement. Dashboards are displayed and staff are encouraged to discuss the data at their daily huddles.

22.2 Community Nursing QI Work	**By Mar-22**

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.

Joint adverse event reviews and sharing learning have increased between services, including working collaboratively with care homes.

22.3 ASD Pressure Ulcer Improvement Programme	**By Mar-22**

The Pressure Ulcer Improvement Programme remains temporarily paused due to sustained nursing workforce shortages but ongoing review of data and response continues at local level and through directorate discussions. Four of the wards previously involved in the programme continue to collect process measures data to identify areas for improvement and address any quick fixes. QI support is still available to the teams but uptake has been extremely low.

22.4 Implementation of Focused Improvement Activities	**By Mar-22**

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.

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

QE Sep-21

Elective 3

Emergency 3
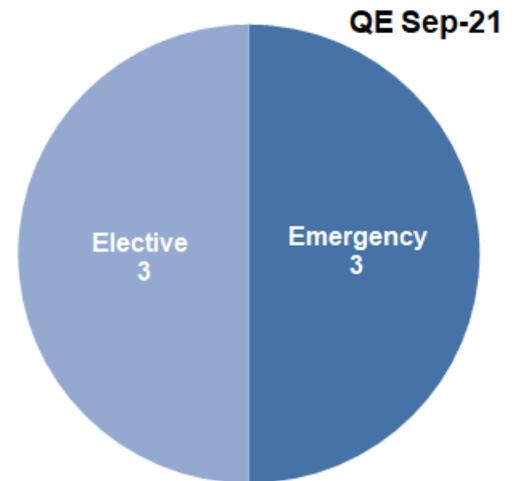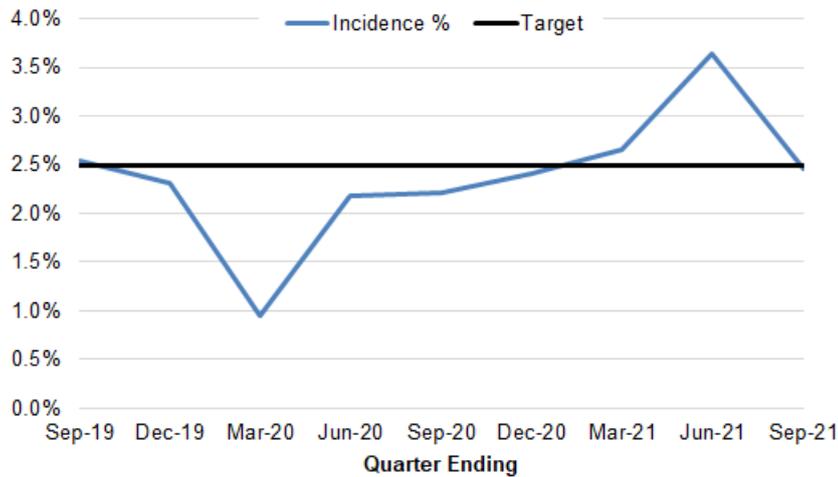
National Benchmarking

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	**By Mar-22**

The SSI Implementation Group de-mobilised in August 2020 as there were no outstanding actions, infection rates had improved and there was a robust system in place for reviewing (LAER/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.

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.

CLINICAL GOVERNANCE

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
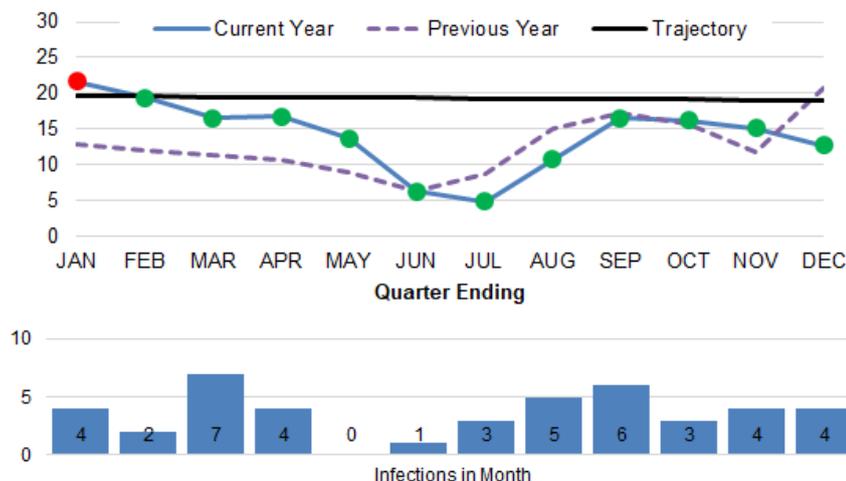
Infection Source: YE Dec-21
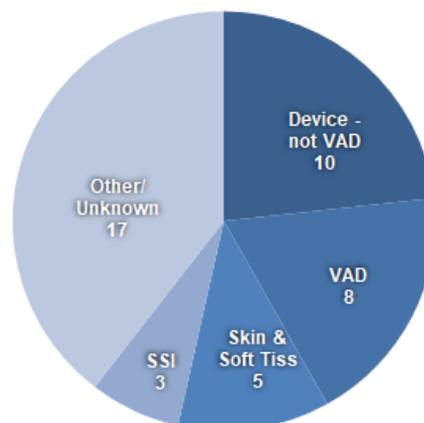
National Benchmarking

Quarter Ending	2019/20	2020/21				2021/22	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	12.5	6.3	18.7	20.6	17.8	6.3	16.6
Scotland	16.3	20.3	17.3	18.9	18.4	18.6	18.3

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	**By Mar-22**

The incidence of SABs in PWIDs has continued to reduce, with only 4 cases identified in 2021 (compared to 5 in 2020 and 14 in 2019). The PGD for Antibiotic prescribing is now in progress by Addiction Services and IPCT continues to provide support. IPCT are currently awaiting an update from the Addictions Services Manager.
A voiced over educational video by IPCT on SAB definitions, signs, symptoms and interventions has been completed for AS staff training.

20.2 Ongoing surveillance of all VAD-related infections	**By Mar-22**

Monthly charts distributed to clinical teams to inform of incidence of VAD SABs - these demonstrate progress and promote quality improvement as well as raising triggers and areas of concern

20.3 Ongoing surveillance of all CAUTI	**By 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 most recent January meeting was cancelled. The Driver Diagram for the UCIG is currently being reviewed and updated.

20.4 Optimise comms with all clinical teams in ASD & the HSCP	**By Mar-22**

Monthly SAB reports distributed with Microbiology comments, to gain better understanding of disease process and those most at risk. This allows local resources to be focused on high-risk groups/areas and improve patient outcomes. The Ward Dashboard utilised by clinical staff to access and display 'days since last SAB' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.

22.1 Use Electronic insertion and maintenance bundles for PVC, CVC, urinary catheters	**By 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. There are Quality Improvement (QI) projects to support areas which are not achieving best practice. Similar electronic insertion and maintenance bundles are planned for in-dwelling urinary catheters and CVCs to promote and support best practice, reduce avoidable harm and improve quality of care.

CLINICAL GOVERNANCE

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
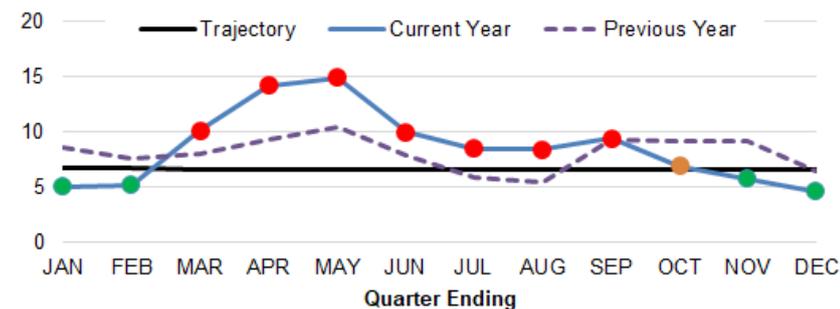
CDI Recurrence: YE Dec-21
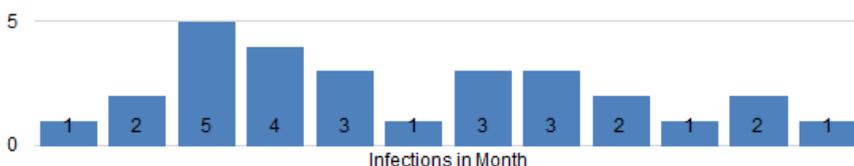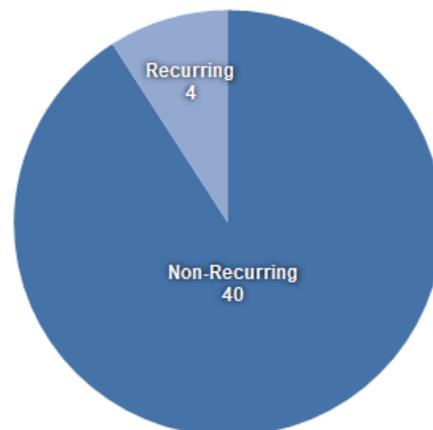
National Benchmarking

Quarter Ending	2019/20	2020/21				2021/22	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	8.0	7.9	9.3	7.7	14.0	10.0	9.5
Scotland	13.6	15.4	17.4	16.4	15.8	14.6	16.7

KEY CHALLENGE(S) IN 2021/22
Sustain and further reduce healthcare-associated CDI and recurrent CDI in order to achieve the 10% reduction target by March 2022

IMPROVEMENT ACTIONS	
20.1 Reducing recurrence of CDI	***By Mar-22***

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	***By 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	***By 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.

The Ward Dashboard utilised by clinical staff to access and display 'days since last CDI' in each ward for public assurance is currently inaccessible, so wards are currently being updated by the IPC surveillance team.

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
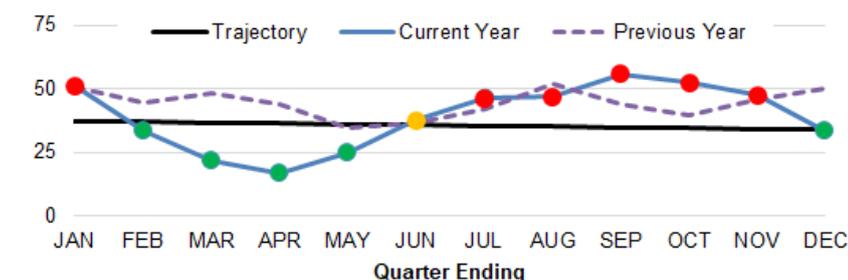
Infection Sources: YE Dec-21
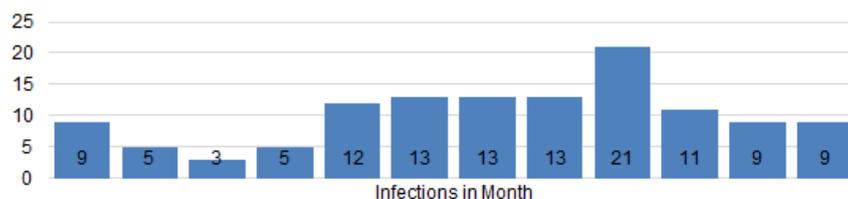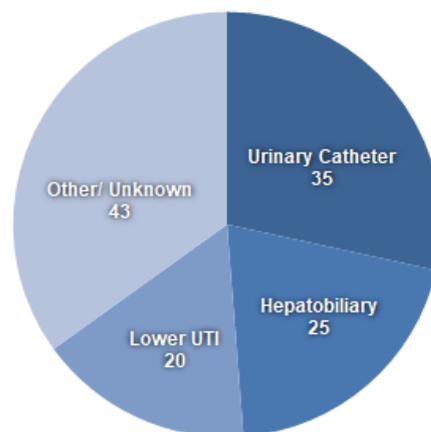
- Urinary Catheter 35
- Hepatobiliary 25
- Lower UTI 20
- Other/ Unknown 43

National Benchmarking

Quarter Ending	2019/20	2020/21				2021/22	
	Mar	Jun	Sep	Dec	Mar	Jun	Sep
NHS Fife	47.9	36.4	45.3	50.3	21.6	37.6	60.3
Scotland	36.4	39.7	42.0	40.9	34.7	38.2	41.4

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 inflection ECB rate

IMPROVEMENT ACTIONS

20.1 Optimise communications with all clinical teams in ASD & the HSCP	By Mar-22

Monthly reports and charts are distributed to key clinical staff across the HSCP and ASD. Each CAUTI associated ECB undergoes IPC surveillance to establish a history. From December, as part of the strategy to reduce E.coli Bacteraemia (ECB), a DATIX will be submitted for ALL catheter associated ECBs (including those without trauma), prompting an LAER by the patient`s clinical team.

During Q3 2021 (Jul-Sep), NHS Fife was above the national rate for HCAI & CAI. This has resulted in the board being issued with an Exception Report from ARHAI (Antimicrobial Resistance & Healthcare Associated Infection, National Services Scotland). The data is being examined locally and an Action Plan is being developed, to be returned to ARHAI by 8th February.

20.3 Ongoing work of Urinary Catheter Improvement Group (UCIG)	By Mar-22

The UCIG meeting last met in November. Initiatives to promote hydration and provide optimum urinary catheter care (including continence care) across Fife continue. They cover analysis and update of process, training/education/promotion and quality improvement work. Work involves the district nursing service and staff in both private and NHS care homes as well as a QI CAUTI programme at Kelty GP Practice.

22.1 Develop ECB Strategy	By TBD

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.

<div style="background:red;color:white">

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

</div>

Local Performance
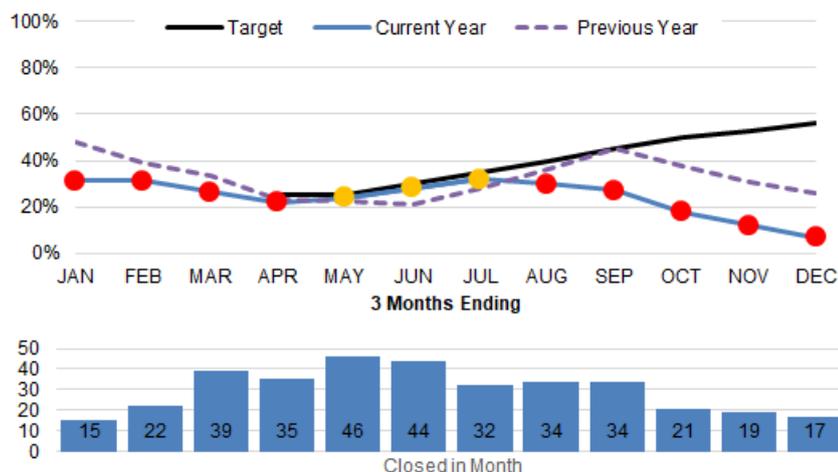
Closure Breaches; QE Dec-21
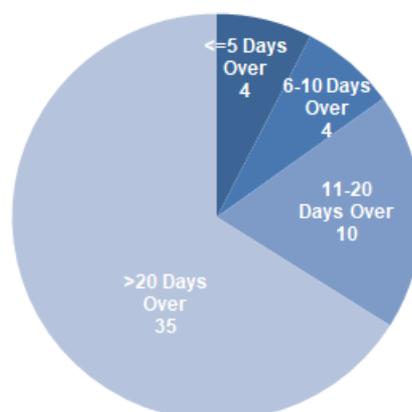
Performance by Service Area

3-Month Ending	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	31.3%	31.1%	26.3%	21.9%	24.2%	28.0%	32.0%	30.0%	27.0%	18.0%	12.2%	7.0%
Ack <= 3 Days (Monthly)	93.3%	95.5%	94.9%	100.0%	93.5%	100.0%	96.9%	100.0%	100.0%	100.0%	100.0%	94.1%
ASD	36.5%	35.3%	19.3%	15.9%	15.7%	22.5%	23.5%	25.7%	27.3%	20.7%	15.7%	7.5%
HSCP	20.0%	18.2%	50.0%	38.1%	48.3%	31.4%	38.7%	23.3%	20.8%	13.0%	5.9%	8.3%

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS	
22.1 Review complaint handling process and agree measures to ensure quality	**By Mar-22**
Patient Relations are completing in-house QA checks on draft final responses; however this has been impacted due to current pressures within the department. A review of the current complaint handling process by Clinical Governance and Patient Relations has started, but remains on hold due to the ongoing response to COVID-19 and current capacity issues.	
22.2 Improve education of complaint handling	**By Mar-22**
This action aims to improve overall quality by delivering education programmes at induction and bespoke training sessions across the Clinical Services. While some training sessions have been delivered virtually, this remains on hold due to the ongoing response to COVID-19 and current capacity issues. Although bespoke training sessions were undertaken with Fife Wide & Fife East in May and June 2021, the aim was to restart during the remainder of 2021; however, there has not yet been the capacity to do so.	

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

Local Performance
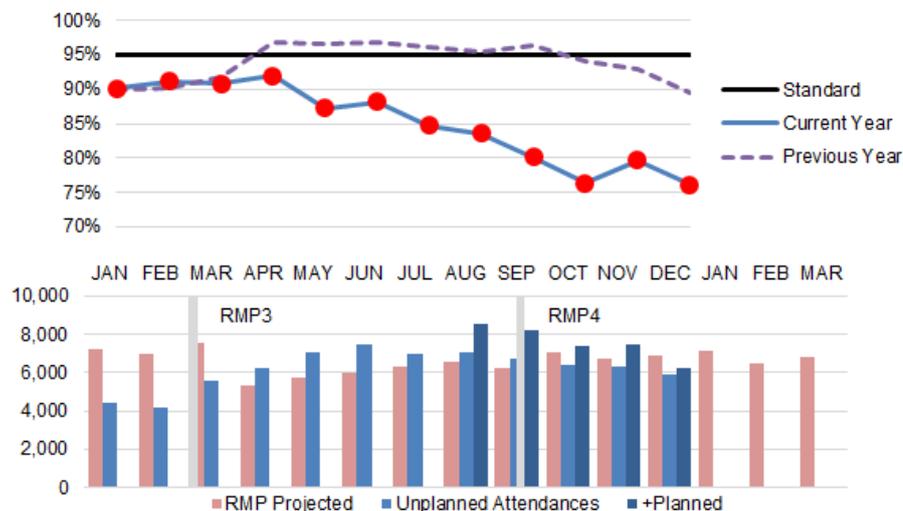
Breach Reason; Dec-21
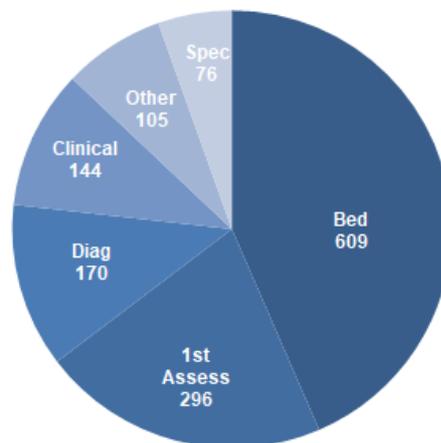
National Benchmarking

Month	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	90.1%	91.1%	90.8%	91.9%	87.2%	88.2%	84.7%	83.6%	80.1%	76.3%	79.7%	76.1%
Scotland	86.0%	86.2%	88.5%	88.7%	87.2%	85.0%	81.5%	77.8%	76.1%	73.5%	75.9%	75.7%

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	**By Apr-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.

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	**By Mar-22**

Bed waits continue to be the principal reason for breaches. There has been an increase in 8-hour breaches due to capacity challenges across the site. All directorates are focused on improvement actions which can improve flow into downstream wards and effectively manage admission demand from front door. Principle actions are focused on: reducing duplication with handovers, in reach model from wards to AU1 achieving earlier transfers, reducing number of patients in delay, earlier discharge planning and improving team(s)communication. An OPEL escalation tool is in development and at the testing stage to support capacity planning and management – EDG and SLT fully sighted and supportive of the tool. Early indications are positive with action cards out for consultation.

22.3 Develop re-direction policy for ED	**Complete Dec-21**

SLWG and joint HSCP/ASD reference group established to embed principles from National Re-direction Guidance into ED pathways and re-direct patients who can be supported in alternative clinical settings or through self care. Formal redirection in place, action complete.

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

Local Performance
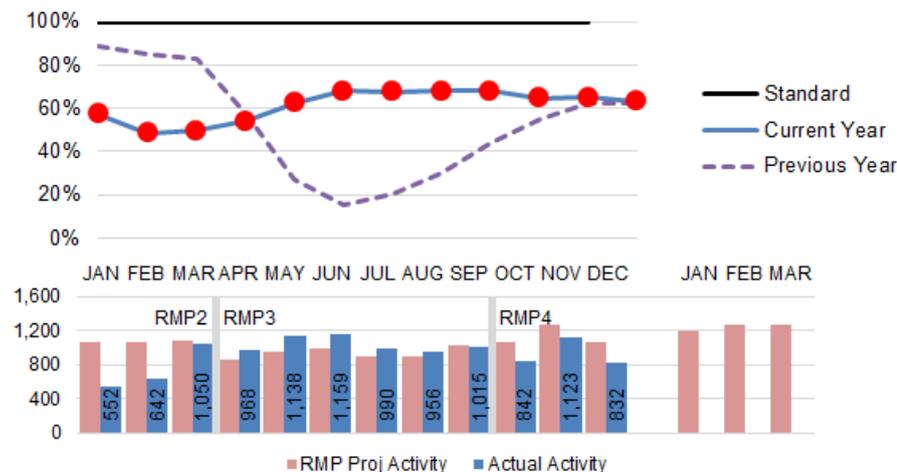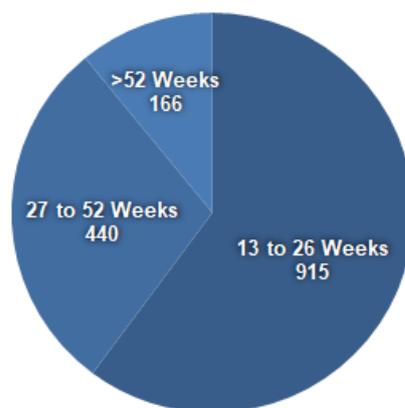
Breaches Breakdown Dec-21

>52 Weeks 166
27 to 52 Weeks 440
13 to 26 Weeks 915

National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	57.4%	48.6%	49.7%	54.1%	62.7%	67.9%	67.6%	68.2%	68.2%	64.9%	65.1%	63.1%
Scotland	35.9%	33.5%	34.7%	35.5%	37.2%	38.6%	36.7%	36.5%	34.0%			

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 Mar-22**
Business case delayed awaiting decision on suitable IT system	
22.3 Undertake waiting list validation against agreed criteria	**By 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	**By Mar-22**
First meeting of Integrated Planned Care Programme Board held on 8th December; revised HEAT map being developed	

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

Local Performance
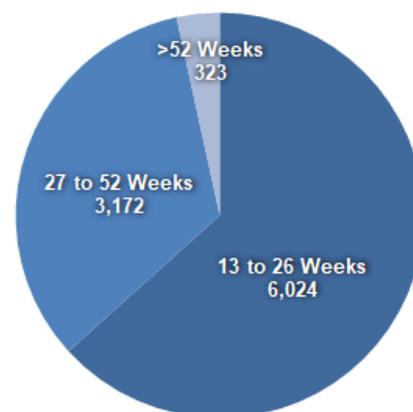
Breaches Breakdown Dec-21
- >52 Weeks 323
- 27 to 52 Weeks 3,172
- 13 to 26 Weeks 6,024

National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	51.2%	48.0%	53.4%	56.4%	60.3%	62.4%	60.7%	58.6%	58.3%	56.5%	57.1%	53.8%
Scotland	44.5%	43.9%	48.3%	50.5%	52.3%	53.4%	51.6%	49.7%	48.1%			

KEY CHALLENGE(S) IN 2021/22

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

IMPROVEMENT ACTIONS	
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	**By Mar-22**
First meeting of Integrated Planned Care Programme Board held on 8th December; revised HEAT map being developed	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	**By 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**
Revised guidance issued and following advice from Infection Control local team unable to reduce social distancing to 1m in outpatients in VHK or QMH. Restricted capacity remains.	

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

Local Performance
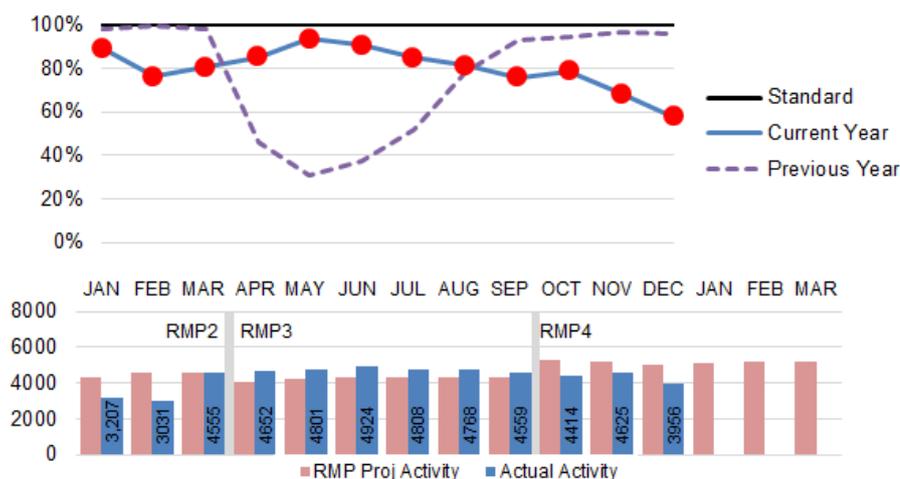
Breach Breakdown Dec-21
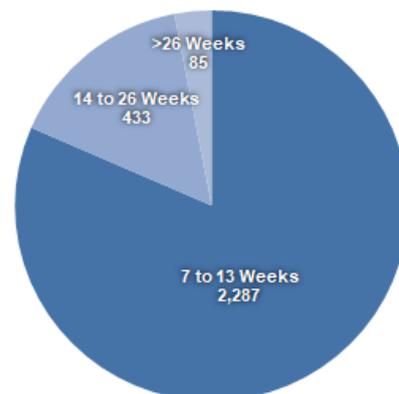
National Benchmarking

	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	89.2%	76.2%	80.6%	85.3%	93.5%	90.6%	84.9%	81.2%	75.7%	78.7%	68.3%	57.8%
Scotland	52.0%	57.8%	61.4%	61.8%	64.1%	62.6%	57.2%	56.5%	57.8%			

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	**By Mar-22**
Testing platform chosen, governance processes to support implementation nearing completion and implementation date agreed for February	
22.3 Actively promote and support staff wellbeing initiatives within the acute division	**By 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**
CT mobile van secured for March, and funding agreed with Scottish Government	

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
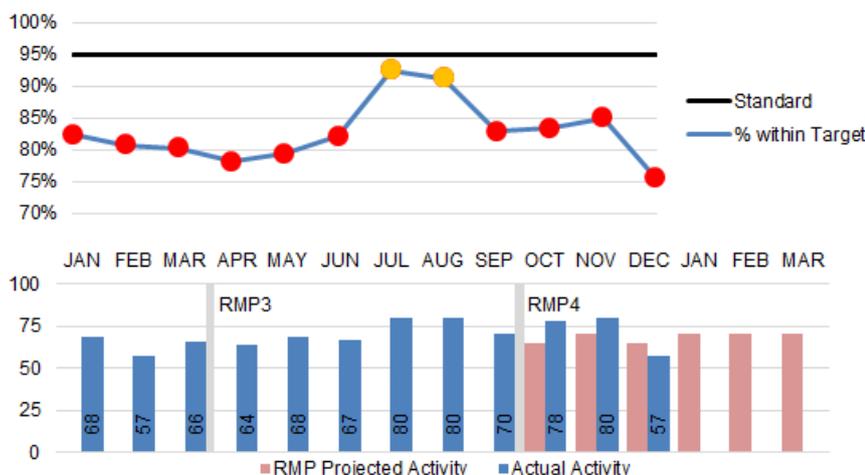
Breaches: Oct to Dec 21
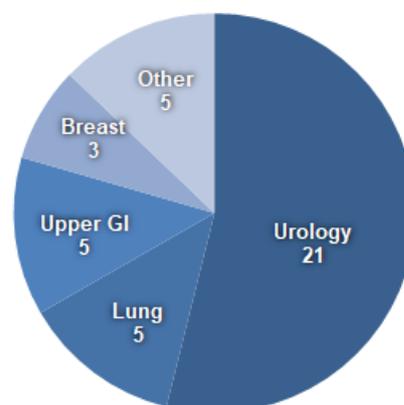
National Benchmarking

Month	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	82.4%	80.7%	80.3%	78.1%	79.4%	82.1%	92.5%	91.3%	82.9%	83.3%	85.0%	75.4%
Scotland	81.6%	81.9%	83.0%	84.5%	83.0%	83.6%	82.8%	83.5%	83.1%	78.8%	78.1%	

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-22**
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-22**
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.	
22.1 Effective Cancer Management Review	**By Mar-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.	

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

Local Performance
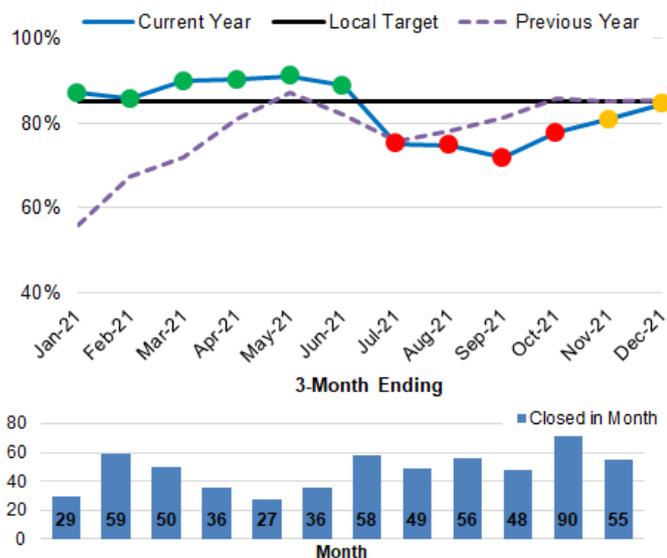
Closure Period, QE Dec-21
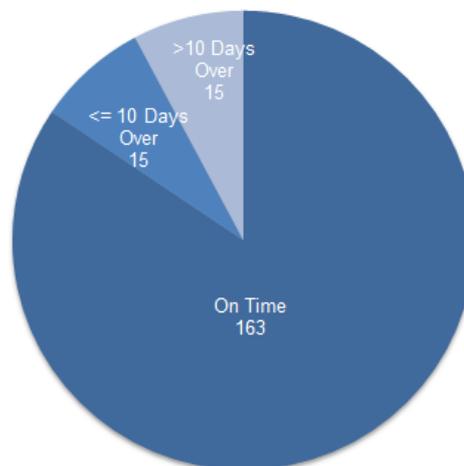
Performance by Service Area

Monthly	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Health Board	92.3%	83.6%	93.5%	93.5%	79.2%	88.6%	58.0%	83.3%	74.5%	78.0%	84.1%	85.4%
IJB	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	42.9%	77.8%	100.0%	87.5%	100.0%

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**

The first EDG Paper (1.0 - Process) passed through EDG in February. The Scottish Information Commissioner's Office commended the work NHS Fife has undertaken to remedy the Board's previous low level of FOISA compliance. With resourcing problems now addressed, this action is complete.

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 | Dec-21

MH/LD 185
Acute 129
Community 1360
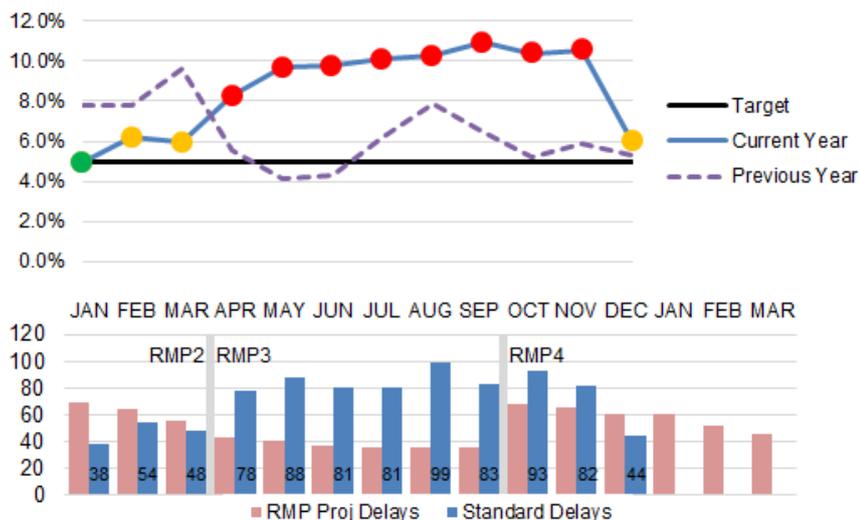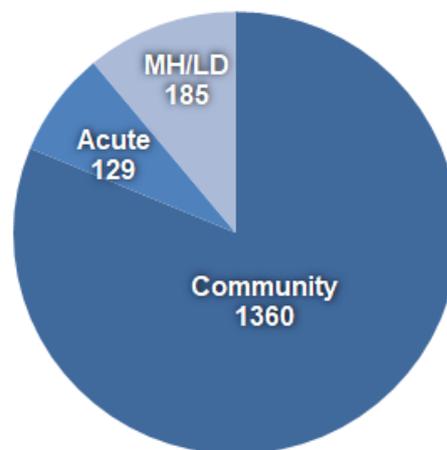
National Benchmarking

Quarter Ending	2019/20				2020/21				2021/22
	Jun	Sep	Dec	Mar	Jun	Sep	Dec	Mar	Jun
NHS Fife	7.6%	8.0%	7.2%	8.3%	4.6%	6.8%	5.4%	5.7%	9.2%
Scotland	6.8%	7.2%	7.1%	7.3%	3.8%	5.1%	4.8%	4.6%	5.0%

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 Mar-22**
The Oversight "Home First" group continue to meet on a regular basis. Seven subgroups are taking forward the operational actions to bring together the "Home First" strategy for Fife. Monthly meetings take place, action plans/driver diagrams are now in place for the oversight and subgroups.	
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 Mar-22**
The test of change is ongoing, however, the number of STAR beds available has been limited due to care home closures (COVID)	
22.3 Reduce number of delays due to awaiting the appointment of a Welfare Guardian	**By Mar-22**
Project working with families/carers to ensure that they can navigate the system to apply for private guardianship started last May and will be taken forward by Circles Project. 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	**By Apr-22**
Development of Care at Home Collaborative, supported by Scottish Care, started in November. This will bring 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. Recruitment is ongoing.	
22.5 Surge capacity established to support admission demand	**By Jun-22**
QMH (Ward 3/8/8A), Glenrothes (Ward 1/2/3), Cameron (Balgonie/Balcurvie/Letham), 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 December the board's reported financial position is an overspend against budget of £13.796m comprising an adverse variance for Acute Services Division of £16.490m and £4.024m for External Health Care Providers, offset by favourable variances totalling £6.718m across Corporate Functions. Included in the Acute Services overspend is an adverse variance for Set Aside budgets of £5.1m 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) are reporting an underspend of £0.606m for the 9 months to December following a non-recurring payment (budget realignment) made from Health Board to Fife Council of £3.734m.

Revenue Financial Position as at 31st December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
NHS Services (incl Set Aside)				
Clinical Services				
Acute Services Division	234,729	178,742	195,232	-16,490
IJB Non-Delegated	9,462	7,112	6,954	158
Non-Fife & Other Healthcare Providers	90,611	67,975	71,999	-4,024
Non Clinical Services				
Estates & Facilities	77,516	57,656	56,459	1,197
Board Admin & Other Services	89,735	70,154	68,817	1,337
Other				
Financial Flexibility & Allocations	20,028	3,961		3,961
HB retained offsets	60	0	0	0
Income	-38,709	-30,702	-30,767	65
SUB TOTAL	**483,432**	**354,898**	**368,694**	**-13,796**
Health & Social Care Partnership				
Fife H & SCP	383,444	281,601	280,995	606
SUB TOTAL	**383,444**	**281,601**	**280,995**	**606**
TOTAL	**866,876**	**636,499**	**649,689**	**-13,190**

1.2 Included in the board's reported overspend are Health Board retained unachieved legacy savings targets totalling £10.242m (annual £13.656m).

1.3 As previously reported, the Scottish Government has confirmed non repayable funding support to enable the board to break even at the end of the financial year. We have commenced submission of our additional monthly reporting templates to SG which addresses the actions the board has taken to minimise the level of funding support required. These actions include the board conducting a robust review of savings plans and developing savings plans which will reflect 50% of the 2022-23 funding gap by the end of quarter 3 of this financial year. The steps taken by NHS Fife to take forward the actions requested by Scottish Government include our detailed 2022/23 Strategic Planning Resource Allocation Process, enhancement of the capacity within the PMO team and the establishment of a Financial Improvement/Sustainability programme reporting to the boards Population Health and Wellbeing Portfolio Board. This programme will develop and agree productive opportunities and savings targets for 2022/23 and a clear pipeline of plans for the more medium term.

1.4 Cost pressures within Acute Services continue to increase reflecting the exceptional demand on unscheduled care capacity. The many actions being taken to manage demand pressures have increased the requirement for temporary staffing. Additionally, increasing expenditure across medicines budgets continues to add to the significant cost pressures within clinical directorates particularly with Haematology/Oncology drugs budgets. Robotic assisted surgery is operational for the fifth month and the costs of surgical instruments are currently

signposted as a pressure within the financial planning process. Planned Care are absorbing the cost within existing underspend this year, with a longer term solution sought.

1.5 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.

1.6 Funding allocations confirmed in month included additional Band 2-4 Staffing £1.022m and Multi-disciplinary of £1.384m. Anticipated allocations total £3.074m. Allocation details are contained within Appendix 2.

1.7 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, with £8.383 delivered at the end of December. 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.

1.8 Redesign of Urgent Care (RUC) will be fully funded this year through a combination of Scottish Government funding £0.681m and earmarked H&SCP reserves of £0.935m brought forward from 2020/21. The expenditure against the Navigation Flow Hub will be monitored on a regular basis alongside the other workstreams that are focusing on RUC.

1.9 The overall anticipated capital budget for 2021/22 is £33.546m. The capital position for the period to December records spend of £11.811m. Therefore, 35.21% of the anticipated total capital allocation has been spent to month 9.

2. **Health Board Retained Services**

Clinical Services financial performance at December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
Acute Services Division	234,729	178,742	195,232	-16,490
IJB Non-Delegated	9,462	7,112	6,954	158
Non-Fife & Other Healthcare Providers	90,611	67,975	71,999	-4,024
Income	-38,709	-30,702	-30,767	65
SUB TOTAL	**296,093**	**223,127**	**243,418**	**-20,291**

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 which includes an update on the financial impact of Covid 19 will be used by Scottish Government to inform further funding allocations for Covid 19 for the remainder of the financial year.

2.2 The Acute Services Division reports an **overspend of £16.490m.** 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 and creation of a nursing pool. A significant proportion of the reported overspend to December relates to unachieved savings of £9.077m. 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.

2.3 The IJB Non-Delegated budget reports an **underspend of £0.158m.** 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 £4.024m** per Appendix 4. As reported previously, the main driver is the increase in the expected annual value of the service agreement with NHS Lothian. Discussions are still ongoing with NHS Tayside. There has been seen an increase in spend (actual & expected) for patients receiving treatment out-with Scotland.

Corporate Functions and Other Financial performance at December 2021

Budget Area	Annual Budget £'000	YTD Budget £'000	YTD Spend £'000	YTD Variance £'000
<u>Non Clinical Services</u>				
Estates & Facilities	77,516	57,656	56,459	1,197
Board Admin & Other Services	89,735	70,154	68,817	1,337
<u>Other</u>				
Financial Flexibility & Allocations	20,028	3,961		3,961
HB retained offsets	60			0
SUB TOTAL	**187,339**	**131,771**	**125,276**	**6,495**

2.5   The Estates and Facilities budgets report an **underspend of £1.197m.** This comprises an underspend in pay of £0.396m across several departments including estates services, catering, and laundry. The non-pay underspend includes £0.800m on rates as previously reported and additional rebates were received for two sites in month. This benefit is partially offset by overspends on property maintenance £0.471m which includes grounds spend and waste management.

2.6   Within the Board's corporate services there is **an underspend of £1.337m**. The main driver for this underspend is the level of vacancies across Finance (£0.256m) and Nursing (£0.287m) directorates.

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 £3.961m** has been released at month 9, with 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 £0.606m.** 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	383,444	281,601	280,995	606
SUB TOTAL	**383,444**	**281,601**	**280,995**	**606**

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 £5.1m overspend to month 9 per 1.1 above).

3.2   A review of the Integration Scheme has been agreed by the respective partners, NHS Fife Board and Fife Council in September 2021, and has been submitted for Ministerial Approval, after which final approval will be sought at the IJB Committee in January 2022.

3.3   The overspend on the set-aside services is currently held within the Acute Services Directorate Budget and not the IJB and is not included in the reported projected overspend for the IJB. If a different arrangement was in place between the IJB and the Health Board in relation to the management of costs in excess of the available budget, the IJB would face significant cost pressure as a result of the significant demand for hospital services.

Details of funds held within Delegated Health Earmarked Reserves are noted at Appendix 6.

4. Forecast

4.1 Our forecast outturn to the year end is held at a potential overspend of £14.207m for Health Board retained services (as reported at month 8). This includes the in-year deficit in our opening financial plan of £13.656m unachieved savings and a core potential additional overspend of £0.551m. We continue to work to reduce the potential overspend and are working with Scottish Government colleagues to secure ADEL (Additional Departmental Expenditure Limit) funding. This follows a detailed review of our expenditure which includes ADEL qualifying expenditure across replacement of obsolete equipment; and property and vehicle repair expenditure. An update will be provided next month.

4.2 In addition, we have previously reported that limited NRAC funding was received in 2021/22, which means we remain c£5m-£8m away from NRAC funding parity across Scotland. Whilst this issue has been largely addressed in the Draft Scottish Government 2022/23 budget settlement for NHS Fife, it remains a significant bearing on our 2021/22 financial planning arrangements and our qualitative and quantitative performance.

4.3 The Health delegated underspend position is forecast at £5.871m and £3.734m has been transferred to Fife Council following a non-recurring budget realignment in December. The most recent H&SCP finance report identifies a projected year end overspend position of £1.050m (Source: January 2022 H&SCP Finance & Performance Committee). Five key areas of overspend that are contributing to the projected outturn overspend are Hospital & Long Term Care, Family Health Services, Older People Residential and Day Care, Homecare Services and Adult Placement. The agreed recovery plan has been implemented and actions taken have helped reduce the projected overspend position. The Scottish Government have confirmed that whilst no funding is being allocated at this time to meet under-achievement of savings, support will be provided to Integration Authorities to deliver breakeven on a non-repayable basis, providing there is appropriate review and control in place. Discussion and detailed review of the projected year end outturn and the mitigating actions required to improve the financial position will continue with the Chief Finance Officer of the H&SCP.

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; and it is likely a further transfer will crystallise 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 overspend of £13.796m for the 9 months to date;
- **Note** that workforce and capacity pressures across our system continue to drive increased costs in-year and present a financial challenge.
- **Note** the potential total overspend outturn position is held at £14.207m, with work continuing to reduce this position
- **Note** the confirmation of funding support by Scottish Government on the proviso a number of actions are taken forward

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	
Additional allocation	6,815	7,023		13,838	
HSCP ear marked reserve		2,898		2,898	
Anticipated allocation	4,088			4,088	
Total funding	**19,605**	**12,799**	**0**	**32,404**	**0**
Allocations made for April to December					
Planned Care & Surgery	1,220			1,220	
Emergency Care & Medicine	5,974			5,974	
Women, Children & Clinical Services	2,361			2,361	
Acute Nursing	170			170	
Estates & Facilities	873			873	
Board Admin & Other Services	1,399			1,399	
Public Health Scale Up	778			778	
Test and Protect	3,872			3,872	
Primary Care & Prevention Serv		576		576	
Community Care Services		1,198		1,198	
Complex & Critical Care Serv		214		214	
Professional/Business Enabling		156		156	
Covid Vaccine/Flu		9,987		9,987	
Social Care					
Total allocations made to M9	**16,647**	**12,131**	**0**	**28,778**	**0**
Balance In Reserves	**2,958**	**668**	**0**	**3,626**	**0**

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	
22 December 2021	Increase in Motor Neuron Disease Clinical Nurse Specialists			19	19	As per allocation letter
	HNC Students backfill Q1&Q2			48	48	Normal support for students
	Improvements to forensic medical services			10	10	As per allocation letter
	Chronic Pain winter support funding			9	9	Specific allocation
	Preregistration pharmacy scheme		-166		-166	Annual Adjustment
	Community Pharmacy Champion		20		20	Annual Allocation
	PMS - Telephony Systems			35	35	Agreed allocation
	Support acceleration of 22/23 MDT recruitment plans			300	300	Specific allocation
	Additional CT & MRI capacity			44	44	Specific allocation
	Redesign and merged eyecare service			81	81	Specific allocation
	Inequalities Project			27	27	As per allocation letter
	Task force for ADP			147	147	As per previous PfG
	Mental Health Funding for Pharmacy		64		64	As per allocation letter
	Mental Health & Wellbeing in Primary Care Services		105		105	As per allocation letter
	Multi-Disiplinary Teams			1,384	1,384	Specific allocation from announced Winter Funding
	Additional Band 2-4			1,022	1,022	Specific allocation from announced Winter Funding
	Total Core RRL Allocations	**723,846**	**77,585**	**50,924**	**852,355**	
Anticipated	Distinction Awards		193		193	
Anticipated	NSS Discovery		-39		-39	
Anticipated	NDC Contribution		-842		-842	
Anticipated	Golden Jubilee SLA		-24		-24	
Anticipated	PCIF		682		682	
Anticipated	Waiting List		1,367		1,367	
Anticipated	Covid 19			4,089	4,089	
Anticipated	GP Sustainability payment			1,000	1,000	
Anticipated	Capital to Revenue			277	277	
Anticipated	NSD Adjustments		-2,130		-2,130	
		0	**-793**	**5,366**	**4,573**	
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	**723,846**	**76,792**	**66,238**	**866,876**	

Appendix 3: Savings Position at December 2021

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 December £'000	Unachieved to March £'000
Health Board	21,837	8,181	13,656	5,779	2,604	8,383	0
						0	0
Total Savings	21,837	8,181	13,656	5,779	2,604	8,383	0

Appendix 4: Service Agreements

	CY Budget £'000	YTD Budget £'000	YTD Actuals £'000	YTD Variance £'000
Health Board				
Ayrshire & Arran	99	74	72	2
Borders	45	34	43	-9
Dumfries & Galloway	25	19	43	-24
Forth Valley	3,227	2,420	2,753	-333
Grampian	365	274	212	62
Greater Glasgow & Clyde	1,680	1,260	1,256	4
Highland	137	103	153	-50
Lanarkshire	117	88	162	-74
Lothian	31,991	23,993	25,315	-1,322
Scottish Ambulance Service	103	77	77	0
Tayside	40,084	30,063	31,991	-1,928
Savings				0
	77,873	**58,405**	**62,077**	**-3,672**
UNPACS				
Health Boards	10,801	8,101	8,494	-393
Private Sector	1,151	863	1,072	-209
	11,952	**8,964**	**9,566**	**-602**
OATS	721	541	291	250
Grants	65	65	65	0
Total	**90,611**	**67,975**	**71,999**	**-4,024**

Appendix 5: Financial Flexibility & Allocations

	£'000	Flexibility Released to Dec-21 £'000
Financial Plan		
Drugs	0	0
CHAS	408	0
Junior Doctor Travel	22	11
Consultant Increments	224	168
Cost Pressures	3,530	1,624
Developments	1,960	673
Sub Total Financial Plan	**6,144**	**2,476**
Allocations		
Waiting List	2,740	0
AME: Impairment	73	0
AME: Provisions	219	0
Pay Award:AfC	1,716	1,212
6 Essential Action	456	0
ICU	485	0
Test & Protect	2,958	0
Winter	661	0
Cervical Incident	4	0
Cancer Waiting Time	327	0
Distinction Award	57	0
Unscheduled Care Summer	180	0
Cardiac Physiologists	24	0
Support to build recruitment capacity	65	0
Building Capacity for international recruitment	68	0
Young Patients Family Fund	45	18
Best Start	75	0
Emergency Cancer Diagnostic Centre	196	0
Pregnancy Anaemia Management	28	0
Workforce Wellbeing	129	0
Discharge Without Delay Pathfinders	340	0
Interface Care Programme	480	0
Nurse Director Support	403	0
Fleet Decarbonisation	108	0
National recovery:Single point of contact	64	0
R&D	12	0
2020/21 Surplus	340	255
Motor Neuron Clinical Nurse	19	0
Chronic Pain	9	0
Additional CT & MRI Capacity	44	0
Redesign and merged eyecare	81	0
Inequalities Project	27	0
Mental Health Pharmacy recruitment	64	0
Additional Band 2-4	1,022	0
Capital to Revenue	365	0
Sub Total Allocations	**13,884**	**1,485**
Total	**20,028**	**3,961**

Appendix 6: Anticipated Funding from Health Delegated Earmarked Reserve

Health Delegated Earmarked Reserve		Included within Health		
	Total £000's	To M9 £000's	Anticipated £000's	Balance £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	242		1,073
RT Funding	1,500			1,500
FSL	500	500		0
District Nurses	30			30
Fluenz	18			18
Core run rate	1,767	680	216	871
Core (covid offsets)	1,250	1,250		0
Total	**11,308**	**5,116**	**216**	**5,976**

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
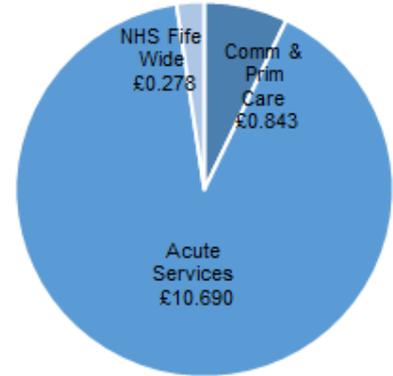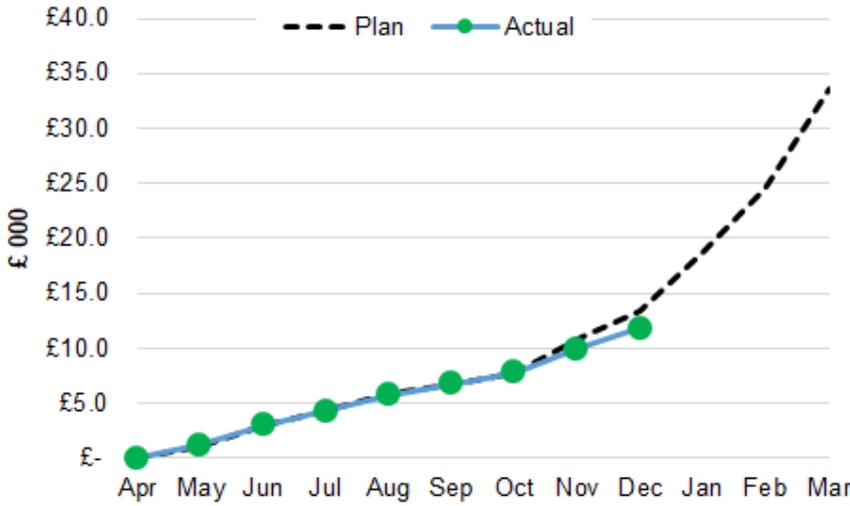
1. Annual Operational Plan

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 £33.546m. This comprises:

Capital Plan	£'000
Initial Capital Allocation	7,394
National Equipping Funding	1,537
Elective Orthopaedic Centre	15,907
HEPMA	1,100
Mental Health Review	76
Lochgelly Health Centre	348
Kincardine Health Centre	207
Energy Scheme Funding	1,800
Pre Capital Fund Grant	50
Covid Capital	1,878
QMH Theatre	1,000
CT Scanner	700
Repay PY Overallocation	- 200
Louisa Jordan Equipment	22
Laundry Equipment	600
2nd Tranche NIB Equipment	1,176
National Eyecare Workstream	228
Capital to Revenue Transfer	- 277
Total	33,546

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

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 £11.811m, this equates to 35.21% 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	£2.106m
Equipment	£1.509m
Digital	£0.172m
Elective Orthopaedic Centre	£7.427m
Health Centres	£0.312m
Clinical Prioritisation	£0.198m

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 31 December 2021 of £11.811m and the year-end spend of the total anticipated capital resource allocation of £33.546m.

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	300	156	300
Statutory Compliance	334	262	334
Capital Equipment	151	88	151
Condemned Equipment	24	23	24
Lochgelly Health Centre	0	0	0
Kincardine Health Centre	0	0	0
National Infrastructure Equipment Funding	6	0	6
Total Community & Primary Care	815	528	815
ACUTE SERVICES DIVISION			
Statutory Compliance	2,910	1,823	2,910
Capital Equipment	1,933	996	1,933
Clinical Prioritisation	601	42	601
Condemned Equipment	88	63	88
National Infrastructure Equipment Funding	3,407	340	3,407
Elective Orthopaedic Centre	15,907	7,427	15,907
Laundry Equipment	600	0	600
National Eyecare Workstream	228	0	228
Total Acute Services Division	25,674	10,690	25,674
NHS FIFE WIDE SCHEMES			
SG Payback Balance	200	0	200
Equipment Balance	51	0	51
Information Technology	1,000	172	1,000
Clinical Prioritisation	99	0	99
Statutory Compliance	54	0	54
Condemned Equipment	0	0	0
Fire Safety	60	21	60
Scheme Development	0	0	0
Vehicles	142	0	142
Covid Capital	1,325	0	1,325
Total NHS Fife Wide Schemes	2,932	193	2,932
TOTAL CAPITAL ALLOCATION FOR 2021/22	**29,420**	**11,411**	**29,420**

Project	CRL Confirmed Funding £'000	Total Expenditure to Date £'000	Projected Expenditure 2021/22 £'000
ANTICIPATED ALLOCATIONS 2021/22			
HEPMA	1,100	85	1,100
Kincardine Health Centre	207	130	207
Lochgelly Health Centre	348	182	348
Mental Health Review	76	3	76
Energy Funding Grant	1,800	0	1,800
Pre Capital Grant Funding	50	0	50
SG Payback	-200	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	22
QMH Theatre	1,000	0	1,000
Capital to Revenue Transfer	-277	0	-277
Anticipated Allocations for 2021/22	**4,126**	**400**	**4,126**

Total Anticipated Allocation for 2021/22	**33,546**	**11,811**	**33,546**

Appendix 2: Capital Plan - Changes to Planned Expenditure

Capital Expenditure Proposals 2021/22 Routine Expenditure	Pending Board Approval £'000	Cumulative Adjustment to November £'000	December Adjustment £'000	Total December £'000
Community & Primary Care				
Capital Equipment	0	151	0	151
Condemned Equipment	0	24	0	24
Clinical Prioritisation	0	223	77	300
Statutory Compliance	0	343	-10	334
National Infrastructure Equipment Funding	0	6	0	6
Total Community & Primary Care	**0**	**747**	**68**	**815**
Acute Services Division				
Capital Equipment	0	1,931	2	1,933
Condemned Equipment	0	88	0	88
Clinical Prioritisation	0	216	385	601
Statutory Compliance	0	2,930	-20	2,910
National Infrastructure Equipment Funding	0	2,231	1,176	3,407
Elective Orthopaedic Centre	0	0	15,907	15,907
National Eyecare Workstream	0	0	228	228
Laundry Support	0	0	600	600
	0	**7,396**	**18,278**	**25,674**
Fife Wide				
SG Payback Balance	200	0	0	200
Backlog Maintenance / Statutory Compliance	3,500	-3,475	29	54
Fife Wide Equipment	1,805	-1,805	51	51
Digital & Information	1,000	0	0	1,000
Clinical Prioritisation	500	-439	38	99
Condemned Equipment	90	-90	0	0
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	1,325
Total Fife Wide	**7,394**	**-5,906**	**1,443**	**2,932**
Total Capital Resource 2021/22	**7,394**	**2,237**	**19,789**	**29,420**

ANTICIPATED ALLOCATIONS 2021/22				
HEPMA	1,100	0	0	1,100
Kincardine Health Centre	207	0	0	207
Lochgelly Health Centre	348	0	0	348
Mental Health Review	76	0	0	76
Energy Funding Grant	1,800	0	0	1,800
Pre Capital Grant Funding	50	0	0	50
SG Payback	-200	0	0	-200
ECG Machines - Louisa Jordan Equipment	22	0	0	22
QMH Theatre	1,000	0	0	1,000
Capital to Revenue Transfer	-277	0	0	-277
Anticipated Allocations for 2021/22	**4,126**	**0**	**0**	**4,126**

| **Total Planned Expenditure for 2021/22** | **11,520** | **2,237** | **19,789** | **33,546** |

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

Local Performance
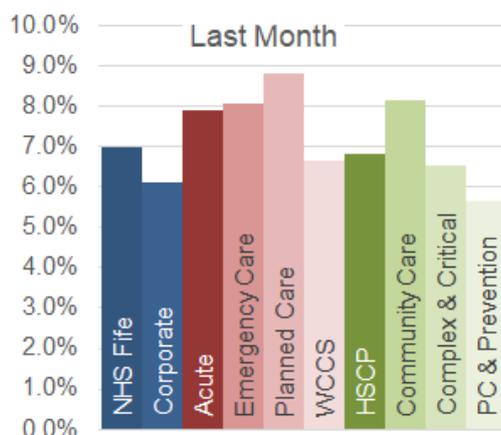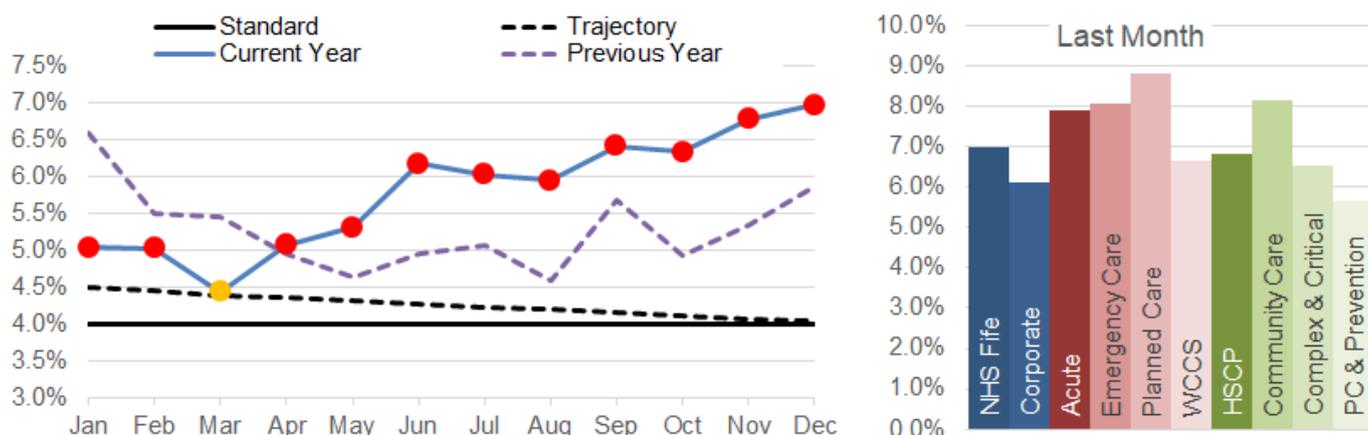
National Benchmarking

Month	2020/21			2021/22								
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
NHS Fife	5.04%	5.03%	4.43%	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%
Scotland	4.82%	4.30%	4.56%	4.59%	5.04%	5.52%	5.62%	5.76%	6.12%	6.30%	6.37%	6.23%

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-22**

The additional Occupational Health Physician is taking forward specific support for staff affected by Mental Health and mental health training for managers. This is in addition to the individual case work being progressed by local managers and HR Officers and Advisors, with input from the specialist Occupational Health Mental Health Nurse. The new Occupational Health Occupational Therapist is providing support to staff resuming work following diagnoses of long COVID.

Additional staff support is being provided on an ongoing, requested and targeted basis via the Spiritual Care Service, Staff Listening Service, Psychology Staff support, Being Mindful of Your Wellbeing sessions, Peer Support, Care Space Mindfulness Drop-in sessions, outdoor sessions, access to Counselling, 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, Psychology Staff support and Health Psychology, alongside bespoke wellbeing sessions for specific staff groups.

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-22**

Promoting Attendance Review and Improvement Panels continue to meet regularly. This is alongside regular monthly and bespoke training sessions and the use of Tableau to identify and analyse "hot spots" / priority areas and trajectory setting / reporting. 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 positive attendance at work is discussed at each attendance management 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 2020/21, deliver a minimum of 473 post 12 weeks smoking quits in the 40% most deprived areas of Fife

Local Performance
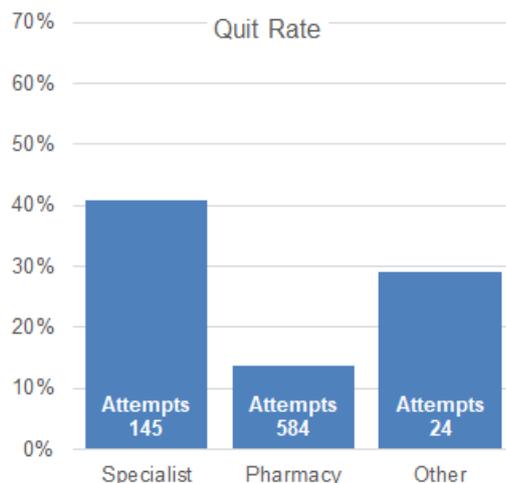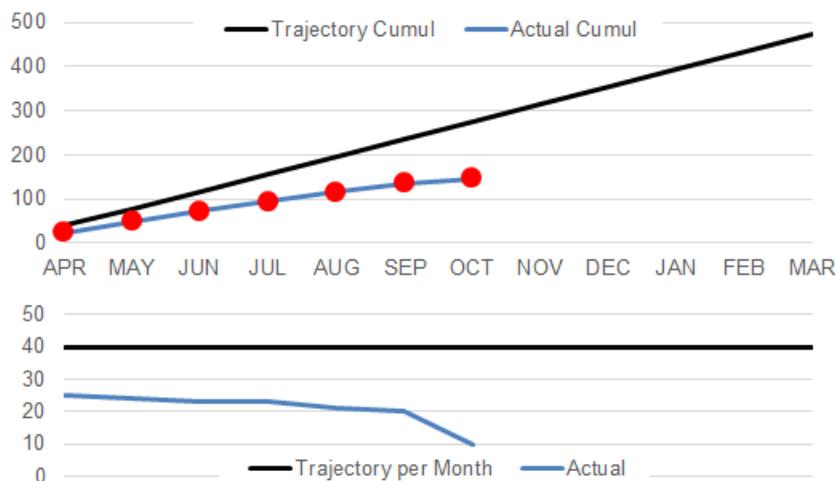
National Benchmarking

		2021/22											
		APR	**MAY**	**JUN**	**JUL**	**AUG**	**SEP**	**OCT**	**NOV**	**DEC**	**JAN**	**FEB**	**MAR**
NHS Fife	Actual	25	24	23	23	21	20	10					
	Actual Cumul	25	49	72	95	116	136	146					
	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%	57.6%	52.9%					
Scotland	Achieved			92.4%									

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	**By TBD**
Action paused due to COVID-19	
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	**By Mar-22**

Assess and engage with two GP practices and one community venue to re-establish face to face provision in the most deprived communities. Risk assessments, PPE, equipment and patient flow to be considered and included in plans.

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 have been paused due to the impact of the COVID Omicron strain.

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

Local Performance
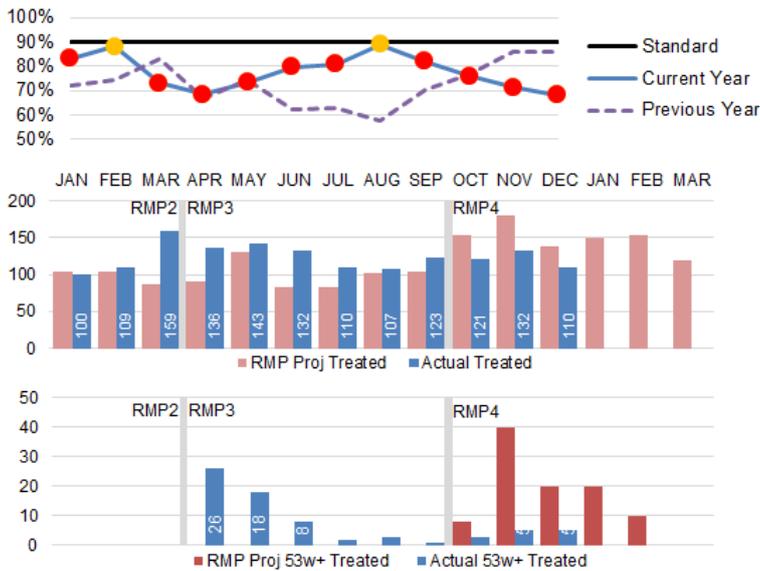
Waiting List (482) Dec-21
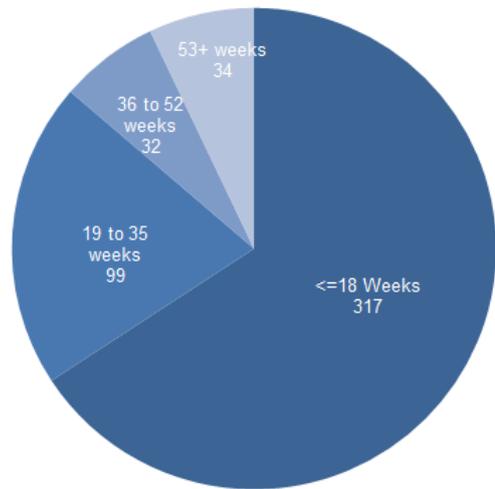
National Benchmarking

Month	2020/21			2020/21								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	83.0%	88.1%	73.0%	68.4%	73.4%	79.5%	80.9%	88.8%	82.1%	76.0%	71.2%	68.2%
Scotland	67.5%	63.8%	67.5%	71.3%	71.8%	74.8%	75.9%	77.4%	82.1%			

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 Mar-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. This has resulted in all of the available CURT capacity being required to respond to this urgent need with limited capacity available to extend the short term intervention model that was initially proposed. Two members of existing staff have retirements pending which adds additional pressures to the service. Review of activity and effectiveness of the model is ongoing.

22.1 Recruitment of Additional Workforce	**By Mar-22**

Recruitment is ongoing across multiple service areas to improve RTT, Longest waits and CAMHS service provision. From the 10 staff identified to address immediate capacity issues, 7 have been appointed and 2 temporary staff are due to take up post in February to work on longest waits. 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.

SG funds have been allocated in order to achieve the CAMHS National Service specification. Phase 1 recruitment is underway and proposal for Phase 2 recruitment has been approved by HSCP SLT and escalated to EDG for support.

Re-allocation of caseloads based on revised East and West CAMHS geographical boundaries is underway.

22.2 Workforce Development	**By Mar-22**

A revised development and training programme was postponed in January due to high Covid-19 absences and it has been rescheduled for February. Three Programmes have been developed to suit different levels of CAMHS experience. A Training needs analysis will be completed once all recruitment is 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
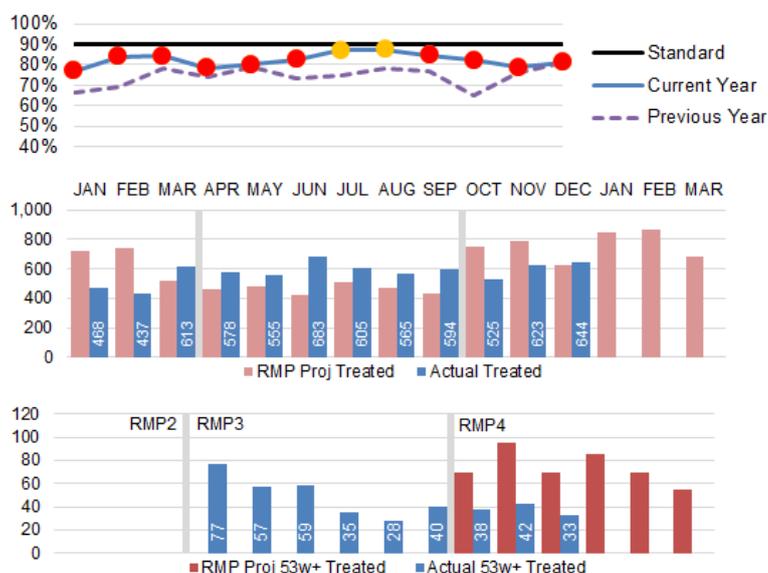
Waiting List (2566) Dec-21
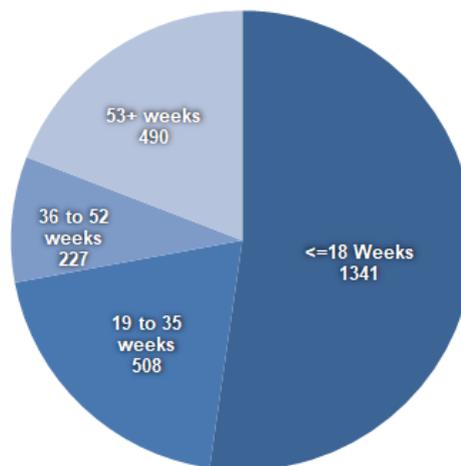
National Benchmarking

Month	2020/21			2021/22								
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
NHS Fife	77.1%	84.0%	84.3%	78.2%	80.0%	82.6%	86.9%	87.4%	84.5%	82.3%	78.8%	81.1%
Scotland	79.3%	80.9%	80.9%	81.3%	82.5%	84.3%	88.5%	87.0%	86.1%			

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**

A change in establishment in the two Clinical Health specialities (General Medical and Pain Management) that are not meeting the RTT has allowed an expansion in capacity for brief/low intensity psychological interventions and the introduction of a tiered service model of 1:1 psychological therapies. The impact of these changes has been evaluated and have shown positive clinical outcomes. They have also had a positive impact on waiting times within the Pain Management service. A different approach to their implementation is now underway in the general medical service.

22.3 Recruit new staff as per Psychological Therapies Recovery Plan	**By Mar-22**

Increased capacity in this tier of service is required to meet the needs of the longest waiting patients (those with the most complex difficulties) and to support services to meet the RTT in a sustainable fashion. A national issue with workforce availability has impacted recruitment, so the service has progressed recruitment of other grades of staff who can 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 Director of Psychology is also participating in work with NHS Education for Scotland and Scottish Government colleagues to address the issues around workforce availability.

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	**By Jun-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.

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**3 March 2022**
Title:	**IPQR Review – Progress Update Report**
Responsible Executive:	**Margo McGurk, Director of Finance & Strategy**
Report Authors:	**Bryan Archibald, Planning and Performance Manager**

1   Purpose

This is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Integrated Performance and Quality Report

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

- Safe
- Effective
- Person Centred

2   Report Summary

2.1   Situation

Following the Active Governance workshop held on 2 November 2021, a review of the current Integrated Performance and Quality Report (IPQR) commenced by the establishment of a IPQR review group.

2.2   Background

The IPQR presents performance data and information on improvement activity across a range of key service areas. The report is considered to be a good example of effective integration of clinical service performance with workforce and financial information. It presents information on performance clearly and sets out improvement actions where performance is challenged. In line with good practice the report presentation is reviewed annually. This paper sets out some proposals for immediate improvement and some more medium-term improvement activity.

2.3 Assessment

The review originally proposed the development of a Whole System Dashboard within the executive summary of the report. Over the past few months both Acute Services Division and the HSCP have been working on the development and implementation of formal operational escalation frameworks, known as OPEL, following initial testing it has been agreed that the output from these frameworks will in fact deliver the whole system dashboard or view of overall performance. There is therefore no requirement to create a separate dashboard within the IPQR.

The IPQR review has concentrated on a number of aspects of presentation as detailed in the table below.

	Immediate-term Improvement (From April 2022)	Medium-term Improvement (From September 2022)
Review of Current Metrics		√
Review of Areas of Operational Performance	√	
New Reporting Section on Public Health	√	
Utility of Statistical Process Control Charts (SPC)	√	
Tailoring IPQR to be Committee Specific		√
Review of Presentation of Key Indicators Summary	√	
Utility of Pie Chart Presentation	√	
Developing an Interactive Dashboard		√
Integrating Improvement Actions with SPRA/ RMP		√

Review of Current Clinical Governance Metrics

Current metrics within IPQR are being reviewed. Discussions are taking place around possible removals, or whether there are any metrics to be added based on organisational focus in the forthcoming year, primarily around Adverse Events and Patient Feedback. These discussions are being led by Associate Directors of Quality and Clinical Governance and Nursing.

Review of Areas of Operational Performance

The review proposes that most of the presentation on operational performance should remain as currently reported. A number of additional areas are under development in relation to Information Governance and Workforce. The Associate Director of Digital is progressing the review on Information Governance data and the Deputy Director of

Workforce is progressing the addition of performance information in relation to PDPR and the activities supporting the health and wellbeing of staff across the system. The aim is to include these additional aspects from April 2022. The inclusion of mandatary training information will be explored through next reporting year.

New Reporting Section on Public Health

A new section of the report has been added to create specific reporting on performance relevant to the Public Health and Wellbeing Committee. This has involved discussion and agreement with the Committee and Board Chairs in relation to moving some performance information from both the Finance Performance and Resources Committee and the Clinical Governance Committee to the new Committee. This change has been made in the most recent IPQR. Additionally, work is progressing to include relevant information in relation to the screening programmes and immunisation, this work is more medium-term due to the frequency and access levels locally available to those data.

Utility of Statistical Process Control Charts (SPC)

Review group considered use of SPC charts to present information in IPQR. Active Governance session focussed on the use of XmR charts, which was not consistent with the groups understanding on type of chart to use. Guidance was also sought from Public Health Scotland (PHS) and group agreed that, if SPC charts were to be applied to the IPQR, XmR chart would the type of chart used, if applicable. XmR charts are simple to understand and do not require any assumptions about underlying data distributions. A&E example below, charts would identify outliers as per Active Governance session. In this example, outliers have been identified between April and September 2020 (performance 95%+) and September to December 2021 (<=80%). As target for A&E performance is 95%, it can be argued that thhe use of SPC doesn't add any additional context in this example.
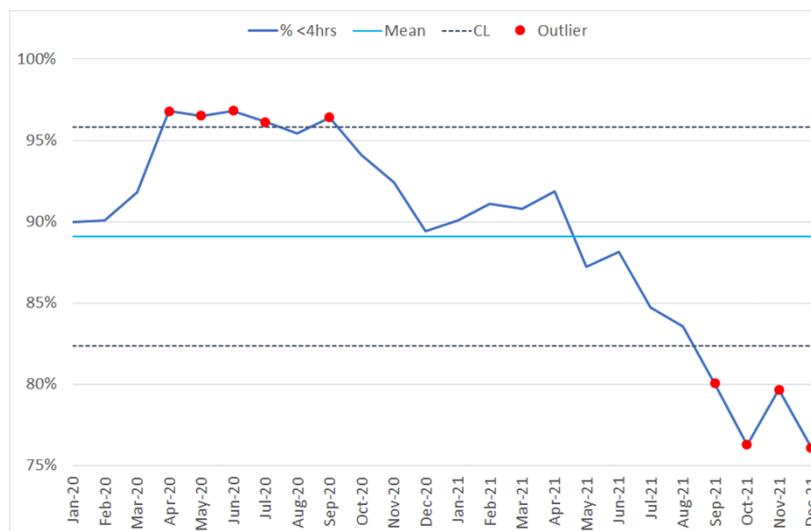
Tailoring IPQR to be Committee Specific

Currently each Committee and Board receive identical reports, the proposal would be to provide tailored reports to each Committee. Each Committee report would include Executive Summary and Assessment for each metric but would only include detailed 'drill-down' for metrics delegated to that Committee e.g. detailed information on Revenue and Capital Expenditure would only be contained with FP&R report. Report would also contain additional 'deep-dive' that would be initiated by Board, Committee, EDG and/or Exec Lead.

Review of Presentation of Key Indicators Summary

The presentation of the indicator summary within IPQR has been reviewed. Proposed layout has removed supplementary information but still retains current performance levels, comparisons against previous time periods and benchmarking.

Current	*Proposed*

Utility of Pie Chart Presentation

Pie charts are used to provide supplementary information at a glance, they are currently used for several metrics to give further detail. The review group considered different chart types but concluded that a pie chart should remain as an option to present data if appropriate to do so. Example considered was in relation to Accident & Emergency performance.

From both pie chart and bar chart it is clear the predominant reasons for patients breaching 4-hour target, it is however, not clear from bar chart what is the proportion.
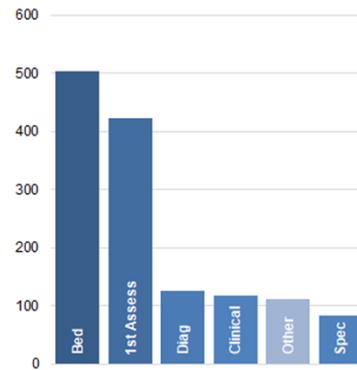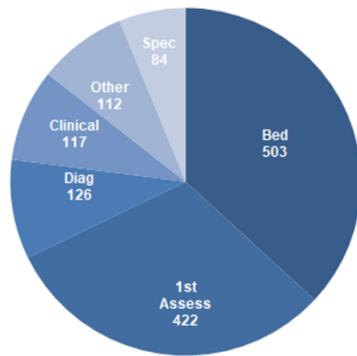
Integrating Improvement Actions with SPRA/RMP Process

Improvement actions are aligned to the metrics within the IPQR, these have been sourced from Annual Delivery Plans pre-Covid or from Service Leads.

Proposal for next reporting year is to utilise information collated as part of the SPRA process. Information collated as part of this process included risks and controls as well as interdependencies on other services. This will form a basis for next RMP/Delivery Plan submission to Scottish Government with progress against relevant actions reported through the IPQR.

It is acknowledged that it is likely that improvement work will not be captured within SPRA therefore these will still need sought from Service Leads. These improvement actions will be collated with same format as SPRA for consistency.

Developing an Interactive Dashboard

Development on an interactive dashboard for IPQR will begin early in next reporting year. This will be available via web platform and be updated on a timely basis. Dashboard will include various filters and different visualisations, giving users the ability to interrogate the data and ask informed questions.

2.3.1 Quality/ Patient Care

The IPQR reports on the quality of patient care through a number of core targets, the targets are reported individually.

2.3.2 Workforce

The IPQR currently reports on staff absence rates however it has been agreed that this requires to be developed to report on the important range of activity supporting the health and wellbeing of our staff.

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

2.3.3 Financial

The IPQR reports on the financial position of the Board, this section is also under development.

2.3.4 Risk Assessment/Management

The improvements planned for the IPQR will enhance the visibility of risk levels and mitigating actions associated with the management of service performance.

2.3.5 Equality and Diversity, including health inequalities

The IPQR considers the appropriate equality and diversity impact.

2.3.6 Other impact

N/A

2.3.7 Communication, involvement, engagement, and consultation

The cross directorate senior leadership group will ensure the appropriate communication and engagement on this review.

2.3.8 Route to the Meeting

This paper was considered by EDG on 17 February 2022.

2.4 Recommendation

- **Assurance** - The Staff Governance Committee is requested to take **assurance** from the report and the proposed changes to the IPQR as part of the IPQR Review.

3 List of appendices

N/A

Report Contact

Bryan Archibald
Planning and Performance Manager

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 3 March 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 attached report provides the NHS Fife Workforce Information Overview, for the last quarter to 31 December 2021.

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 National Education Scotland.

Appendix 1 attached to this report provides an overview of the NHS Fife workforce information as at 31 December 2021. The information has been taken from a range of workforce systems and generated through our Tableau reporting tool. In addition, work is continuing with other Directorates to refine measures and consider additional data options for future systems developments. Workforce information presented at different hierarchical

levels appropriate to operational remit and purpose is available to managers on a routine basis.

Appendix 2 provides an overview of the Protected Characteristics of NHS Fife's workforce.

2.3 Assessment

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The ability to produce timeous and relevant workforce information will support organisational ability to deliver our strategic workforce aspirations. This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

The systems development activity mentioned within this report is part of ongoing regional collaboration. The content of this report has been developed by the Workforce Information team in collaboration with colleagues in Digital & Information.

2.3.8 Route to the Meeting

This paper has been considered by the Workforce Senior Leadership Team and the Executive Directors Group, whose feedback has informed both the initial content of the Workforce Overview report and the future development of our workforce reporting capability.

2.4 Recommendation

This paper is provided for:

- **Assurance** – Staff Governance Committee members are invited to **note** the contents of this report and the related appendices.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife Workforce Overview as at 31 December 2021.
- Appendix 2: NHS Fife Workforce Protected Characteristics Overview Report.

Report Contact:

Brian McKenna
HR Manager – Workforce Planning
e-mail: brian.mckenna@nhs.scot

NHS FIFE WORKFORCE OVERVIEW REPORT

DECEMBER 2021

INTRODUCTION

This report provides an overview of workforce data at organisational level.   Work continues with other Directorates to refine measures and inform development of workforce data. This information is publicly available via the NES portal or is already routinely shared on a National basis.

Additional details, presenting information at different hierarchical levels, is available to managers to inform decision making within their areas of responsibility.

OVERVIEW

At 31 December 2021, NHS Fife employed 9,796 employees (8,175.2 WTE). The size of the workforce has increased significantly since the start of the Covid-19 Pandemic, resulting in a 5.3% annual increase in staffing resource for the period ending 31 December 2021, and a 12.0% increase when measured over a 5-year time period. Staff Turnover also reduced in the 2020/2021 financial year.
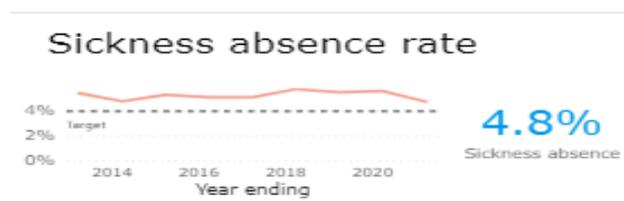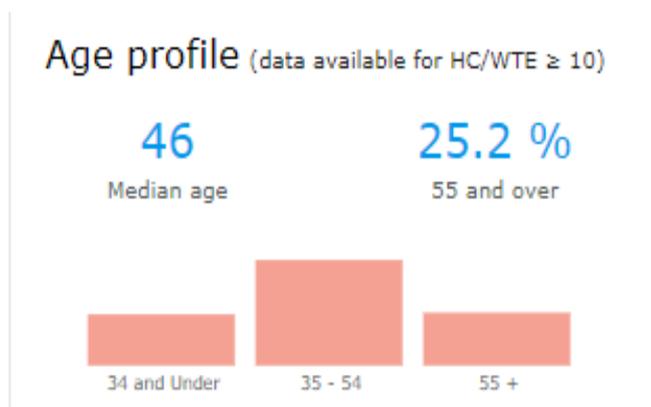
Source: turasdata.nes.nhs.scot

RECRUITMENT: JOINERS, LEAVERS & TURNOVER

The impact of the Covid-19 pandemic on recruitment activity and the overall available staffing resource is demonstrated in the chart below. The WTE number of joiners has increased steadily since the year ending 31 March 2019, with the variation between the number of joiners versus a reducing number of leavers showing year by year increases in the previous 3 financial years. This trend has resulted in a reduction in the turnover rate over this period.

Turnover over time

● Joiners ● Leavers ● Turnover rate
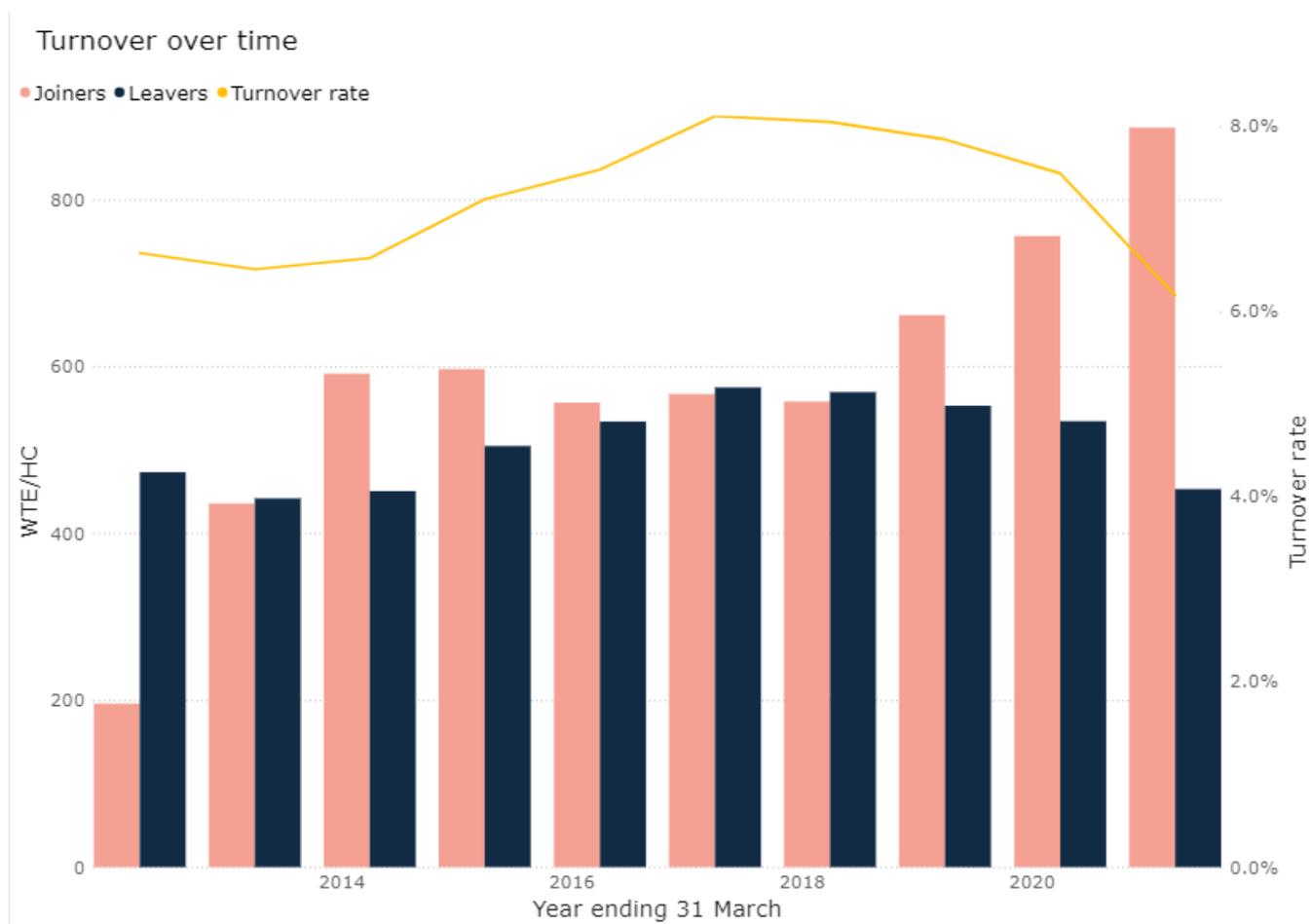
Source: turasdata.nes.nhs.scot

RECRUITMENT: VACANCIES

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

Further information on vacancy trends within these professional groups is outlined below. These graphs highlight changes within advertised vacancies since 2012, with vacancies at 31 December 2021 broken down by the main frontline professions for AHPs, Nursing and Midwifery posts, and Medical and Dental specialities.

Vacancy

Allied health professions

41.3   -8.6%
Total vacancies (only WTE)   1 year change

Medical & dental

20   -35.5%
Total vacancies   1 year change

Nursing & midwifery

574.5   130.0%
Total vacancies (only WTE)   1 year change

Source: turasdata.nes.nhs.scot

AHP vacancies over time

M&D vacancies over time

N&M vacancies over time
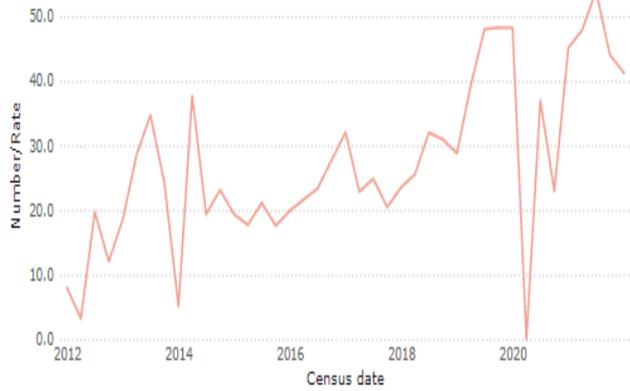
Top five professions with AHP vacancies

Top five professions with M&D vacancies

Top five professions with N&M vacancies

Source: turasdata.nes.nhs.scot

Source: turasdata.nes.nhs.scot
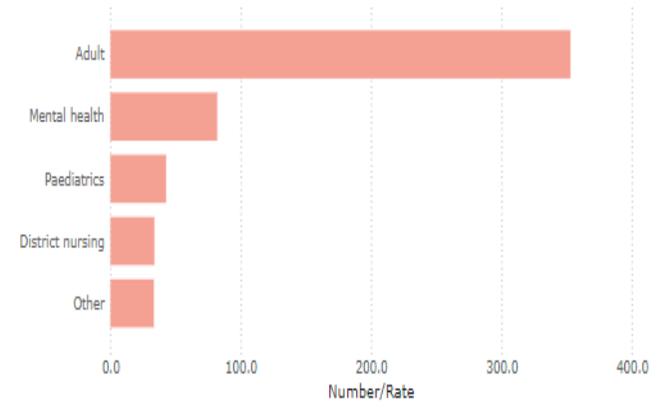
Source: turasdata.nes.nhs.scot

WORKFORCE COMPOSITION: MEDICAL & DENTAL

Inclusive of those engaged via the regional employment model for training grade Doctors and Dentists, the Medical and Dental Job Family represents 7.9% of the WTE workforce as at 31 December 2021, with Anaesthetics, General (internal) Medicine and General Surgery having the greatest WTE staffing complement. Over 40% of those engaged within this job family are on the Consultant grade, with the working pattern in the job family heavily biased in favour of full time working.

Specialty

Specialty group ✕	☿ Specialty ✕

Anaesthetics
56.2

General (internal) ...
51.2

Emergency medicine
48.8

General surgery
48.6

General psychiatry
47.8

Obstetrics & gynae...
38.1

Paediatrics
38.0

Geriatric medicine
37.2

Trauma & orthopa...
27.2

General practice
26.0

Ophthalmology
16.3

Employment
634.1

All Medical Speci...
598.5

All Dental Specialti...
35.6
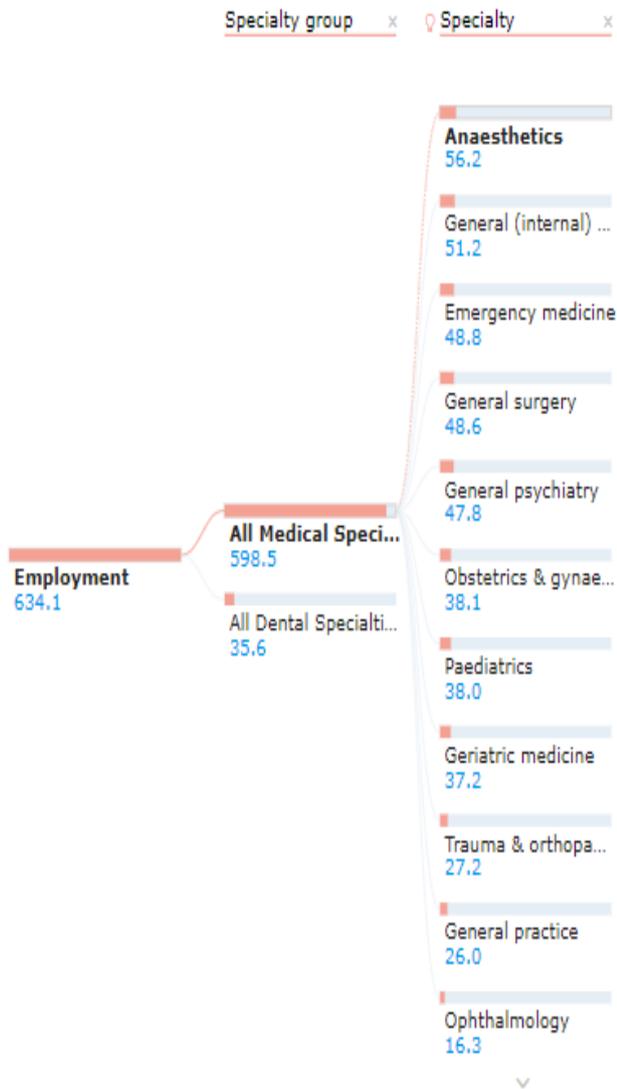
Grade
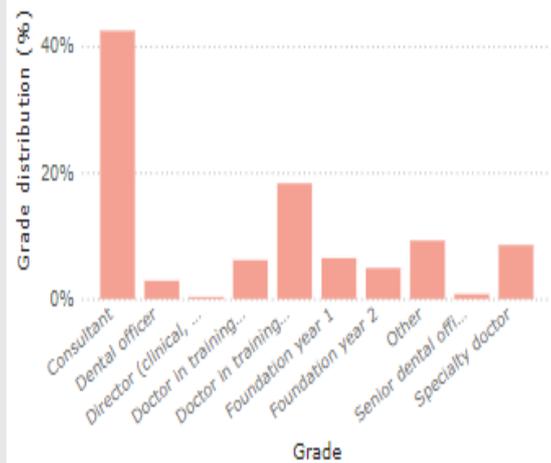
Contract type and whole/part time
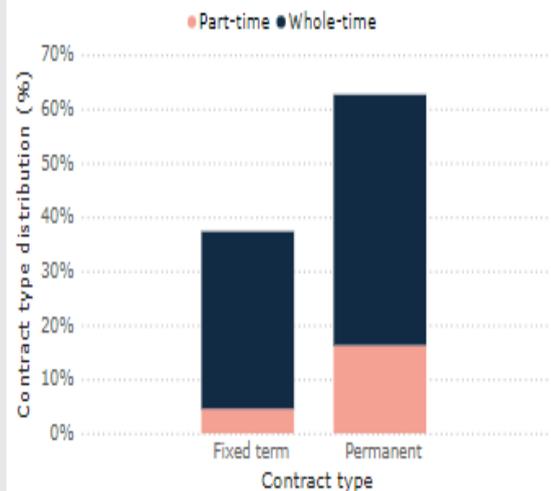
Source: turasdata.nes.nhs.scot

WORKFORCE COMPOSITION: NON-MEDICAL & DENTAL STAFF

Those employees engaged on Agenda for Change Terms and Conditions, including those within the Executive / Senior Management cohort, represent 92.1% of the WTE NHS Fife workforce as at 31 December 2021. 52.2% of these employees are engaged within the Nursing & Midwifery Job Family. The mode value band (i.e. most frequently occurring value) is Band 5, and there is greater parity in working patterns between part time and full time working.

Sub job family

Job family	x	Sub job family	x

Adult
1,865.7

Mental health
519.3

Nursing & midwifery
3,949.6

District nursing
307.4

Administrative services
1,383.5

Midwifery (exc neonat...
238.8

Support services
775.6

Specialist nursing
224.5

Allied health professio...
683.6

Public health nursing
215.9

Employment
7,541.1

Other therapeutic serv...
365.5

Health visiting
143.5

Healthcare science
174.6

Paediatrics
116.2

Personal & social care
106.1

Learning disabilities
106.7

Medical & dental supp...
102.7

Training & administrati...
67.9

Neonatal nursing
46.2

School nursing
39.6

Band

Contract type and whole/part time

● Part-time ● Whole-time

SUPPLEMENTARY STAFFING

The information below focuses on supplementary staffing use within the Nursing and Midwifery Job Family. This has risen steadily since June 2020, before levelling off during 2021/2022. Focusing on the Nurse Bank activity there was a 25.5% increase in the average monthly WTE resource allocated to the service during 2021/22 Quarter 3, compared the same quarter in 2020/21.

Nurse Bank data was not included in the Regional Workforce Dashboard prior to June 2020, due to inconsistent Nurse Bank Request Reasons operated across NHS Borders, Fife and Lothian. NHS Fife reasons were mapped to the recognised categories within the Regional Workforce Dashboard in June 2020 to resolve this problem. This did not involve any changes to local processes.

Total Additional Staffing WTE
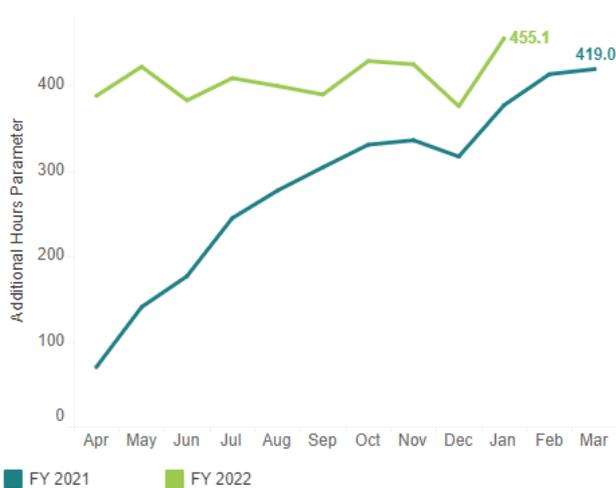
Supplementary WTE by Type
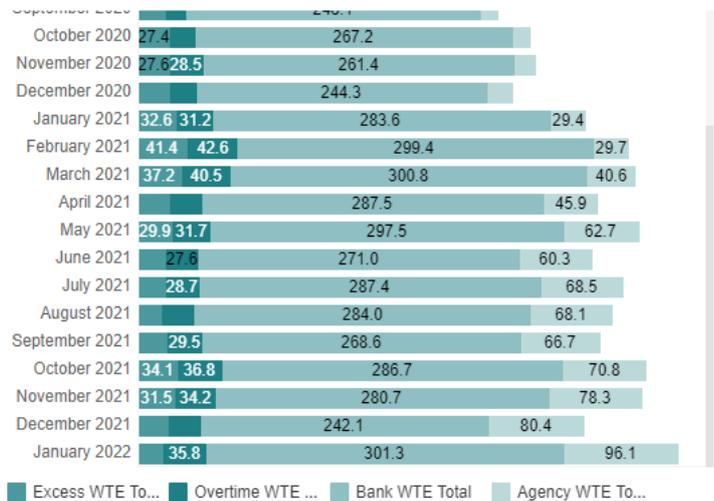
Source: Regional Workforce Dashboard

STAFF AVAILABILITY

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 to date, followed by Dental Support and 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

January 2022
5.93%

Show trend by
◉ Month
◯ Quarter

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2020/21	4.95	4.64	4.96	5.06	4.58	5.69	4.93	5.35	5.87	5.04	5.03	4.43
2021/22	5.07	5.31	6.17	6.03	5.95	6.42	6.34	6.79	6.98	5.93		
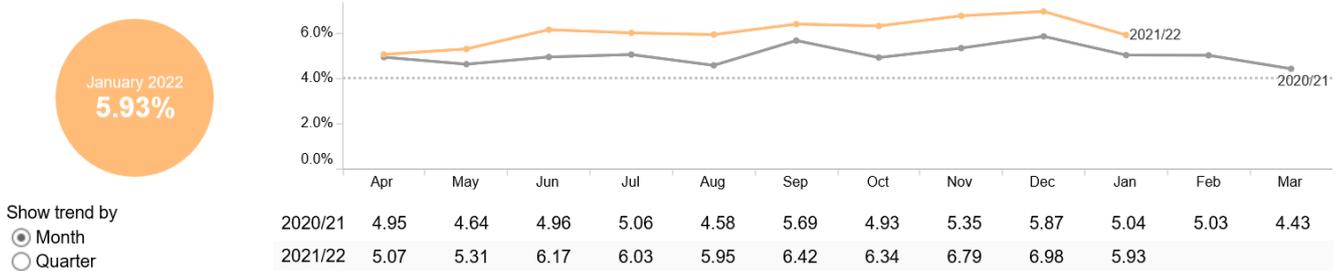
Source: Regional Workforce Dashboard
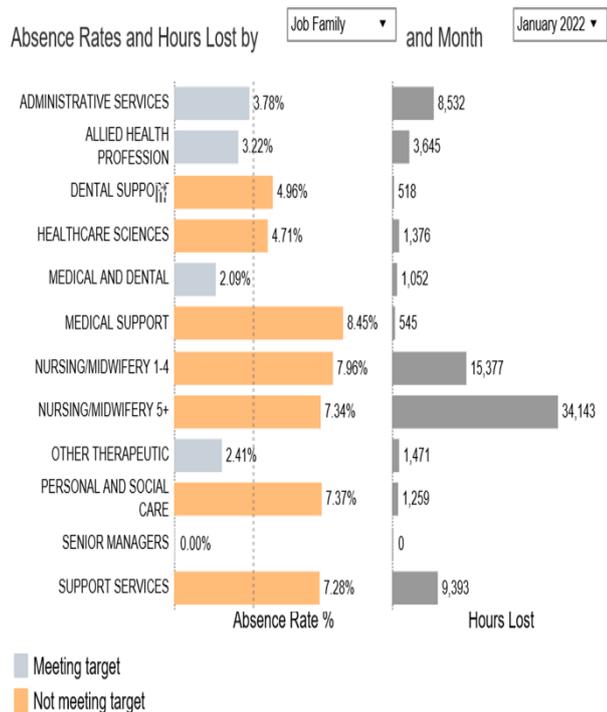
Overall Absence Rate and Hours Lost by Age Group
This chart will hide age groups with a headcount of 5 or less
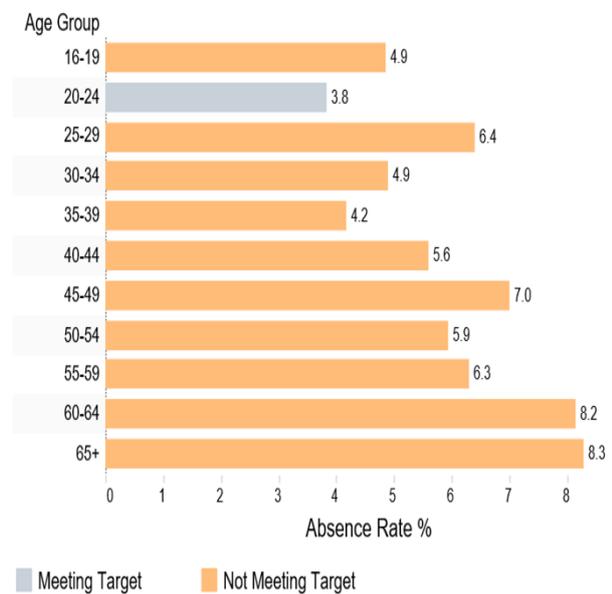
Source: Regional Workforce Dashboard

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 between 1.0% - 1.8% up to November 2021. With the emergence of the Omicron variant in the final months of 2021, the rate increased to 2.13% in December 2021, and as anticipated this increased to 3.68% in January 2022.

% of Hours by Reason

Legend:
- COVID-19 Related (S...
- Other Leave
- Study Leave
- Maternity Leave
- Annual Leave
- Sick Leave

Note Data has recently been updated to seperate out absences due to COVID-19 from Special Absences (includes sickness, isolating and caring responsibilties).
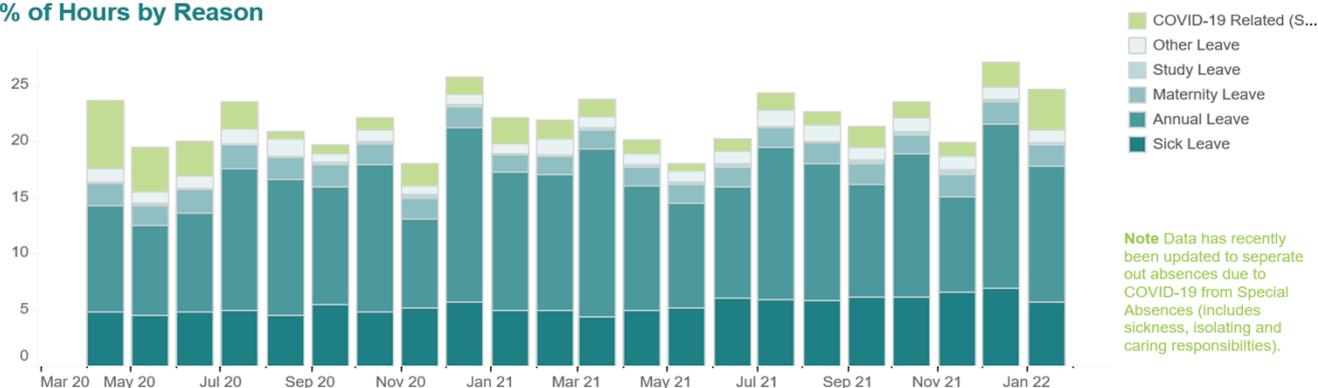
Source: Regional Workforce Dashboard

EMPLOYEE RELATIONS

Employee Relations cases have increased during the most recent reporting period, the bulk of this additional activity falls within the conduct policy with a reduction in bullying and harassment cases and one additional grievance case. Cases are managed using the Once for Scotland Workforce policies. Once for Scotland TURAS training modules on Attendance Management, Bullying and Harassment and Grievance have been developed and these will be shared with managers and used in addition to local HR policy training sessions which are delivered regularly. An overview of current ER activity is included in the tables below:

Division	Case Type	Timescales			
		0 - 6 months	7 - 12 months	12 months >	Grand Total
Acute Services Division (Div)	Employee Conduct	7	4	1	12
Corporate Services Division (Div)	Employee Conduct	5	3	1	9
Fife H&SC Partnership (Div)	Employee Conduct	9	3	1	13
Total		**21**	**10**	**3**	**34**

Division	Case Type	Timescales			
		0 - 6 months	7 - 12 months	12 months >	Grand Total
Acute Services Division (Div)	Bullying & Harassment		4		4
Corporate Services Division (Div)	Bullying & Harassment	5	4		9
Fife H&SC Partnership (Div)	Bullying & Harassment		3		3
Total		**5**	**11**	**0**	**16**

Division	Case Type	Timescales			
		0 - 6 months	7 - 12 months	12 months >	Grand Total
Acute Services Division (Div)	Employee Grievance	10			10
Corporate Services Division (Div)	Employee Grievance		1		1
Fife H&SC Partnership (Div)	Employee Grievance	1	1		2
Total		**11**	**2**	**0**	**13**

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.

Appendix 2: NHS Fife Workforce Protected Characteristics Overview Report

Ethnic Group

Breakdown by Equality and Diversity as at 31/12/2021

E&D [Ethnic Group ▽]

Ethnic Group	Headcount
African - African, African Scottish or African British	25
African - Other	4
Asian - Bangladeshi, Bangladeshi Scottish or Bangladeshi British	3
Asian - Chinese, Chinese Scottish or Chinese British	15
Asian - Indian, Indian Scottish or Indian British	50
Asian - Other	38
Asian - Pakistani, Pakistani Scottish or Pakistani British	28
Caribbean or Black - Black, Black Scottish or Black British	1
Caribbean or Black - Caribbean, Caribbean Scottish or Caribbean British	2
Caribbean or Black - Other	3
Don't Know	36
Mixed or Multiple Ethnic Group	23
Other Ethnic Group - Arab, Arab Scottish or Arab British	2
Other Ethnic Group - Other	6
Prefer not to say	1823
White - Irish	67
White - Other	126
White - Other British	507
White - Polish	11
White - Scottish	5104
	1716
Grand Total	**9590**

Sexual Orientation

Breakdown by Equality and Diversity as at 31/12/2021

E&D [Sexual Orientation ▽]

Sexual Orientation	Headcount
Bisexual	43
Don't Know	34
Gay	29
Gay/Lesbian	15
Heterosexual	4048
Lesbian	21
Other	16
Prefer not to say	3609
	1775
Grand Total	**9590**

Religion

Breakdown by Equality and Diversity as at 31/12/2021

E&D [Religion ▽]

Religion	Headcount
Buddhist	10
Christian - Other	444
Church of Scotland	1525
Don't Know	36
Hindu	22
Jewish	4
Muslim	47
No Religion	3036
Other	76
Prefer not to say	2044
Roman Catholic	578
Sikh	6
	1762
Grand Total	**9590**

Disability

Breakdown by Equality and Diversity as at 31/12/2021

E&D Disabled ⌄

Medical Conditions In 12 Mths	Headcount
Don't Know	37
No	2634
Prefer not to say	4727
Yes	170
	2022
Grand Total	**9590**

Gender Reassignment

Breakdown by Equality and Diversity as at 31/12/2021

E&D Gender Reassignment ⌄

Gender Reassignment	Headcount
Don't Know	36
No	2705
Prefer not to say	4570
Yes	2
	2277
Grand Total	**9590**

Marital Status

Breakdown by Equality and Diversity as at 31/12/2021

E&D Marital Status ⌄

Marital Status	Headcount
Civil Partnership	50
Divorced	481
Married	5282
Single	3728
Widowed	48
	1
Grand Total	**9590**

Gender

Breakdown by Equality and Diversity as at 31/12/2021

E&D Gender ⌄

Gender	Headcount
Female	8097
Male	1493
Grand Total	**9590**

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 3 March 2022**
Title:	**Staff Health & Wellbeing Update**
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:
- On-going issue

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

2.   Report Summary

2.1   Situation

The purpose of this report is to update Staff Governance Committee members on the latest Staff Support and Wellbeing activity, which is aligned to Well@Work (Healthy Working Lives). This work is continuing to be overseen by the combined membership of the Bronze Staff Support and Wellbeing Sub-Group and the NHS Fife Well@Work group.

2.2   Background

The following report provides an overview of recent activity undertaken to support the health and wellbeing of NHS Fife staff in respect of the current pandemic and in general.

2.2.1 Occupational Health Service

NHS Fife's Occupational Health team continues to support efforts during the pandemic, with a focus on staff contact tracing, supporting outbreak management, vaccinations of staff who cannot be vaccinated via the standard pathway and supporting recruitment of supplementary staff. 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.

2.2.2 Staff Health and Wellbeing Support

A summary of the staff health and wellbeing support activities available to staff is attached at Appendix 1, together with related statistical information.

2.2.3 Going Beyond Gold / Healthy Working Lives Review

A summary 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 2.

2.2.4 Staff Wellbeing Support

Further to additional funding being received from the Scottish Government to fund Staff Wellbeing Support during the Winter period, suggestions were sought from the Staff Health & Wellbeing Group on how best to use these monies.

The suggestions implemented so that appropriate support is provided to staff during this period. These include funding for additional wellbeing courses, additional spiritual care support, additional staff psychology support, improved weekend and out of hours, modern vending provision for staff to access healthy nutritious meals at Adamson, Victoria and Queen Margaret Hospitals, continuation of the peer support admin support, new benches for outdoor spaces and funding towards a Wellbeing Champion post.

2.2.5 Wellbeing Support for Fife Health & Social Care Staff Poster

The new Wellbeing Support poster for Fife Health and Social Care staff, attached at Appendix 3, highlights the services available to staff in an easy to navigate way, have been circulated to services. Arrangements have been made for additional copies to be printed and will be distributed in due course.

2.2.6 Staff Wellbeing Stress Leaflet and "Going Home" Checklist

The Staff Wellbeing Stress Leaflet and "Going Home Checklist" materials have been refreshed and are currently being printed. Work is also progressing on the "menu" of staff support options to benefit staff in the most effective way.

2.2.7 Staff Support Information Sessions for Managers

Following the success of previous Staff Support Information Sessions for Managers, further sessions have been arranged by NHS Fife's Psychology Department. These sessions are designed to provide details of where managers can access support for staff during the COVID-19 pandemic and general managerial support for staff. Further details are available via the following link:
https://www.accesstherapiesfife.scot.nhs.uk/hsc-information-to-support-my-team/

2.2.8 Psychology Staff Support Service

In support of the issues which staff may be facing, the Psychology Staff Support Service has recently circulated a service leaflet, attached at Appendix 4, to explain the services available, including eligibility and how to access the service.

2.2.9 Health Psychology Service – Making Changes Group

Staff were invited to participate in the Making Changes Group to enable them to learn strategies to change their physical activity and healthy eating behaviours and help them address the challenges that many people face. Alison Morrow, Trainee Health Psychologist, uses evidence-based behaviour change interventions to help staff make and sustain changes to their behaviour. A short evaluation of the Making Changes Group is provided below for information:

Making Changes: Learn strategies to change your physical activity and healthy eating behaviours

Why

Healthcare workers have higher prevalence of overweight and obesity compared to the general population, which affects their health and wellbeing as well as their ability to deliver effective healthcare interventions. Current approaches in NHS Fife to support staff with their weight are generally focused on sharing information; however, this is not sufficient. We need evidence-based interventions.

What

Healthcare staff with a BMI => 25 were eligible to enrol in 1:1 weight management service delivered by a Trainee Health Psychologist; Alison Morrow. Eligible staff were offered up to 8, bi-weekly appointments. Baseline measurement (IPAQ, PHQ-9, GAD-7, WLRT II) formed part of the screening process, assessment and fed into formulation. Intervention approaches included; Acceptance and Commitment Therapy, CBT, Motivational Interviewing and Behaviour Change Techniques. Homework included worksheets, psycho-education materials and diaries.

Outcomes

Between September 2020 to February 2022, 30 members of staff were referred to the service. Of those, 22 participants completed their sessions, 13 returned post-intervention outcome data and 6 completed follow-up questionnaires 3 months after being discharged.

The initial evaluation demonstrated that on completion of the service, participants lost, on average, 8.1lbs in weight, reduced their BMI by 1.52kg/m2, and reduced self-reported symptoms of anxiety and depression.

In total, between completion and follow-up, participants lost a further 31lbs in weight (average 5lbs) and reduced their BMI by an average of 0.8kg/m2. Participants maintained, or improved, their scores on motivation, expectations and confidence to lose weight, as well as their response to hunger and eating cues, and engagement in binge and emotional eating. Despite this, at 3 month follow-up, participants reported an increase in both their self-reported symptoms of anxiety and depression; however, they remained below baseline scores.

An update on the NHS Fife Weight Management Service is available at Appendix 5, for information.

2.2.10 7 Ways Nature Can Make You Feel Awesome Pilot Session

During the Autumn and Winter of 2021, staff were invited to take up a fantastic opportunity to attend a free half day outdoor session promoting the benefits of being outdoors in nature, which included guided activities, good conversations, and a campfire.

These new facilitated sessions were offered to all NHS Fife staff as part of supporting and promoting staff wellbeing within the Well@Work Going Beyond Gold programme and utilising the wonderful outdoor space we have available to us in our hospital grounds. Participants' feedback is attached at Appendix 6, for information. This has been an excellent opportunity for staff to have time out from their normal work environment during the pandemic.

A new poster promoting the benefits of being Outdoors is attached at Appendix 7 for information.

2.2.11 Spiritual Care Support

The Department of Spiritual Care provides confidential and impartial support services to staff across NHS Fife. The support offered can help staff who may be experiencing stress as a result of either their personal or professional lives, by providing a safe space to talk, reflect on experiences and voice their fears, hopes, worries and dreams. A poster detailing the staff support offered by the Spiritual Care Team is attached at Appendix 8 for information.

2.2.12 Peer Support Activity

Peer Support is available to all staff in any role in NHS Fife. We all face difficult situations from time to time at work or at home that may cause significant distress and emotional impact, leading to a range of different reactions. It can be difficult to share this with our friends or family and may lead to a sense of isolation as we try to cope on our own. Evidence suggests that we may want to talk with an understanding colleague, but often don't know who to turn to. Our Peer Supporters are pleased to offer help in these situations.

Peer support is a voluntary, confidential, supportive conversation with someone who knows about the responsibility, pressures and challenges that come with working in the NHS. Peer supporters are a diverse group of staff (e.g., domestics, porters, doctors, administration staff, nurses, physiotherapists etc) trained to listen in an empathic, non-judgmental manner that facilitates understanding of the response to difficult events and how we cope. Peer support is short term structured informal support that is not linked to line management, performance management, HR or disciplinary processes. No records or identifiable information are kept.

There are three groups of peer supporters in NHS Fife:

- Doctors (Medical Peer Support)
- Critical Care staff (Critical Care Peer Support)
- Staff (Staff Peer Support)

However, this is only for administrative purposes, all these supporters have had the same training and are happy to support any member of staff in NHS Fife, within any setting.

Other types of support are also available to staff, as detailed on the StaffLink Peer Support page, within the Peer Support and Stress leaflets available and on the www.accesstherapiesfife.scot.nhs.uk website.

In addition to the Psychology Staff Support, Peer Support and Spiritual Care support currently available to staff, the Health Psychology Team are offering bespoke input to nursing staff within the Intensive Care Unit.

2.2.13 Grief and Bereavement Support Sessions, H&SCP

Bespoke "Grief and Bereavement" support sessions at present for social care staff, are being provided nationally, with plans for health sessions in future. Details have been circulated within the Health and Social Care Partnership.

2.2.14 Suicide Training

Cruse Bereavement Care provided training to NHS Fife staff on support for workplaces in the aftermath of suicide on 21 January 2021.

2.2.15 Personal Outcomes and Good Conversations Sessions

The Personal Outcomes and Good Conversations work continues, with on-line sessions now available to staff. E-mail: Fife.goodconversations@nhs.scot for further information.

2.2.16 Compassionate, Connected and Effective Teams Workshop

The Compassionate, Connected and Effective Teams Workshops have been developed by the Fife Psychology Staff Support Service, alongside NES Transforming Psychological Trauma Implementation Co-ordinators during January to March 2022. These 2.5 hour interactive online workshops use small group exercises, large group discussion, self reflection, and experiential exercises to explore what it means to be a compassionate leader.

These workshops are developed with operational managers and organisational leaders in mind and aims to:

- Consider our needs as workers at work.
- Discuss the benefits - to workers and organisations - of trauma-informed and compassionate workplaces.
- Explore what compassionate and trauma informed leadership looks and feels like - for leaders and for workers.
- Take time to think about what compassionate and trauma-informed leadership might mean in real terms for your own team or service.
- Make space to think about your own needs as a compassionate leader.
- Identify your hopes for your team and your future intentions as a compassionate leader.

To register your interest please email fife.transformingtrauma@nhs.scot A video explainer is also available via the following link:
https://www.accesstherapiesfife.scot.nhs.uk/hsc-information-to-support-my-team/

2.2.17 Fifers Asked to 'Walk Away' from Type 2 Diabetes

NHS Fife has launched a public awareness campaign, encouraging those most as risk from developing Type 2 Diabetes to sign-up for free adult weight management support and advice.

The campaign entitled 'Walk away from Type 2 Diabetes' features local landmarks and an image of a person walking away from modern-day habits that may contribute to Type 2 Diabetes and encouraging us all to make some small lifestyle changes that can make a huge difference in reducing the risk of developing Type 2 Diabetes.

The campaign has been designed to resonate with those deemed at higher risk of developing the condition, primarily males over 40 years old who struggle to maintain a healthy weight. It will feature local radio, bus shelters, billboards as well as social and local media adverts.

A dedicated campaign web page **www.nhsfife.org/walkaway**, has been created which includes an easy to complete, confidential self-referral form to allow individuals to contact the Fife weight management team direct for free and impartial advice and practical support.

☞Click to read more on the **NHS Fife website**.
☞Click **here** for more information on the 'walk away' from Type 2 Diabetes Campaign

2.2.18 NHS Fife Staff Hubs

Refreshments and snacks are being provided to staff rest areas and Staff Hubs within NHS Fife premises, as part of an on-going campaign to ensure that all staff have the opportunity to have a hot drink and recharge during their working day.

2.2.19 Values Based Reflective Practice (VRBP)

Values Based Reflective Practice, otherwise known as VBRP, is a model which has been developed by NHS Scotland to help staff deliver the care they came into the service to provide. It does this by promoting regular inter-disciplinary group reflection.

VBRP can be used by anyone working in health and social care and is applicable across all disciplines and professional groups. VBRP uses the principles of reflective practice to enable practitioners to understand and recognise their personal and professional value and by doing so supports them in delivering safe, effective and person-centred care.

The Spiritual Care Team are offering NHS Fife staff the opportunity to participate in VBRP, with 12 groups of staff to date accessing support being offered via a secondee from NES, which is being funded by the Winter Pressures monies.

2.2.20 "You're Awesome" Campaign

"You're Awesome" Postcards are available, supplied via Project Lift to enable staff to spread kindness and positivity across NHS Fife and act as a gesture of gratitude to colleagues, see sample postcard below:

2.2.21 Workforce Development and Engagement

The Workforce Development and Engagement Team have developed the following suite of resources related to Self Care, Resilience, Compassionate Leadership, and Personal Development for staff to access in supporting personal health and wellbeing during the pandemic and beyond:

The links below allow access to the resources and are available at any time.

- Self Care (Turas eLearning – 45 minutes)
- Resilience (Turas eLearning – 45 minutes)
- Compassionate Leadership (Turas eLearning – 45 minutes)
- Preparing your Appraisal document (video – 5 minutes)
- Your PDPR meeting (video – 3 minutes)
- PDPR and Good Conversations (SWAY – 5-10 minutes)
- Resilience and Wellbeing (SWAY – 10-15 minutes)

Further details are available via the following link:
https://nhsfife.joinblink.com/#/hub/754dcd4c-a643-4a1c-8dcd-4ca643da1c96

2.2.22 StaffLink

As part of NHS Fife's on-going commitment to develop our internal employee communication app, StaffLink; new categories for Training and Development and a Health and Wellbeing have been added, designed to help filter and personalise the information on staff's news feed.

2.2.23 Moodcafe

Moodcafe promotes good mental health for Fife and provides local information and resources to help staff understand and improve their mental health and deal with difficult feelings. The site also includes sections for children and for parents and advice on managing poor physical health and improving wellbeing.

The Moodcafe website has had a makeover and would welcome feedback on the new site and will continue to develop over coming months. Enquiries can be e-mailed to fife.moodcafe@nhs.scot.

2.2.24 You Can't Smoke Here

All NHS Fife hospitals, including Mental Health areas, are Smokefree from 5 November 2021 and no one can smoke on hospital grounds. If staff need support with coping without a cigarette whilst at work, call the Stop Smoking Service for help on 0800 025 3000 or for further information, contact fife.smokefreefife@nhs.scot

2.2.25 NHS Fife Public Health Staff Wellbeing Group

NHS Fife's Public Health Department set up a Staff Wellbeing Group to support the needs of staff during the COVID-19 pandemic. Following the success of this group, it has been decided to continue with this going forward. Appendix 9 provides a summary of the activities taken place to date.

2.2.26 Health Promotion Information and Resource Centre

The Health Promotion Information & Resources Centre (HPIRC) provides **free** access to quality assured information and resources to help improve people's health and wellbeing in Fife.

2.2.27 NHS Fife Healthy Harmonies

NHS Fife's Healthy Harmonies Staff Choir has resumed rehearsals following a break due to the COVID-19 Pandemic. The staff choir have not let coronavirus restrictions stand in the way of bringing us all some cheer through song. Video clips can be viewed on StaffLink to support staff wellbeing during the pandemic.

2.2.28 Financial Health Service for NHS (FHS4NHS) Project

Through the FHS4NHS Project, the Financial Health Service will be providing personalised advice and support to NHS Fife staff who may be worried about debt, struggling financially or may be entitled to benefits. Further details are available by contacting FHS4NHS@carfonline.org.uk

2.2.29 Health and Wellbeing Information / Campaigns Publicised to NHS Fife Staff

A number of external Health and Wellbeing Information and Campaigns have been publicised to NHS Fife staff via StaffLink.

2.3 Assessment

2.3.1 Quality / Patient Care

Providing support for the workforce at this time and in the longer term will be an essential component of our approach to staff health and wellbeing and is currently being considered within the development of the new NHS Fife Staff Health and Wellbeing Framework. Evidence suggests that it is important to have provision in place to support staff in the longer term, which is when the impact of the pandemic may affect staff most.

2.3.2 Workforce

The provision of staff support is likely to impact on attendance and our ability to attract and retain staff in the longer term. Actions to reduce absence or acknowledge the levels of attendance at work support improvements to staff experience. This will continue to be complemented by activity based approaches and our main staff supports. This report meets the Improved and Safe Working Environment strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Any bids for further support will be progressed in line with Board requirements for Endowment funding, or as formal business cases.

2.3.4 Risk Assessment / Management

There is a risk that inadequate staff support provision and / or high levels of absence may impact on service delivery.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Staff Health and Wellbeing and Well@Work Group members, Employee Director and Workforce Directorate Senior Leadership Team.

2.3.8 Route to the Meeting

This paper has been considered by the above groups and the Director of Workforce as part of its development. These groups have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

This paper is provided for:

- **Assurance** – Staff Governance Committee members are invited **to note** the contents of this report and the related appendices.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Summary of Staff Health & Wellbeing Support Activities and Statistics
Appendix 2 – Going Beyond Gold Year 3: Sustaining a Kind, Mindful and Healthy Organisation: Report to February 2022 Endowment Committee
Appendix 3 – Wellbeing Support for Fife Health & Social Care Staff Poster
Appendix 4 – NHS Fife Psychology Staff Support Service Leaflet
Appendix 5 – NHS Fife Weight Management Service Update
Appendix 6 – 7 Ways Nature Can Make You Feel Awesome Pilot Session Feedback
Appendix 7 – 7 Ways Nature Can Make You Feel Awesome Poster
Appendix 8 – Spiritual Care Support Poster
Appendix 9 – Public Health Staff Wellbeing Group Update

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

Appendix 1 – Summary of Staff Health & Wellbeing Support Activities and Statistics

SUMMARY OF STAFF HEALTH & WELLBEING SUPPORT ACTIVITIES & STATISTICS

OCCUPATIONAL HEALTH

Staff Counselling / Management / Self Referrals – January to December 2021

	Staff Counselling Referrals	Management Referrals	Self Referrals (inc Physio)
January 2021	14	116	41
February 2021	15	86	37
March 2021	24	125	39
April 2021	23	127	57
May 2021	9	129	36
June 2021	30	129	61
July 2021	27	107	40
August 2021	27	140	53
September 2021	32	128	53
October 2021	29	119	41
November 2021	34	140	54
December 2021	20	119	39
TOTAL	**284**	**711**	**551**

Management / Self Referrals Spit by Operational Unit – December 2021

Management Referrals		Self Referrals	
Acute	60	Acute	8
Corporate	17	Corporate	2
H&SCP	42	H&SCP	2

GOING BEYOND GOLD

Mindfulness Sessions – January to December 2021

Online Mindfulness 8-week courses (Open to all staff)	
January – March 2021	16
May – June 2021	17
August – October 2021	12

Mindfulness 8-week courses (CAMHS Staff)	
June – September 2021 (Online)	7
October – December 2021 (Face-to-face)	9

Mindfulness 4-week course (Letham Ward)	
September to October 2021	7

Online Mindfulness Drop-in Sessions (45 mins) (Open to all staff)	
January to May 2021 (14 sessions)	130 (average 9.3 per session)
October 2021 (2 sessions)	5

Online Mindfulness Facilitator Support Sessions (1 hour)	
February 2021	5
March 2021	6
June 2021	6
September 2021	7
November 2021	5
December 2021	11
January 2022	7

Wellbeing Workshops – February 2021

Online Wellbeing Workshops (1 hour)	
NHS Fife Volunteers February 2021	6
Person-Centred Care Staff Team February 2021	16

Care Space Sessions – February to July 2021

Care Space Sessions (30 minute sessions) Face- to- Face	
QMH Physiotherapy (February 2021)	8
Tarvit Ward, Adamson Hospital (April 2021)	15
Letham Ward, Cameron Hospital (July 2021)	5

Our Space Sessions – March to October 2021

Our Space – Online Facilitated Support (50 min)	
March to May (8 sessions)	27

Inspiring Kindness Conference – May 2021

Inspiring Kindness Conference	
May 2021	146

Outdoor Wellbeing Sessions – August 2021 to November 2021

Outdoor Wellbeing Sessions (half-day)	
26 August 2021	15
19 October 2021	5
2 November 2021	13
18 November 2021	11

Growing a Culture of Wellbeing Champions in NHS Fife – February 2022

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

NHS FIFE DEPARTMENT OF SPIRITUAL CARE

Staff Support Summary – January to December 2021

Over the year, Healthcare Chaplains recorded 2,658 significant staff contacts. Such contacts are classified by the Department of Spiritual Care as; Formal 1:1, Informal Support, Team Support and the Staff Listening Service.

Due to participation in the National Dataset Pilot project for data collection, figures for September and October are under-reported due to the smaller data set collected for each contact.

From January 2021 to December 2021, the Department received an average of 51 staff contacts per week across the team. This has varied between 128 (February 2021) and 12 (peak holiday periods). Significant increases in 1:1 sessions occurred in February, March, April, June and September 2021, after initial requests for team support led to follow-on sessions for individuals. At its peak during these times, the Department provided between 45 and 50 staff contacts for 1:1 sessions per week.

The Staff Listening Service has provided 111 calls to support at least 30 members of staff across NHS Fife, Fife Council and Care Homes in Fife. The service has recently been expanded to include GPs and GP surgery staff, but this has not been taken up by practice staff.

12 week rolling average
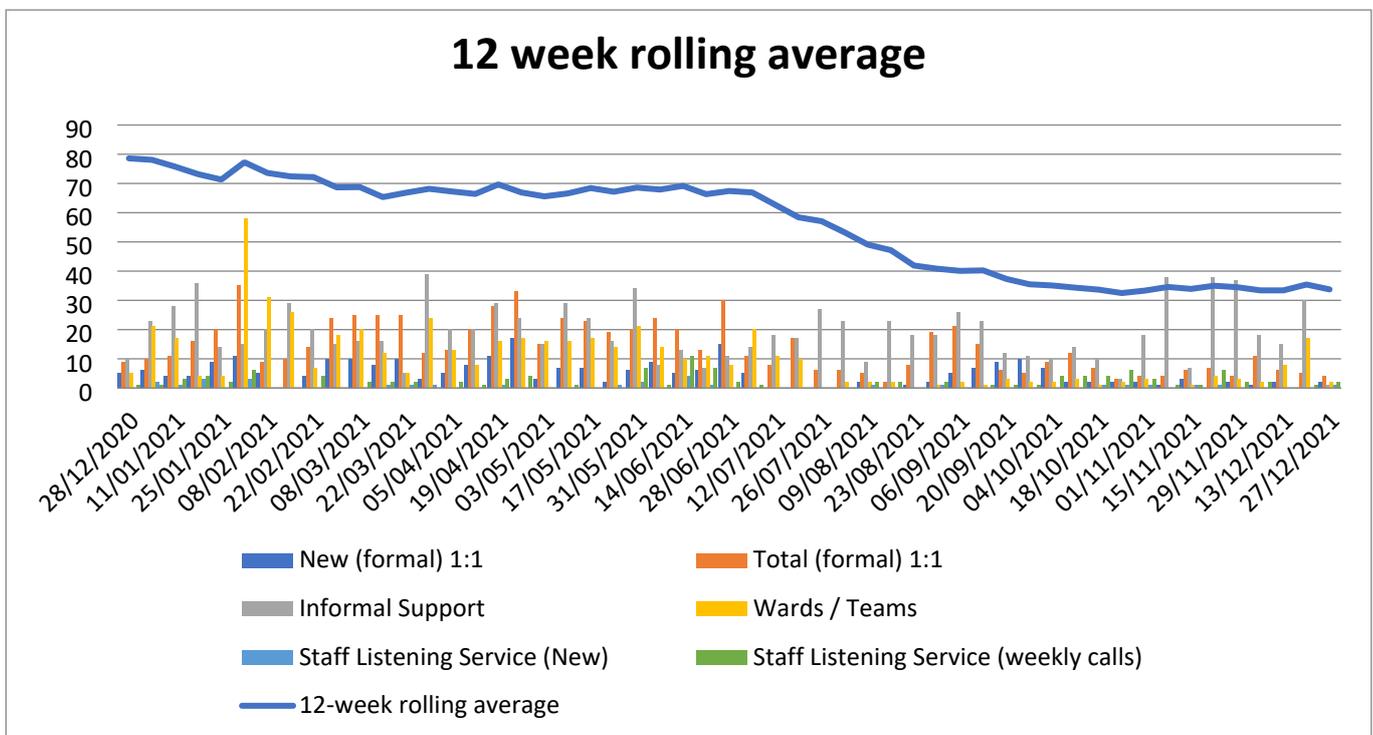
The breakdown of contacts in 2021 is as follows:

Staff Support Jan-Dec 2021

Staff Listening Service, 111, 4%
Wards / Teams, 532, 20%
1:1's, 982, 38%
Informal Support, 1004, 38%
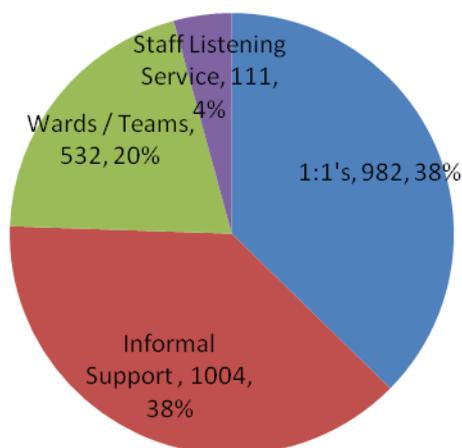
Staff Support Apr-Dec 2020

Staff Listening Service, 237, 6%
1:1's, 891, 22%
Wards / Teams, 1263, 32%
Informal Support, 1568, 40%
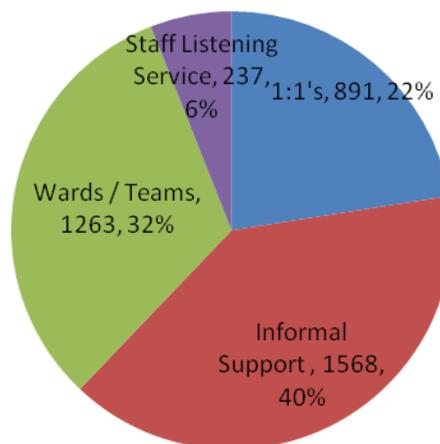
For reference, there were 3,959 total contacts in 2020 and 2,658 in 2021. This decline is mostly due to the following reasons.

- A 36% decrease in informal support, and
- Decreased calls (50%) from the telephone-based Staff Listening Service, due to staff preferring 1:1 instead.

From a resourcing perspective, the increase in 1:1 sessions results in fewer teams being supported informally. Additionally telephone calls tend to be shorter duration than a 1:1, so the numbers are not easily comparable.

Steps have been taken to increase the support to wards and teams, we will be able to provide more group reflective practice, both pastoral supervision and Values-Based Reflective Practice (VBRP) in future. This is due to training undertaken in 2021, and a dedicated person seconded to facilitate VBRP for staff support whilst additional training takes place this year.

Feedback From Staff

Physiotherapist

The support provided by the department of Spiritual Care during the pandemic gave me a space to ask for help, practice self-compassion, process grief and find hope. Providing team support sessions allowed me to realise that I was not on my own in struggling and provided the catalyst for beginning difficult-to-start conversations with my colleagues about how we were coping. Individual sessions gave me the time to recognise that whilst I was not alone in struggling, the difficulties I had faced were personal and empowered me to take responsibility for my life once more. I am grateful for all those that helped me find my feet again.

Service User

I want to say thank you for your BIG listening yesterday, I really felt you actively listened, and it meant a lot to me that you "got" me. I quite often feel people don't "get" me, but you were able to sum up for me exactly what I am feeling about this whole sad situation. You were so.... understanding and empathetic so thank you very much for being so..... good at your job.

NHS FIFE PSYCHOLOGY STAFF SUPPORT SERVICE

Psychological Therapy Provision – July to December 2021

There were a total of 72 new staff support referrals for psychological therapy between July and December 2021.

Information Sessions for Managers – April to January 2022

These 40-minute staff support information sessions have continued to be attended. Between April 2021 and January 2022, a total of 242 managers have now attended these sessions and from the feedback returned 79% of respondents rated the sessions 4 or 5 star. Feedback said that the most useful aspects of the sessions are:

- Knowing that there is organisational support for staff wellbeing
- Hearing about available staff supports
- Having current compassionate leadership practices validated
- Having an opportunity to share good practice

Supportive Conversations Around Staff Wellbeing With Managers

The Staff Support Service has been approached by a number of managers wishing to think through the wellbeing and support options for their own staff. The service has been offering an informal "heads together" conversation with these managers.

Supervision Offer for Staff Trained in the Intensive Care Society Peer Support Model

Arrangements are in place to offer this to staff though uptake of supervision has been low.

Staff Support Poster

A new poster detailing staff support options was developed with the help of Comms and has now been distributed throughout NHS Fife.

NHS Fife Access Therapies Fife Staff Wellbeing Webpage

This webpage has had a total of **4,987 unique hits** since its launch and **1,240 hits** between June and December 2021.

Compassionate Connected and Effective Teams Workshop

This Compassionate Connected and Effective Teams (CCET) workshop was developed jointly by the Staff Support Service and the NES Transforming Psychological Trauma Co-ordinator, Patrik Doyle, and with input from Alison Milne, Organisational Development, Alison Linyard, Good Conversations, and Dr Wendy Simpson, NHS Fife Health Psychologist. The workshop is a reflective workshop aims to help managers to understand the benefits of compassionate leadership and workplaces, explore what compassionate leadership looks and feels like, consider the value of self-compassion in this context and take time to consider the relevance of this in real terms for own team or service. The workshop has run three times, with a total of 42 attendees (a mixture of NHS and Council staff). The next two workshops are scheduled for 28/2/22 and 17/3/22 and 49 people have expressed an interest in attending. The workshops will continue to run and be evaluated up until the summer.

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

Activity Report April to December 2021

- Phased launch between April to September 2021
- 55 Peer Supporters completed Assisting Individual In Crisis: Critical Incident Stress Management training over 2 days.
- Created Self-referral system accessed through phone call, email or chance encounter with information on Staff Link, posters and banners
- 3 Quarterly check-in and training sessions since phased launch (Trauma Informed practice, Bereavement and Skills Practice)
- 37 recorded PS conversations
- 81% chance, 19% formal
- 25% progressed to second meeting and 13% to third meeting
- Duration of conversations range 15 mins to 1.5 hours
- 32% Junior Drs, Drs in training; 25% Consultants, 23% Specialty Drs, Clinical Fellows or Drs; 20% Nurses or Student nurses, 3% Medical Receptionists
- Commonest themes: anxiety or low mood, stress at home or work, death of patient, working relationships and adverse clinical events
- 78% resolution. 22% signposted on: most commonly to GP or Spiritual Care
- Formal feedback: "very helpful and would highly recommend the service"

3. Was this the first, second or third meeting with the peer?

More Details

● First meeting	10
● Second meeting	4
● Third meeting	2
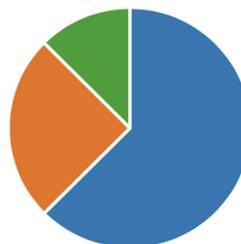
4. Was this peer support made through a formal contact or a chance encounter:

More Details

● Formal contact	7
● Chance encounter	30
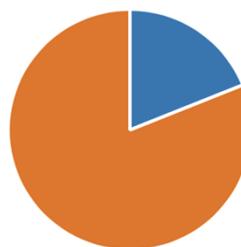
7. What was the reason for contact (choose all that apply)

More Details

🔵 Adverse clinical event	7
🟠 Anxiety or low mood	11
🟢 Bereavement	1
🔴 Bullying and harassment	0
🟣 Career issues	6
🟤 Critical incident	4
🟣 Death of patient	9
⚫ Employment issues	3
🟡 Health issues	1
🔵 Organisational change	1
🔵 Regulatory issue	2
🟠 Stress at home	10
🟢 Stress at work	11
🔴 Violence and aggression	0
🟣 Working relationships	7
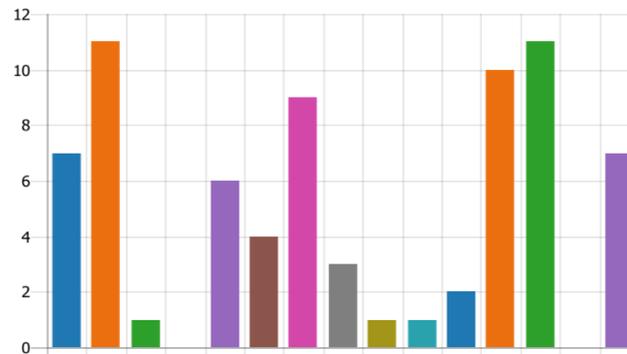
8. What was the outcome of the peer support conversation(s)

More Details   💡 Insights

🔵 Self resolution	29
🟠 Signposted to other service	8
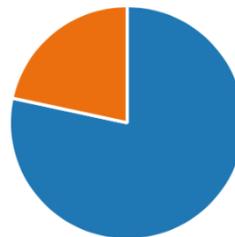
9. If signposted to other services, which ones (choose all that apply)

More Details

🔵 GP	4
🟠 Occupational Health	0
🟢 Staff Support Service	2
🔴 Staff Listening service	1
🟣 Spiritual Care Team	4
🟤 Fife Access Therapies	0
🟣 Online resources - National w...	2
⚫ Other	3
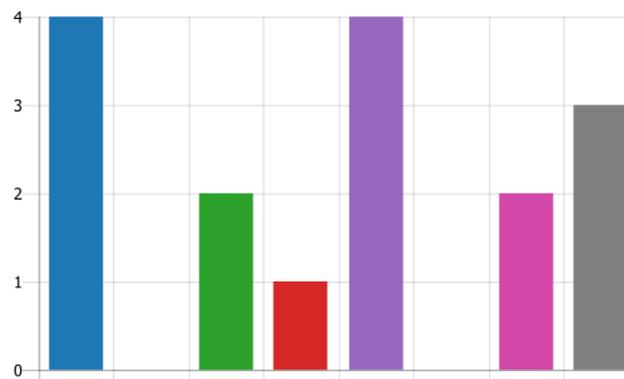
Aspirations for 2022

- Promote more peer support awareness and conversations – normalise it
- Obtain feedback and evaluation as routine
- Develop training and supervision for peer supporters
- Streamline access to Peer Support (amalgamate three streams)

NHS FIFE LEARNING AND DEVELOPMENT TEAM

TURAS eLearning Modules

Health and Wellbeing Courses Engagement Figures – January 2022

eLearning Course	Go Live Date	Course Completions January 2022
Compassionate Leadership	15/10/2021	45
Resilience	15/10/2021	49
Self-Care	15/10/2021	49

Project Title: Going Beyond Gold Year 3: Sustaining a Kind, Mindful and Healthy Organisation

Introduction

As previously reported, the Going Beyond Gold Project, running since April 2019, has been very successful in introducing Mindfulness training to large numbers of health and social care staff across Fife, showing clear evidence of increased ability amongst staff to manage their own stress levels and improve their sense of wellbeing, both at work and in their personal lives.

In the time of the Covid-19 Pandemic, there is now an even greater need for access to mindfulness, as well as other related wellbeing tips and techniques for health and social care staff, whose wellbeing is paramount. It is our intention with this programme to support staff to increase their own mental and physical health and improve their work satisfaction, thereby increasing staff retention and reducing sickness absence; and to help workers find the focus and energy required to meet their patients' needs.
We have responded to needs as they have arisen during the uncertain months of the Pandemic and adapted some of our plans slightly to best meet the needs of staff, but all retaining an underlying focus on kindness, self-care and mindfulness, to improve the overall wellbeing of staff.

Recent Work Initiated or Completed

Since our last report in November 2021, we have initiated or completed the following work as part of this programme:

- We are continuing to facilitate online monthly support sessions for Mindfulness Teachers and Practitioners in Fife to support teaching and practice amongst colleagues and patients. Our January meeting was entitled: *Mindful Wellbeing: Sharing your practice with others* and was facilitated by Wendy Simpson.

- As a result of the success of our outdoor wellbeing session pilot, we set up **four whole afternoon outdoor sessions for staff wellbeing**, to be held in **Stratheden Grounds throughout Autumn and the last one before the festive period was held on 2 December 2021.** They were supported by Sheena Mackay and Wendy Simpson and facilitated by an external coach, Tom Gold, an experienced bushcraft instructor and lifestyle coach. We expanded the sessions to include a mindful walk and baking over the fire, in response to comments from the pilot attendees. We have now planned **four more sessions for Winter over January and February 2022** and the first one took place on 13 January 2022.   Comments from the most recent two sessions (in December and January) included the following:

  - I felt more relaxed and felt more able to put things in perspective going back into work the next day
  - Felt very calm and refreshed.
  - It was a very enjoyable experience, sharing the thoughts of the group also felt helpful
  - There was plenty of time to sit and chat. Felt very comfortable and relaxed in the atmosphere created
  - Focus on wellbeing outwith work having a significant impact on productiveness in work and increasing resilience
  - Need to continue to with walking in nature whether I am feeling better or not. The need to use nature and walking regularly even when you are well will help support your own mental health.
  - I had already started doing more outdoor activity, but I think this has highlighted the long term benefits on resilience and the positive impact that can bring to work, it is always good to feel that while at work you are being productive and effective
  - It may be something in the future that can be offered to our patients?
  - I felt happier and at ease, had productive evening

- Always feels invigorating to be out in nature no matter the season. Reminded me that despite being January a fire provides enough heat to all meet outdoors.
- Loved the tips re Dutch oven, the bread making so easy when broken down.
- Wonderful to lie on ground and watch the clouds moving quickly across the blue sky – never done in January!
- Learned not to feel guilty about making sure I switch off from work. Also learned I need to get out in the sunshine today, something I'm not usually good at, but will set a treat on my walk.
- Learned not to swing an axe but tap with mallet v useful.
- [Learned] how to make own Dutch oven and flat breads going directly on the glowing embers....
- I had forgotten Toms name from the email , he has lovely easy style, be good though to introduce himself and how he came to be teaching outdoor skills.
- Have an outdoor fire with friends and cook and slow down.
- I will be encouraging other staff to take part.
- Tom was great very relaxing and knowledgeable a good story teller
- Really glad took part. Muchos gracias...

- In collaboration with Tom Gold and NHS Fife Communications, we have designed a clear and attractive poster for all NHS staff to highlight the benefits of taking regular time out in nature. This will be shared shortly on our desktops across NHS Fife and will be printed out for staff on the wards.

- We are currently in final stages of planning a programme of wellbeing support for Health Visiting Staff which is due to start in February 2022. This will involve two wellbeing support 'retreat' days (1 and 10 February), one for team leaders and the other for a group who have been identified as having a particular interest in encouraging staff wellbeing – 'wellbeing champions'. These will be held at Falkland Stables venue. These days will offer a supportive blend of focusing on their own wellbeing and learning about simple tools and tips which can be shared easily with their team members at staff meetings.

- We will create a manual which will also be online on the Hands On website which staff can use as a reminder of the wellbeing tools.   We will also provide a series of 3-4 online MS Teams support sessions for the 'Wellbeing Champions' to offer further information and support and create a peer support network. This programme will be led by Wendy Simpson and Liz Cain, a self employed mindfulness teacher and wellbeing coach, with significant experience of working with health visitors.

- We created a **SWAY** following the **Culture of Kindness Conference**, held in May 2021, to allow those staff who weren't able to attend to have a flavour of the event and to act as a reminder for those who did attend. To date, the SWAY analytics show that there have been a total of 354 views, with 116 having read the information in depth. This is a small increase since our previous report. We are planning a meeting to discuss taking this work forward over the next year.

Future Work Planned

- We have planned two short Care Space sessions for staff working in ICU – on 3and 9 February 2022. This will allow staff to consider with their peers what's going well for them; how they're feeling and what they can do to take care of their wellbeing, in a safe, structured and supported space, facilitated by Wendy Simpson.

- We have planned two full-day Wellbeing Retreat days for staff working in ICU on 21 and 24 February 2022 at the Stables in Falkland which will allow staff to refresh and recharge and learn some tips for self-care that they can take into their daily lives. These will be facilitated by Wendy Simpson and a self-employed mindfulness trainer/coach.
- We are planning an online 'Self-Care for Living and Working' course to help support any staff members who are struggling with burnout, compassion fatigue or low wellbeing. It consists of a full day interactive workshop and seven weekly drop-in sessions. Participants will be introduced to techniques to enable skilful reflection, self-care planning and connection with others. They will be encouraged to identify personal strengths and ways of being that promote nourishment and self-mastery. This will be facilitated by Bill Paterson a self-employed mindfulness teacher and wellbeing coach.

- We are planning another 'Wellbeing Champions' programme, similar to that to be run for Health visitors, which will be offered to wider nursing staff. Our provisional February date for this programme may have to be postponed due to staff shortages.

- Further work will be planned to support our NHS Fife mindful mentors to develop this work on a sustainable basis for the future.

Dr Wendy Simpson
24/01/2022

Fife Psychology Staff Support Service

Fife Health & Social Care Partnership

Supporting the people of Fife together

Why a Staff Support Service?

COVID-19 has been a significant event in all our lives; affecting how most of us feel in one way or another. Staff working in health and social care services have faced particular challenges during this time.

The staff support service is a therapeutic service and has been established to support staff who are experiencing persisting psychological distress that is impacting on day to day life and relationships.

We offer compassionate, accessible and evidence-based psychological therapy provided by psychological therapists.

Who can access the service?

This service is open to all staff working in any health and social care service in Fife, regardless of job role. This includes staff working in NHS Fife, Fife Council, Third

Sector workers and Care Home staff (both public and private sector). The service is suitable for staff who work in Fife who are able to commit to and engage in regular therapy sessions and who don't need multi-disciplinary mental health support. Staff living in Fife but working in another partnership area are not eligible to access the service and are instead encouraged to access support through the healthboard in which they work.

How do I access the service?

Staff can self-refer via the Staff Wellbeing Portal on the Access Therapies Fife website
www.accesstherapiesfife.scot.nhs.uk

Staff can also self refer by emailing
fife.fifestaffsupport@nhs.scot

Psychology Department
Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife COUNCIL

What happens after I self-refer?

After we have received your referral a member of the Staff support Team will be in touch to offer you an appointment - to work out what type of support would be most helpful to you. We offer a range of psychological therapies according to need.

What else do I need to know?

The service offers appointments via Near Me and can offer in person appointments.

What if I don't want to be seen within NHS Fife?

An out of area referral can be made to NHS Tayside for staff that do not wish to be seen in NHS Fife. Please contact the service by emailing fife.fifestaffsupport@nhs.scot if you wish to access out of area support. One of the team will contact you to gather basic information. This will then be passed on in confidence to NHS Tayside Staff Support Service who will make contact with you directly. Alternatively, staff from a regulated profession can access

out of area support through the Workforce Specialist Service:

https://wellbeinghub.scot/the-workforce-specialist-service-wss/

Who are the Staff Support team?

Dr Sharon Doherty: Consultant Clinical Psychologist

Kirsty McLean: Senior Principal Psychologist

Dr Susan McAlpine: Senior Principal Psychologist

Jayne Smith: Clinical Associate in Applied Psychology

Leah Dickson: Clinical Associate in Applied Psychology

David Christie: Team Administrator

If you have any questions please contact us at:

fife.fifestaffsupport@nhs.scot or **01383 565256**

Psychology Department
Lynebank Hospital, Halbeath Road, Dunfermline, KY11 4UW

Fife Health and Social Care Partnership
A partnership between Fife Council and NHS Fife
www.fifehealthandsocialcare.org

NHS Fife

Fife COUNCIL

Pilot healthcare worker Weight Management Service led by a Trainee Health Psychologist

Alison Morrow[1,2]
[1] NHS Fife, Scotland [2] NHS Education for Scotland

WHY

- Healthcare workers have higher prevalence of overweight and obesity compared to the general population, which has been found to affect their ability to deliver effective healthcare interventions
- Current approaches in NHS Fife to support staff with their weight are focused on sharing information; however this is not sufficient
- We need evidence-based interventions

WHAT

- Healthcare staff with a BMI => 25
- Offered up to 8, bi-weekly appointments with Trainee Health Psychologist
- Intervention approaches include; ACT, CBT, MI and BCTs
- Includes a combination of worksheets, psycho-education materials and diaries
- Baseline measurements: IPAQ, PHQ-9, GAD-7, WLRT II form part of the screening process, assessment and feed into formulation.

OUTCOMES

- Since September 2020, 30 members of staff have been referred to the service
- 22 participants have completed their sessions. Of those, 13 participants returned post-intervention outcome data
- On average, participants lost 8.1lbs in weight and reduced their BMI by 1.52kg/m2, and reduced self-reported symptoms of anxiety and depression

Alison Morrow, Trainee Health Psychologist
Public Health Directorate, NHS Fife
✉ alison.morrow@nhs.scot
Twitter: @alison_morrow1

OUTCOMES (N=13)

-8.1lbs average **weight loss**

-1.52kg/m2 reduction in **BMI**

-105lbs total **weight loss**

Reduced depressive symptoms from **moderate** (M=8.00) **to mild** (M=2.92)

Reduced symptoms of **anxiety** from M=5.00 to M=2.39

FEEDBACK
"what aspect of the service did you find most useful?"

"Looking at the thought processes rather than obsessing about the food"

"It was done via teams…I would have struggled to attend face to face appointments"

92% of participants were "extremely satisfied" with the service

Participants attended an average of 7 sessions over 17 weeks

69% "strongly believed" the service helped them achieve weight loss

Appendix 6 – 7 Ways Nature Can Make You Feel Awesome Pilot Session – Participants Feedback

What did you notice about yourself last night?

I felt that I was much more relaxed and able to deal with my own mental thoughts.

How did you feel?

Happy and content with being outside and understanding how this is helping my health. Lucky I was able to be a part of this session.

Content

I thoroughly enjoyed the taster session, I went home with a new sense of calm.

Did you sleep better?

Yes. I felt that it was able to sleep better due to being outside and having time to talk with other NHS team and reflect.

Yes

I really enjoyed the session; I had a great sleep that night and felt very chilled and happy the next day.

I felt so relaxed after the session and yes, I did manage to sleep a bit better than my usual 2hours, I did wake but managed to get back to sleep, I think it was the fire and the calming effect it has.

I felt very chilled and happy, and slept like a log!

Do you have any additional feedback / comments / reflection that you have thought of since leaving yesterday?

I felt that this would be a huge benefit to my fellow NHS team due to the covid pressures to enable time to be spent outside and with Tom being able to explain what you can do to elevate pressures.

Had a great afternoon

It was a very special and powerful afternoon's event and I certainly felt the benefit of it. The simplicity of it all struck me the most.

I wish that this session was longer and more of these which I hope this allows more staff to be able to explore outdoors and have time for this.

I thought Tom was very good at explaining things and how he was with all of us. I felt that the support network/life coaching tactics are something that will stay with me forever and enable me to change for the future.

The firepit space was just perfect and the group responded very well to being there

 It really is such a beautiful space

I wish you luck with the pilot and really hope this is something the NHS take on as I'm sure there are loads of staff members who would benefit from the sessions.

Thanks again for my place on the day, I greatly appreciated it.

Yesterday was a very much needed lifestyle stock take.

A lot of my team are interested if there was to be any more sessions. Please thank Tom, I would highly recommend.

Honestly, a fantastic afternoon and one to take forward.

Thanks again for allowing me to join and giving me the opportunity to look at life and well-being differently.

What went well?

The relaxed manner/structure of this session was good as I felt that it was a way it ensured that people were recognised as people not titles or staff grade. Everyone was welcome and it was a nice relaxed beneficial afternoon. I did not expect to get anything back from this but I felt that it was great to be outside and supported by members of the wider NHS team. It was a good way to be able to feel connected to nature and other team members.

Permission to breathe out and vent in a safe space

Permission because 'official'

Great camaraderie

Protected time for yourself and others

Ideas for mind tools useful

Liked not having to do introductions

All different jobs / levels – ok to speak about things – so much more than the skills

I think it was really helpful to get away from our habitual meeting mode of everyone introducing themselves. It's particularly important to shake up the hierarchical culture of the NHS which can block real human communication.

Very therapeutic watching the fire / waiting for kettle to boil

Great setting – enjoyed the short walk through the garden and path too

Lovely to meet different people in same organisation and take time to value the outdoors

I thought the whole session went well, we had a great location and were lucky with the weather. Sitting round the fire made it easier for people to relax and open up about their experiences during lockdown etc. Tom's energy was very chilled and that helped set the tone for the afternoon.

Really enjoyed it, good to meet different people

Most people joined in the conversation and seemed to relax into the activity. It was great to see and spend time with other NHS colleagues in the current climate.

I felt the need to get up and move around and wondered whether the session should have been more active but it made us stop and sit and relax which after all was the aim.

It was useful to get away from the doing mode that we're so often in, into a being mode. The fire and hot drinks were just perfect and created just the right atmosphere for the subject matter. And it was lovely

to see people just open up and chat about their experiences of lockdown without any particular prompting to do so, and no pressure to join in if they chose just to listen.

We were so touched by the benches you put out for us, the roses in the centre, and the generous bags of salad leaves for everyone at the end!

Kind acts by Luke
- a welcome rose with a fun surprise to it!
- ' homegrown' salad leaves promoted healthy eating and they were delicious!

The group seemed all relaxed and felt confident to discuss stress which has impacted on day-to-day life.

I enjoyed the afternoon, leaning how to build a fire and just sitting around it, very peaceful.

Was the first time I've sat with a group that have never met before in 18 months

Thank you for helping to facilitate both X and Y to attend the Well @ Work programme at Stratheden Hospital recently. They have both given really positive feedback and would definitely recommend others to attend if given the opportunity. I have spoken to my CNM about their experiences, and we feel that further staff members in Ward Z would benefit if further sessions became available. The last 18 months have been exceptionally challenging for everyone so being able to access different ways to help channel a variety of emotions for the staff has been very much appreciated.

What did you learn?

I learned how to make a fire in an improvised way which I was a talking point and also very fun to watch.

Apart from the fire building skills, I learned that it's ok to give yourself permission to spend time outside in order to re-charge. I also learned the benefits of disconnecting from mobiles etc and noticing what is happening in nature.

How to set a fire

How to chop wood without putting a lot of weight behind it.

How might it be improved?

Food! Biscuits, marshmallows, chocolate

? more activity – > cooking

A longer session for more people as I feel it is of benefit being outside and able to enjoy that. I also think that it would be good to provide more information on plans of the day. Although I did enjoy it and felt that the relaxed way in which Tom conducted the day was great.

The only thing I would add to the day is possibly go for a bit of a hike at the end of the session or do a follow up meeting/session to do a country walk?!

I think some movement of some kind would have been good - perhaps demonstrating a walk at a good pace - as I think some people may have felt quite cool in the shade - and it was quite a long time to just sit.

Maybe a wee bit more movement - numb bum from sitting

The group could get more involved in making the fire and keeping it going.

Linking wellbeing activities with effectiveness and productivity may work well, especially to encourage managers to give staff permission to attend

I know Tom said something about it not being mindfulness but I think the two were very connected and maybe a joint class with some exercise/movement would be good.

Perhaps encouraging discussion in pairs or threes about some of the topics, e.g. thinking about what we're grateful for, would I think have been good, just to get some of the quieter members talking - and to get some ideas from the group about the topics.

A programme linking effectiveness and productivity to specific nature and wellbeing activities

? backfill of staff to allow people to come

I think you could have said a bit more at the time about the health benefits of being in nature - like boosting immune system and lowering blood pressure, but perhaps you did, and I just missed that!

Is there one thing you're going to do differently to help with your wellbeing?

I am now making a point of going out of a daily walk at lunch time and not feeling guilty for this and being more productive and aware of my wellbeing.

I have promised myself time outside everyday even if it's only 15 minutes so that I can be at my best whether that is work or in my personal life.

I will definitely try to get out away from my desk, even if is it at lunchtime and do some more walking.

I personally got to look at myself and permission to revaluate what is important. The thing that stands out for me is what Tom had said about gratitude and looking at yourself, achievements that I have done and how you felt and managed to this achievement. Often in our busy day we can forget very easily the things we do well and too quick to focus on the negatives. I will certainly be looking to bring myself back to the place where I felt accomplished and achieved well-being to help me continue to being well.

I have been continuing my lunch time walks in the Stratheden grounds and it definitely helps tackle my afternoon workload. I can't wait to introduce my boys to some of my new outdoor skills.

Work less!

Have lunch and walk outside my workplace more – not just when sunny, and focus on the nature I am seeing, hearing & feeling.

Appendix 9 – Public Health Staff Wellbeing Group Update

Public Health Department – Staff Wellbeing Group: Discussion Paper (Draft)

Background

As part of the response to COVID a small group was set up in an ad-hoc way to consider and support staff wellbeing in the PH Dept. Current members include:

Lucy Denvir
Alison Linyard
Alison Morrow
Elizabeth Norby
Emma O'Keefe
Joanne Valentine

It now seems appropriate that we draft a discussion paper about the role of the group and what ongoing work might look like. This can then be shared with and discussed by the wider team.

Strategic Framework

There are a number of pieces of work going on in NHS Fife and the Fife H&SC Partnership focusing on staff wellbeing. Our work will reflect and be part of the organisational framework for staff wellbeing that is being developed.

The attached **Fife H&SCP Staff Support – A Tiered Approach** document is a helpful starting point. The work of the PH Dept group would mainly be at levels 0 and 1 ensuring that clear signposting and support to access the other levels is available in the team.

Level 0 – is ensuring that information and basic needs are met.

Level 1 – is understanding that workers' concerns or distress (particularly in stressful or crisis situations) are situationally-driven and not indicative of "mental illness", therefore responses to support staff resilience should be grounded in psychological first aid. This tier provides supportive conversations to staff informed by these PFA areas of need, supporting mobilisation of existing coping skills, supports and capabilities, instilling hope, and signposting to information and resources to support coping where needed.

As well as internal support within the department support is available from a number of different places including:

- Spiritual Care - Staff Listening service
- Occupational Health
- Clinical Psychology – who now have specific funding for staff support

Clinical Psychology has been providing Information sessions for managers about the framework and available sources of support.

We should remember that Staff Wellbeing is not only about Psychological Wellbeing but also includes: Physical Wellbeing and Financial and other Practical Wellbeing

Work to Date

Over the past 18 months the group has met on a roughly 6 weekly basis. We have discussed perceived need and possible responses. Responses have included:

- Regular 10 min wellbeing slot at Dept Meetings (see separate attachment with draft plan to Dec 2021)
- Reflective space sessions for CT leads and HPT Nurses
- Various wellbeing topics included as part of the ongoing training offered in the Dept
- Attending and being the link with organisational wellbeing group
- Disseminating information to managers and others as appropriate
- Carried out a review of the past year for the Dept in Summer 2020 and again in Summer 2021 (this is wider than just wellbeing)
- Organised the Dept on-line Christmas social
- Organised staff walking group

Possible Future Work

Continue to support the above pieces of work. In addition we could consider:

- Opening up membership of the group to others who may be interested
- Consider feedback from annual review to see if identifies any needs or suggestions.
- Find other ways of eliciting this info about needs or suggestions from the Dept.
- Offering Reflective Space sessions to other groups in the Dept e.g. Mangers? Admin Team?
- Develop an on-going programme for the well-being slots
- Ensure this remains on the agenda of managers and consultants and that they feel well equipped to support staff wellbeing
- Champion informal peer support as a key part of wellbeing
- Re-visit the coffee morning to see if there is a better way of encouraging people to take a break and connect with each other
- Find ways to emphasise physical and practical wellbeing as well as emotional wellbeing.

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Thursday 3 March 2022**
Title:	**Occupational Health & Staff Wellbeing Service Annual Report 2020 / 2021**
Responsible Executive:	**Linda Douglas, Director of Workforce**
Report Author:	**Mandy Mackintosh, Head of Service, Occupational Health and Staff Wellbeing**

1.   Purpose

This is presented to Staff Governance Committee for:

- Assurance

This report relates to a:

- Local policy

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 an overview of the Occupational Health & Staff Wellbeing Service's clinical and related activity for the period 1 April 2020 to 31 March 2021, including compliance with Key Performance Indicators (KPIs), as set out in the attached Annual Report.

NHS Fife's Occupational Health & Staff Wellbeing Service (the Service), includes a comprehensive Occupational Health (OH) service provision, including Occupational Therapy expertise, Physiotherapy access, as well as access to self referral Counselling for staff.   In addition, OH provides input to a number of other NHS / partner organisations, on a contracted basis.

Occupational Health workload increased rapidly in line with Scottish Government (SG) response to the Pandemic.   From January 2020 onwards, the Service's journey has been a constantly changing one, with details of the OH contribution during this period described more fully within the Annual Report.

2.2 Background

The Service's performance against Key Performance Indicators (KPIs) is reported on a rolling three-monthly basis and the current agreed historical KPI compliance rate is 95%, with measures in place for appointment and reports being provided to NHS Fife and contracted organisations.

In August 2020, an SBAR was prepared for EDG requesting investment in the Service, to increase the OH staffing complement. Recruitment to the additional posts is now complete, with the exception of the part time Occupational Therapist post, which required to be re-advertised and has now been recruited to. It is already apparent that this has improved the ability of the service to respond to COVID and ongoing demands for OH input, alongside the move to 7 day a week working.

The data presented within the attached Annual Report describes both the service delivered to NHS Fife employees and the work / activity undertaken for the other organisations mentioned above.

2.3 Assessment

KPI compliance has been affected by the Service's need to respond to the pandemic timeously. However, the Service prioritised activity that directly supported organisational needs, for example, recruitment of new staff at pace and staff contact tracing. It was also imperative for the organisation to maintain a healthy workforce and activity such as management referrals, contamination injury assessments and immunisations were maintained. Health surveillance appointments under guidelines from the Health & Safety Executive were paused.

2.3.1 Quality / Patient Care

The contribution of our Occupational Health and Staff Wellbeing Service to promoting staff health and wellbeing can have a positive impact on employee attendance and therefore contribute to patient care.

2.3.2 Workforce

The Occupational Health and Staff Wellbeing Service contributes to effective recruitment, to managing staff health at work, to health and safety in the workplace and through the additional OH services available for staff support the ambition of NHS Fife being an exemplar employer. This report meets the provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Effective OH input can support prevention of and a reduction in staff sickness absence, which in turn can have a positive impact on the direct and indirect costs of sickness absence.

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

This paper has been previously considered by the OH Management Team and Senior Workforce Leadership Team as part of its development and their feedback has informed the development of the content presented in this report.

2.3.8 Route to the Meeting

This paper has been previously considered by the OH Management Team, Senior Workforce Leadership Team and Executive Directors 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:

- **Assurance** – Staff Governance Committee members are invited to **note** the contents of this report and the Occupational Health and Staff Wellbeing Service Annual Report for 2020 / 2021.

3. List of Appendices

The following appendix is included with this report:

- Appendix 1: Occupational Health and Staff Wellbeing Service Annual Report for 2020 / 2021

Report Contact:

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

Occupational Health and Staff Wellbeing Service

Annual Report

2020-2021

Edition 01: 29 October 2021

Table of Contents

Foreword

The COVID-19 pandemic has brought into critical focus the critical importance of staff health across the whole of the NHS. Now more than ever before, NHS Fife managers and employees are seeking advice from the specialist services of the Occupational Health and Wellbeing Service (OH). The demand on the OH in Fife has increased significantly since the outset of the COVID-19 Pandemic and the service has continued to deliver a safe and effective service to employees and managers during this period.

We have been fortunate that our OH Service has demonstrated innovation and commitment in stepping up during this time, to meet the needs of staff and managers and the requirements of NHS Fife.

The service has continued to provide a safe, effective, responsive and resilient service and has supported NHS Fife in meeting the legal responsibilities under the Health and Safety at Work etc. Act 1974, the COSHH Regulations (2002), communicable diseases screening and health surveillance.

We look forward to reaping the rewards of the investment in the service during 2020/2021 and to OH helping to support NHS Fife's Staff Health and Wellbeing Framework, alongside the continuing challenges of the pandemic and the potential impact of Long COVID.

Linda Douglas
Director of Workforce
October 2021

Introduction

The report describes the comprehensive Occupational Health (OH) service provided to NHS Fife employees. The OH team also delivers the same comprehensive service to Fife General Practitioners and their staff, General Dental Practitioners and their staff, and local Fife-based independent Pharmacies under other contractual agreements. A wide ranging defined service is provided to Scottish Ambulance Service employees referred under an NHS Scotland Procurement 'Consortium' agreement and St Andrews University medical students, Fife College nursing students, NHS Fife based employees of Engie (Phase 3 Estates Service contract), plus Stirling University nursing students and staff (this contract ceased in July 2020).

Appendix 1 provides further details of the full range of services provided by the OH Service.

COVID-19 Pandemic Activity

Occupational Health workload increased rapidly in line with Scottish Government response to the Pandemic. From January 2020 onwards, the service's journey has been a constantly changing one. The following are examples of the pandemic related work undertaken:

- Support setting up and delivering the staff testing pathway. Development of systems to support the delivery which has now moved on to an electronic system which OH had a large input into with Digital & Information and Public Health colleagues.

- Delivering COVID-19 test results to staff and contact tracing of COVID-19 positive staff.

- Increase of OH staffing from both OH qualified and co-opted non-OH qualified (e.g. shielding staff); producing procedures and processes to support them in this work; training of staff; on-going supervision and support for these staff.

- Supporting the organisation in communication to staff. This work is on-going in line with any advice and guidance from the Scottish Government and other bodies, such as Public Health Scotland / Antimicrobial Resistance and Healthcare Associated Infection (ARHAI).

- Supporting managers new to attending Problem Assessment Groups (PAGs).

- The OH Service revised opening hours to seven days a week to support COVID-19 contact tracing and testing / result work.

- Training and support to OH staff on the introduction of new electronic systems to support OH service delivery, such as MS Teams and NearMe.

- Service redesign to meet the requirement to respond at pace to the needs of the organisation, such as introduction of COVID-19 "co-ordinator of the day" to ensure all COVID-19 work was appropriately prioritised / completed on the day.

Document: NHS Fife Occupational Health and Wellbeing Service Annual Report 2020-2021
Author: Head of Workforce Planning and Staff Wellbeing

Edition: 01
Page: 7 of 23

Version Date: 31/10/2021
Review Date: N/A

7/23

186/228

NHS Fife Committees Supported by Occupational Health

Occupational Health provides input to the Infection Control Committee; Bacillus Calmette-Guerin (BCG) Implementation Group (deferred due to pandemic); Tuberculosis Multi-disciplinary Group (deferred due to pandemic); Skin Strategy Group; Promoting Attendance Group; Occupational Health / HR Operational Group.

In addition, support has been provided to 'ad hoc' groups established 'for cause', which this year included:

- Problem Assessment Groups and Incident Management Teams for infectious diseases outbreak scenarios. Attendance and participation in a number of Command groups established in response to the Pandemic:

  - Silver and Bronze COVID-19 Vaccine Command Groups
  - Scientific and Technical Cell (STAC)
  - Input to the Staff Health & Wellbeing Group

- Involvement with Health and Safety Executive audit of COVID-19 compliance visit to NHS Fife
- Involvement in Staff Testing meetings
- Supporting the development and delivery of contact tracing training
- Fife Local Resilience Partnership COVID-19 Co-ordinating Subgroup
- Remobilisation Group
- Respiratory Protective Equipment Group
- Meeting with Health Protection Team / Test and Protect Team
- NHS Fife Clinical Lead supporting OH related issues at Scottish Academy and Scottish Government level during the pandemic (e.g. introduction of COVID-age tool / supporting the Scottish Government to assist shielding workers, input to Scottish Government / Public Health Scotland Groups regarding COVID-19 in workplaces / Chair of Vaccination Service Delivery Group (VSDG) Occupational Health Subgroup on request of the Scottish Government)

Occupational Health & Wellbeing Clinical Governance Activity

In February 2020, the OH Clinical Governance Group began compiling its first Annual Report, covering the various improvement work and audit that had been carried out from the of end 2018 to the end of 2019. At the same time, the Coronavirus pandemic began to have an impact on the work of the department with staff queries about foreign travel. Formal clinical governance monitoring ceased due to diverted efforts for the pandemic, and the 2018-2019 Annual Report was then never completed.

As part of the emergency response measures agreed by the Workforce Directorate Senior Leadership Team and the COVID-19 Silver Workforce Group, there was no formal monitoring of clinical governance activity during the first year of the pandemic, the period of this report. However, there was a huge amount of learning and training completed by every member of staff. Learning and training was based on available evidence or guidance from national bodies; our usual checks, procedures and protocols were in operation, or if not, new ones were implemented via collaboration and consensus; the departmental structure was altered to accommodate a new highly responsive model incorporating a "co-ordinator of the day", which

Document: NHS Fife Occupational Health and Wellbeing Service Annual Report 2020-2021
Author: Head of Workforce Planning and Staff Wellbeing

Edition: 01
Page: 8 of 23

Version Date: 31/10/2021
Review Date: N/A

8/23

187/228

meant that all work activities, complaints, queries were under extremely close supervision by a senior member of the team at all times and a morning "huddle", ensuring optimum communication within the team.

Occupational Health Staffing Complement

In August 2020, an SBAR was prepared for the Executive Directors Group requesting investment in the OH Service, in particular, to increase the staffing complement. Agreement was given to recruit five additional staff, which included a full time Occupational Health Physician, a Specialist Occupational Therapist and an Occupational Health Mental Health Nurse. Recruitment started for these posts in November 2020, with all posts filled permanently, with the exception of the Specialist Occupational Therapist's post, for which temporary cover is in place. We are hopeful to recruit to this post by end of November 2021.

Performance Monitoring

The Service's performance against Key Performance Indicators (KPIs) is reported on a rolling three-monthly basis and the current, agreed historical KPI compliance rate is 95%. Performance is measured in terms of compliance with achieving 95% of management referral appointments offered within the agreed timeframes (10 days) and 95% reports dispatched following appointments (within 5 days). Comparative data with the previous year's activity has been included within the appendices below, for reference.

The data presented within **Appendices 2a, 2b, 3a, 3b and 3c** relates only to the service delivered to NHS Fife employees, excluding the work / activity done for the other organisations outlined above.

Appendix 4 details the activity data of all other organisations the Service delivers OH support to.

Compliance with Key Performance Indicators

KPI compliance has been affected by the Service's need to respond to the pandemic timeously. However, the Service prioritised activity that directly supported organisational needs, for example, recruitment of new staff at pace, staff contact tracing and input to Incident Management Teams and Problem Assessment Group. It was also imperative for the organisation to maintain a healthy workforce and activity such as management referrals, contamination injury assessments and immunisations were maintained. Health Surveillance appointments under guidelines from the Health & Safety Executive were paused.

The overall level of appointment activity (appointments that were carried out) for year 2020/2021 has decreased from that of the previous year (6,501 as compared to 8,557 in 2019/2020). This is a decrease of 24% in activity (see Graph1: green) however, much of the COVID work was reactive and so not possible to capture in the usual way, skewing the true level of activity.

Document: NHS Fife Occupational Health and Wellbeing Service Annual Report 2020-2021
Author: Head of Workforce Planning and Staff Wellbeing

Edition: 01
Page: 9 of 23

Version Date: 31/10/2021
Review Date: N/A

9/23
188/228

COVID-19 contact tracing and test calls / e-mails totalled 4,887. In comparison to the figures above, 4,887 accounts for more than double the 24% deficit in activity seen in the captured data. This is realistic, given that the time to undertake contact tracing is comparable with the time allocated for a management referral or pre-placement assessment. In particular, at the start of the pandemic OH were phoning each employee / household member with their results and following up with e-mails to the employee and line manager of those who were tested using the staff testing protocol. These employees included staff from outwith the Service's usual remit, such as Care Home, Care at Home Service, Fife Council Social Work employees. This changed at end of July 2020 with the introduction of the National Notification Service. However, the Service still monitored (and continues to do so) the results of employees who attend the staff testing service and contact all employees / household members who are positive for COVID-19, undertaking contact tracing, giving advice to the employee and manager in writing.

Other COVID-19 work included 249 COVID-19 risk assessments; supporting line management with advice regarding the employee's health risks in relation to possible workplace exposure. In addition, 1,154 e-mail queries from both managers and employees were timeously responded to. Importantly, access to the Service via telephone remained a key method of contact for staff and managers. It is difficult to accurately quantify the number of calls answered / managed, as these were being responded to more quickly than there were means of capturing this. Anecdotally, around 30 – 40 calls a day were being handled. Calls dealt with queries around return from travel, pregnant workers and COVID-19 risk, shielding staff, return to work post-COVID-19 and many other COVID-19 related queries. All such work required all of the Service's staff to be up-skilled and / or trained at a very fast pace.

Analysis of pre-placement figures has confirmed a change to OH's way of working. The number of pre-placement appointments (face-to-face and telephone consultation) have decreased by 68% (473 compared to 1,507 in 2019/2020), with an increase by almost 300% of OH Clinicians passing prospective employees 'fit' on paper screen (1,330 compared to 340 in 2019/2020). This change may be explained by three factors:

- A noticeable change in behaviour of prospective employees during pandemic ensuring they attached all evidence required at time of submission of their pre-placement questionnaire (PPQ) perhaps in response to new information to do so;

- The development of a revised, risk-assessed, more general pre-placement screening questionnaire which focused on function in the workplace rather than health diagnoses;

- A change of processes within OH with regards to contacting prospective employees by telephone if there were omissions in the information submitted rather than arranging an appointment.

All of the above took place in response to the need for a recruitment process that was responsive to the organisations need for additional staff during the pandemic.

It is also notable that the Did Not Attend (DNA) rate for attendance for face-to-face or telephone appointment for pre-placement assessment has improved by 66% (63 compared to 186 in 2019/2020). The reasons for this are not clear, but may be a function of aspects of the pandemic and its impact on other industry sectors.

Document: NHS Fife Occupational Health and Wellbeing Service Annual Report 2020-2021
Author: Head of Workforce Planning and Staff Wellbeing

Edition: 01
Page: 10 of 23

Version Date: 31/10/2021
Review Date: N/A

10/23

189/228

The average total KPI for Management Referrals (referrals appointed within 10 days of receipt) across Nurse and Physician for 2019-2020 was 42%, this has been maintained this year at 41%. The impact of the Service's need to focus on the response to the pandemic work as detailed above, has had an effect on this area, and notwithstanding the current service pressures, the recent investment will progress to improvement in this area.

Graph 1: Pre-Placement and Management Referral KPI Compliance
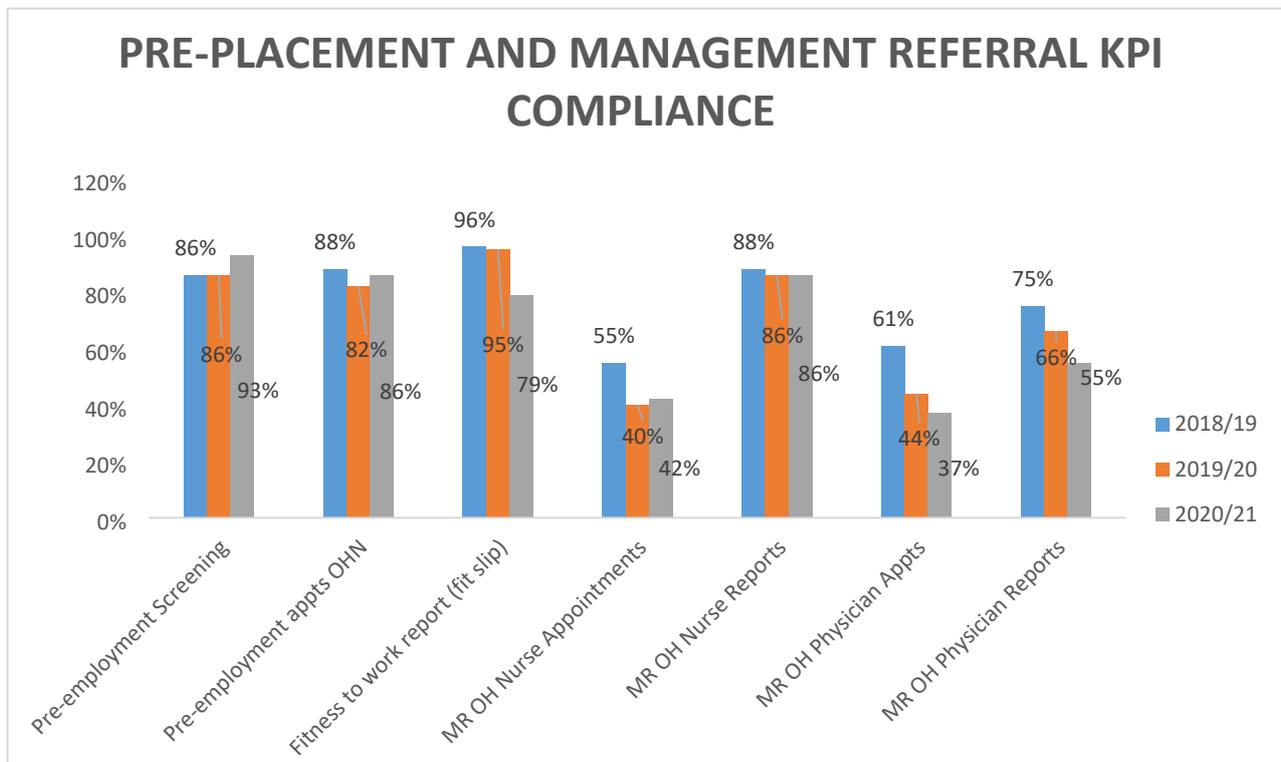
Further details of the 2020/2021 KPI and activity information, per operational unit, are attached at **Appendices 2a and 2b**.

Appendix 1: Staff Occupational Health and Wellbeing – Occupational Health Functions

The functions provided by Occupational Health include a comprehensive service for all NHS Fife employees, Scottish Ambulance Service employees referred under the NHS Scotland Procurement 'Consortium' agreement, Fife General Practitioners and their staff, General Dental Practitioners in Fife local Fife-based independent Pharmacies under other contractual agreements, St Andrews University medical students, Fife College nursing students, NHS Fife based employees of Engie, Stirling University nursing students and staff (this contract ended July 2020).

The activity covered within the comprehensive service includes:

- Pre-placement screening to national standards and complying with Equality Act 2010 and Health and Safety at Work etc. Act 1974.

- Communicable diseases screening complying with the 'Green Book', and Health Protection Scotland guidance.

- Contamination incident risk assessment and follow up complying with national guidance.

- Problem Assessment Groups and Incident Management Teams for infectious diseases outbreak scenario. Risk assessment of staff and related follow up.

- Health Surveillance and Health Assessments complying with Control of Substances Hazardous to Health Regulations 2002 (COSHH) and 'fitness to work' (such as for occupational drivers, Exposure Prone Procedure Workers (EPP) and those entering confined spaces).

- Management referral appointments complying with General Medical Council recommendations on transparency, confidentiality and consent, Faculty of Occupational Medicine 'Good Occupational Medicine Practice' and Ethics guidance.

- Expert OH Occupational Therapy assessments.

- Occupational Physiotherapy assessment and treatment.

- Workplace based assessments / visits.

- Staff Counselling service by British Association for Counselling and Psychotherapy accredited counsellors.

Document: NHS Fife Occupational Health and Wellbeing Service Annual Report 2020-2021
Author: Head of Workforce Planning and Staff Wellbeing

Edition: 01
Page: 12 of 23

Version Date: 31/10/2021
Review Date: N/A

12/23

191/228

Appendix 2a: Staff Occupational Health and Wellbeing Service – Pre-Employment and Management Referral KPI Compliance (April 2020 to March 2021)

Pre Employment and Mangement Referral KPI Compliance 2020/2021

Legend:
- Pre-employment Screening
- Pre-employment appointment OHN
- Fitness to work report (fit slip)
- OH Nurse Appointments
- OH Nurse Reports
- OH Physician Appointments
- OH Physician Reports

01/04/2020 to 31/03/2021
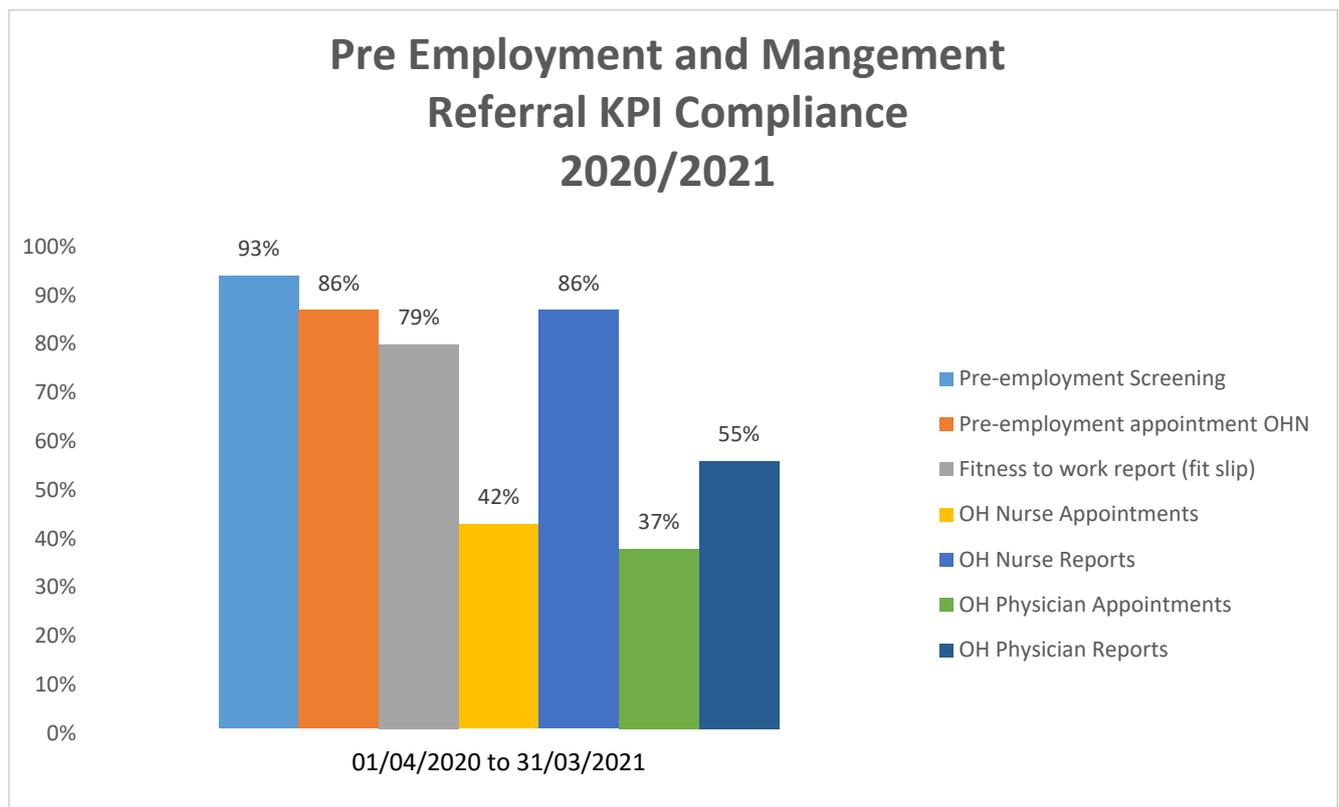
KPI Compliance

Description	KPI Target	Average Days	Processed/ Attended	Nos within KPI	KPI Compliance
Pre-Employments:	**Within:**				
Pre-employment Screening	3 working days	2	1,504	1,401	93%
Pre-employment Appointment OHN	13 working days	10	323	286	86%
Fitness to work report (fit slip)	21 working days of appt	5	303	238	79%
Management Referrals:	**Within:**				
OH Nurse Appointments	10 working days of receipt	16	1,184	499	42%
OH Nurse Reports	5 working days of appt	3	728	623	86%
OH Physician Appointments	10 working days of receipt	9	282	103	37%
OH Physician Reports	5 working days of appt	6	276	152	55%
Combined Dr/Nurse MRs:	**Within:**				
OH Nurse & Physician Appointments	10 working days of receipt	12	1,466	602	41%
OH Nurse & Physician Reports	5 working days of appt	4	1,004	775	77%

Document: NHS Fife Occupational Health and Wellbeing Service Annual Report 2020-2021
Author: Head of Workforce Planning and Staff Wellbeing

Edition: 01
Page: 13 of 23

Version Date: 31/10/2021
Review Date: N/A

13/23

192/228

Appendix 2b: Staff Occupational Health and Wellbeing – NHS Fife Activity Report (April 2020 to March 2021)

Pre-employment Questionnaires Received: 1,966 (1,791 in 2019 to 2020)
Management Referrals Received: 1,299 (1,303 in 2019 to 2020)

Appointment Reason	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Pre-Employment Screening:							
Doctor - Pre-employment Assessment	4	0	0	0	0	2	6
Nurse - Pre-employment Assessment	152	31	5	8	19	2	217
Nurse - Pre-employment Tele Cons	317	14	2	3	44	3	383
Total:	**473**	**45**	**7**	**11**	**63**	**7**	**606**
Management Referrals:							
Doctor - Ill Health Retiral	5	0	0	0	0	0	5
Doctor - Medical Review	16	2	0	0	0	1	19
Doctor - New Management Referral	216	4	1	3	15	9	248
Doctor - Telephone Cons	0	0	0	0	0	0	0
Nurse - Medical Review	0	0	0	0	0	0	0
Nurse - Medical Review Tele Cons	33	0	1	0	3	2	39
Nurse - New Management Referral	4	0	0	0	0	0	4
Nurse - New Management Referral Tele Cons	922	51	5	5	98	64	1145
Total:	**1196**	**57**	**7**	**8**	**116**	**76**	**1460**
Self Referrals:							
Doctor - Self referral	0	0	0	0	0	0	0
Doctor - Self referral Review	0	0	0	0	0	0	0
Nurse - Self Referral	17	0	0	0	1	0	18
Nurse - Self Referral Review	8	0	0	0	2	0	10
Nurse - Self referral Review tele Cons	43	0	0	0	7	1	51
Nurse - Self referral tele cons	95	2	0	1	5	3	106
Self Referral - Triage Initial	0	0	0	0	0	8	8
Self Referral - Triage Review	0	0	0	0	0	0	0
Total:	**163**	**2**	**0**	**1**	**15**	**12**	**193**
Health Surveillance:							
Doctor - Skin Health Surveillance Assess	0	0	0	0	0	0	0
Doctor - Skin Health Surveillance Review	0	0	0	0	0	0	0
Nurse - Skin Health Surveill. Paper Screen	1	0	0	0	0	0	1
Nurse - Skin Health Surveillance Assess	16	0	0	0	1	0	17
Nurse - Skin Health Surveillance Review	32	2	0	0	9	2	45
Nurse - Skin Health Surveillance Review Tele Cons	273	9	1	4	94	5	386
Nurse - Skin Health Surveillance Tele Cons	322	11	1	4	104	7	449
Total:	**644**	**22**	**2**	**8**	**208**	**14**	**898**
Other:							
Doctors - Drivers Medical	0	0	0	0	0	0	0
Nurse - Driver's Medical	3	0	0	0	0	0	3
Nurse - Audiometry	0	1	0	0	1	0	2
Nurse - Workplace Visits	0	0	0	0	0	0	0
Nurse - Havs	0	0	0	0	0	0	0
Nurse - Lung Function Test	0	0	0	0	0	0	0
Nurse - Confined Space	0	0	0	0	0	0	0
Nurse - Mental Health	92	6	5	10	15	15	143
Nurse - Telephone Consultation - Other Reason	97	1	0	0	3	0	101
Nurse - Workstation Assessment	0	0	0	0	0	0	0
OT - Career Search Evaluation	3	0	0	0	0	0	3
OT - Chair Clinic	0	0	0	0	0	0	0
OT - Computer Workstation Evaluation	25	0	2	1	0	3	31
OT - Job Site Evaluation	19	1	1	0	1	1	23
OT - Work Ability Evaluation	7	0	0	3	1	1	12
OT - Workplace Support	0	0	0	0	0	0	0
Total:	**246**	**9**	**8**	**14**	**21**	**20**	**318**

Appointment Reason	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Communicable Diseases Screening:							
BCG Scar Check	207	3	0	1	0	0	211
Covid Vaccine	15	2	0	0	0	0	17
Hep B Imms	994	137	19	64	396	25	1635
Imm - BCG	54	0	0	0	0	0	54
Imm - Chickenpox History	201	0	0	0	1	0	202
Imm - MMR / Rubella	274	44	10	8	69	7	412
Imm- MMR Status	81	0	0	0	0	0	81
Imm -Pertussis Booster	0	1	0	0	0	0	1
Imm - Varicella	7	3	0	1	2	1	14
IV Bld - Hep B antibodies	394	78	4	31	200	2	709
IV Bld - Hep B surface antigen	168	0	1	0	1	0	170
IV Bld - Hep C antibodies	151	0	0	0	0	0	151
IV Bld - Hep C RNA (PCR)	6	0	0	0	0	0	6
IV Bld - HIV	159	2	0	0	0	0	161
IV Bld - IGRA	8	1	0	0	0	0	9
IV Bld - Latex IGE	0	0	0	0	0	0	0
IV Bld - Measles	73	2	0	0	0	0	75
IV Bld - Rubella	68	2	0	0	0	0	70
IV Bld - Storage	51	2	0	0	0	0	53
IV Bld - Varicella	22	2	0	1	8	0	33
Nurse - Imms Consultation	460	69	5	15	118	6	654
Nurse - Mantoux Test	80	15	3	7	39	1	145
Nurse - Mantoux Reading	70	24	17	3	18	5	137
Total:	**3543**	**387**	**59**	**131**	**852**	**47**	**5019**
Contamination Injury Assessments:							
Nurse - Contamination Injury	77	1	0	0	2	0	80
Nurse - Contamination Injury Review	159	26	4	6	112	12	319
Total:	**236**	**27**	**4**	**6**	**114**	**12**	**399**
TOTAL	**6501**	**549**	**87**	**179**	**1389**	**188**	**8893**

TOTAL ACTIVITY BY SERVICE AREA – 2020 to 2021:

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Acute Services Division	2949	228	42	76	622	70	3988
Corporate Services	690	55	7	20	140	15	927
HSCP	1254	84	9	21	176	42	1586
TOTAL	**4892**	**367**	**58**	**118**	**939**	**127**	**6501**

TOTAL ACTIVITY BY SERVICE AREA – 2019 to 2020:

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Acute Services Division	4724	649	62	135	762	131	6463
Corporate Services	734	97	6	20	150	21	1028
HSCP	2336	328	38	77	269	75	3123
TOTAL	**7794**	**1074**	**106**	**232**	**1181**	**227**	**10614**

PHYSIO / COUNSELLING SELF REFERRAL

Appointment Reason	TOTAL
Physio Referrals Sessions Via Discharge	795
Caps Referral Sessions Via Discharge	1198

COVID-19

Appointment Reason	Attended	Cancelled	DNA	TOTAL
COVID testing & Contract Tracing calls/emails	4887	0	17	4904
COVID Risk Assessment	249	3	35	287
COVID Manager queries	1154	0	0	1154
TOTAL	6290	3	52	6345

Appendix 3a: Staff Occupational Health and Wellbeing Service – Percentage of NHS Fife Appointments Attended by Appointment Type (April 2020 to March 2021)
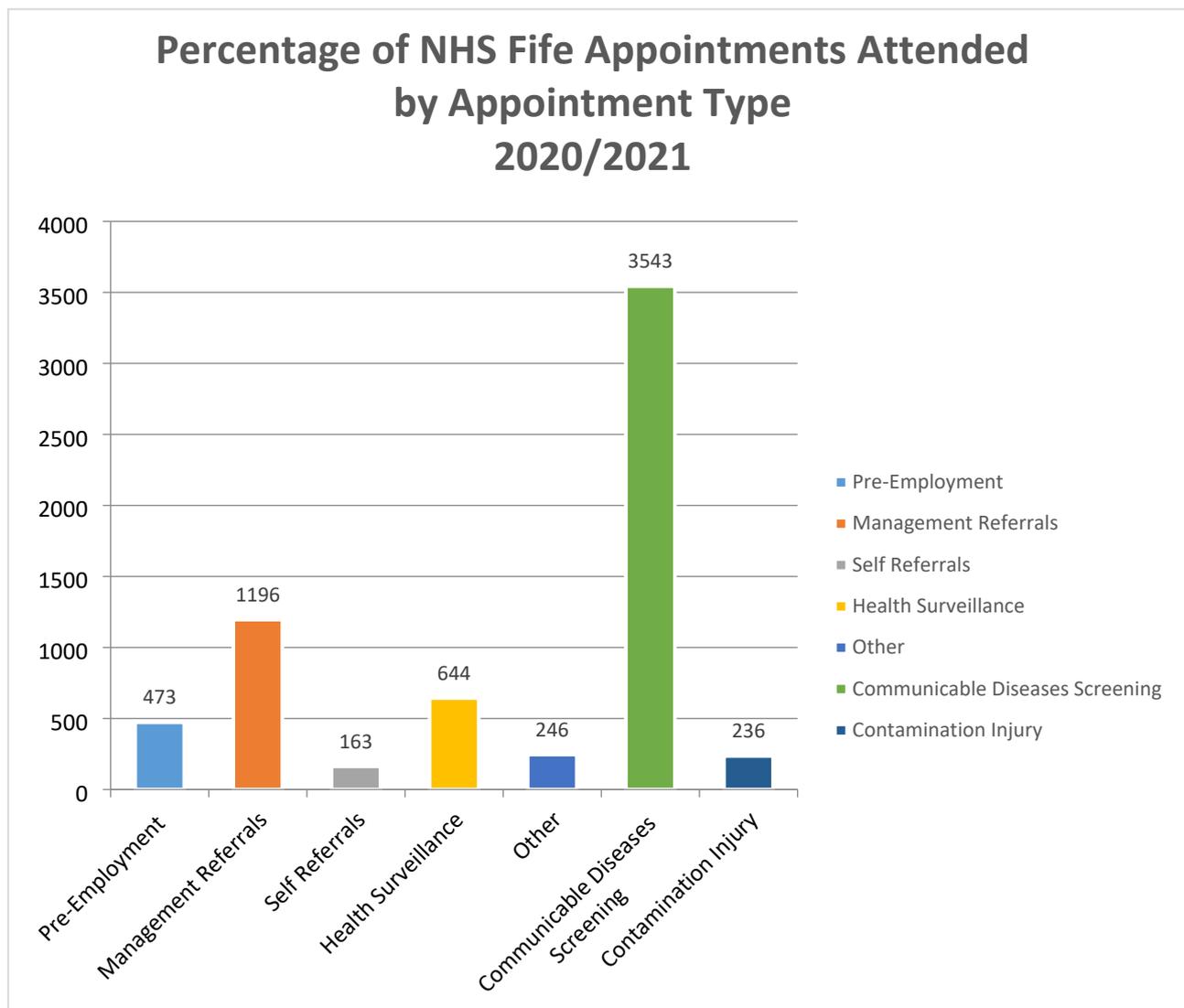
Percentage of NHS Fife Appointments Attended by Appointment Type 2020/2021

	Pre-Employment	Management Referrals	Self Referrals	Health Surveillance	Other	Communicable Diseases Screening	Contamination Injury	Total
Number of items of activity of those attending OH	473	1196	163	644	246	3543	236	6501
% of total number attended	7%	18%	3%	10%	4%	54%	4%	

Appendix 3b: Staff Occupational Health and Wellbeing Service – NHS Fife Appointment Attendance – Percentage of Offered Appointments (April 2020 to March 2021)
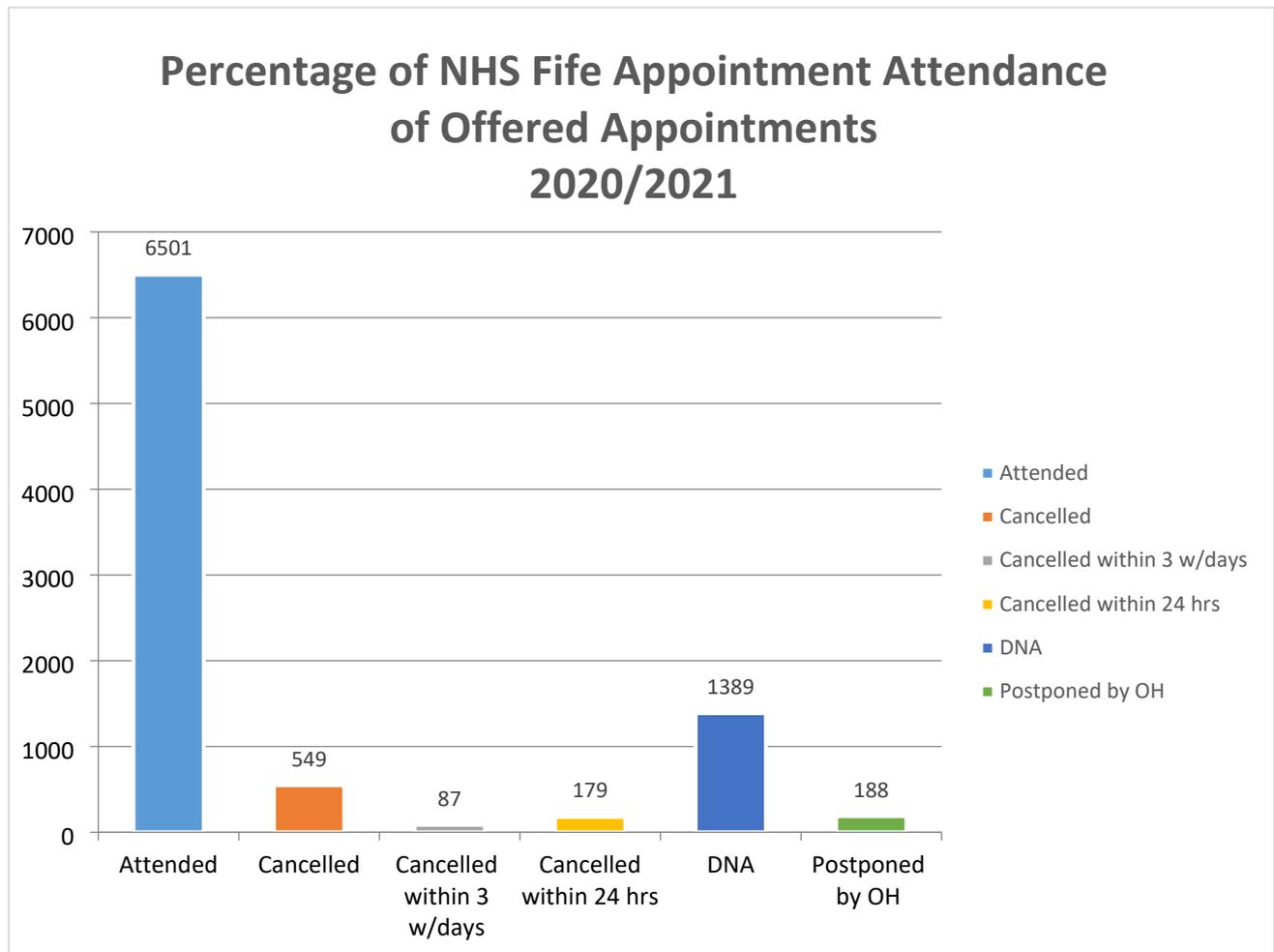
Percentage of NHS Fife Appointment Attendance of Offered Appointments 2020/2021

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH
Total	6501	549	87	179	1389	188
Percentage	73%	6%	1%	2%	16%	2%

Appendix 3c: Staff Occupational Health and Wellbeing Service – NHS Fife Appointment Attendance – Percentage of Offered Appointments by Service Area (April 2020 to March 2021)


Percentage of Offered Appointments By Service Area 2020/2021
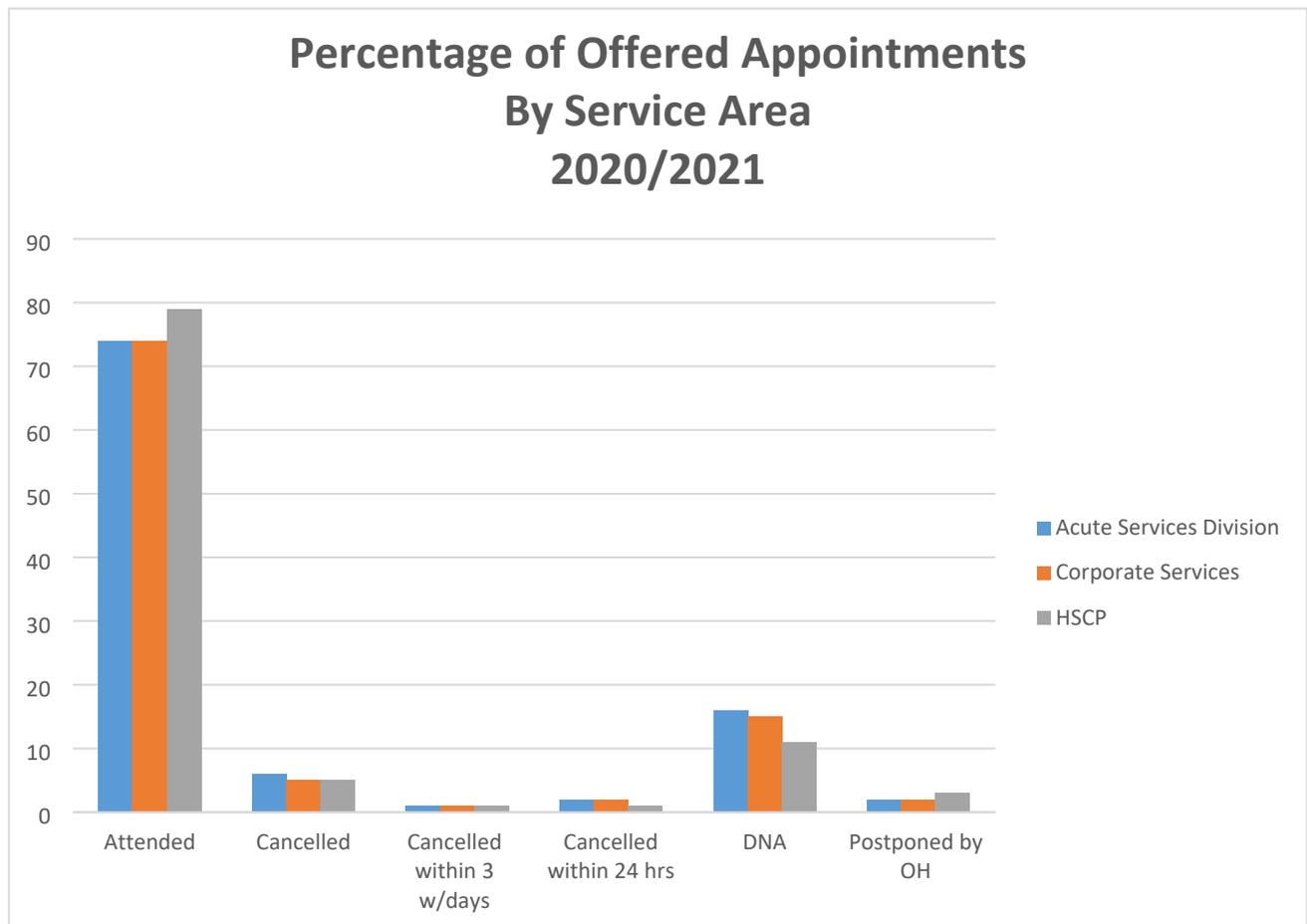
TOTAL ACTIVITY BY SERVICE AREA:

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Acute Services Division	2949	228	42	76	622	70	3988
Corporate Services	690	55	7	20	140	15	927
HSCP	1254	84	9	21	176	42	1586
TOTAL	4892	367	58	118	939	127	6501

|	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH
Acute Services Division	74%	6%	1%	2%	16%	2%
Corporate Services	74%	5%	1%	2%	15%	2%
HSCP	79%	5%	1%	1%	11%	3%

Percentage of COVID-19 Activity

Page 20 of 23
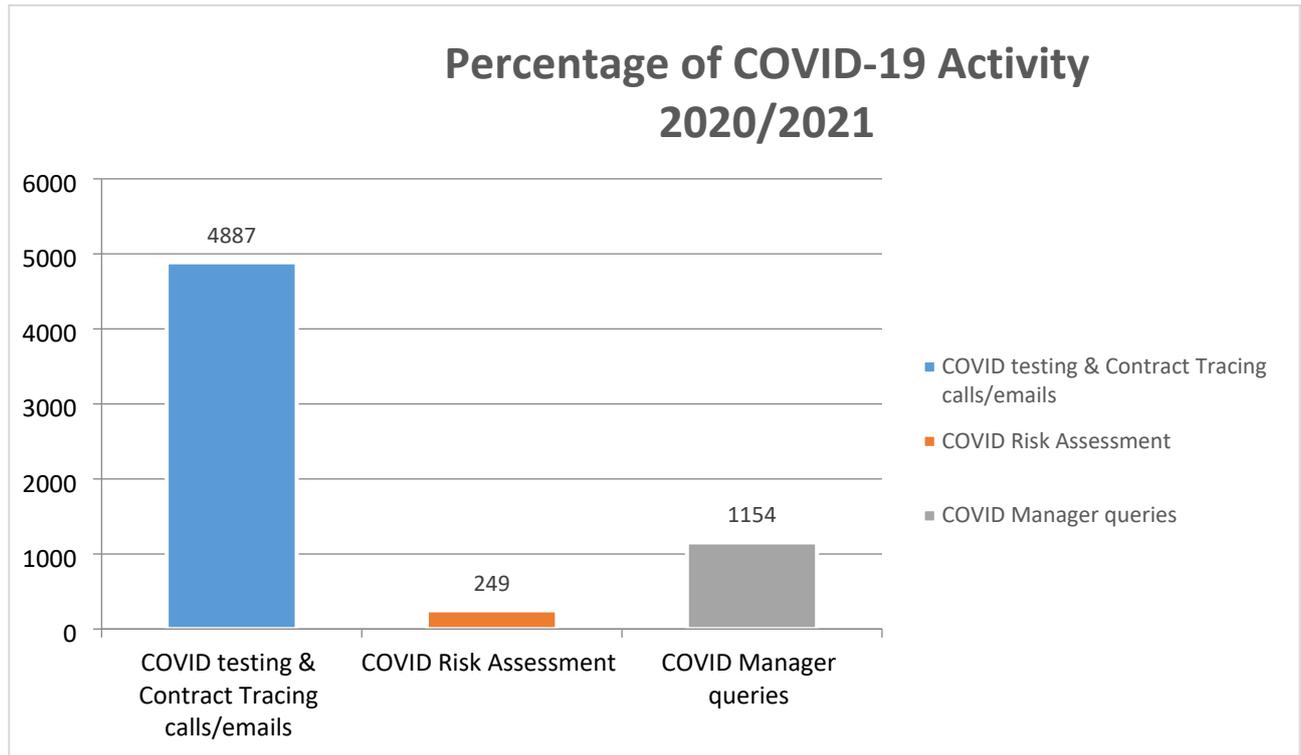
Appendix 4: Staff Occupational Health and Wellbeing Service – Non-NHS Activity Report (April 2020 to March 2021)

Pre-employment Questionnaires Received: 318
**Management Referrals Received:**   146

Appointment Reason	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Pre-Employment Screening:							
Doctor - Pre-employment Assessment	2	0	0	0	0	0	2
Nurse - Pre-employment Assessment	221	6	1	3	15	0	246
Nurse - Pre-employment Tele Cons	59	1	1	0	17	3	81
Total:	**282**	**7**	**2**	**3**	**32**	**3**	**329**
Management Referrals:							
Doctor - Medical Review	5	0	0	0	1	0	6
Doctor - New Management Referral	47	4	0	2	8	2	63
Nurse - Medical Review Tele Cons	4	0	1	0	0	1	6
Nurse - New Management Referral Tele Cons	75	3	0	1	12	4	95
Total:	**131**	**7**	**1**	**3**	**21**	**7**	**170**
Self Referrals:							
Nurse - Self Referral	1	0	0	0	0	0	1
Nurse - Self referral Review tele Cons	1	1	0	0	0	0	2
Nurse - Self referral tele cons	6	0	0	0	0	0	6
Total:	**8**	**1**	**0**	**0**	**0**	**0**	**9**
Health Surveillance:							
Nurse - Skin Health Surveillance Tele Cons	2	0	0	0	1	0	3
Total:	**2**	**0**	**0**	**0**	**1**	**0**	**3**
Other:							0
Nurse - Telephone Consultation - Other Reason	19	0	0	0	0	0	19
Total:	**19**	**0**	**0**	**0**	**0**	**0**	**19**
Communicable Diseases Screening:							
BCG Scar Check	124	0	0	0	3	0	127
Covid Vaccine	1	0	0	0	0	0	1
Hep B Imms	478	20	5	9	64	2	578
Imm - BCG	24	0	0	0	0	0	24
Imm - Chickenpox History	165	0	0	0	0	0	165
Imm - MMR / Rubella	77	5	0	3	13	1	99
Imm- MMR Status	12	0	0	0	0	0	12
Imm - Varicella	8	0	0	0	0	0	8
IV Bld - Hep B antibodies	223	19	5	4	30	0	281
IV Bld - Hep B Antibodies HBc	44	0	0	0	0	0	44
IV Bld - Hep B surface antigen	282	0	0	0	2	0	284
IV Bld - Hep C antibodies	263	0	0	0	2	0	265
IV Bld - Hep C RNA (PCR)	8	0	0	0	2	0	10
IV Bld - HIV	266	0	0	0	2	0	268
Nurse - Imms Consultation	46	14	0	2	5	1	68
Nurse - Mantoux Test	26	1	0	1	1	1	30
Nurse - Mantoux Reading	22	0	1	1	1	4	29
Total:	**2069**	**59**	**11**	**20**	**125**	**9**	**2293**
Contamination Injury Assessments:							
Nurse - Contamination Injury	23	0	0	0	0	0	23
Nurse - Contamination Injury Review	60	9	1	2	32	2	106
Total:	**83**	**9**	**1**	**2**	**32**	**2**	**129**
TOTAL	**2594**	**83**	**15**	**28**	**211**	**21**	**2952**

Non-NHS Activity includes the following organisations: Doctors & Dentists in training; Scottish Ambulance Service, Community Sharps, Dental Practices, GP Practices, Fife College, St Andrews University, University of Dundee & University of Edinburgh
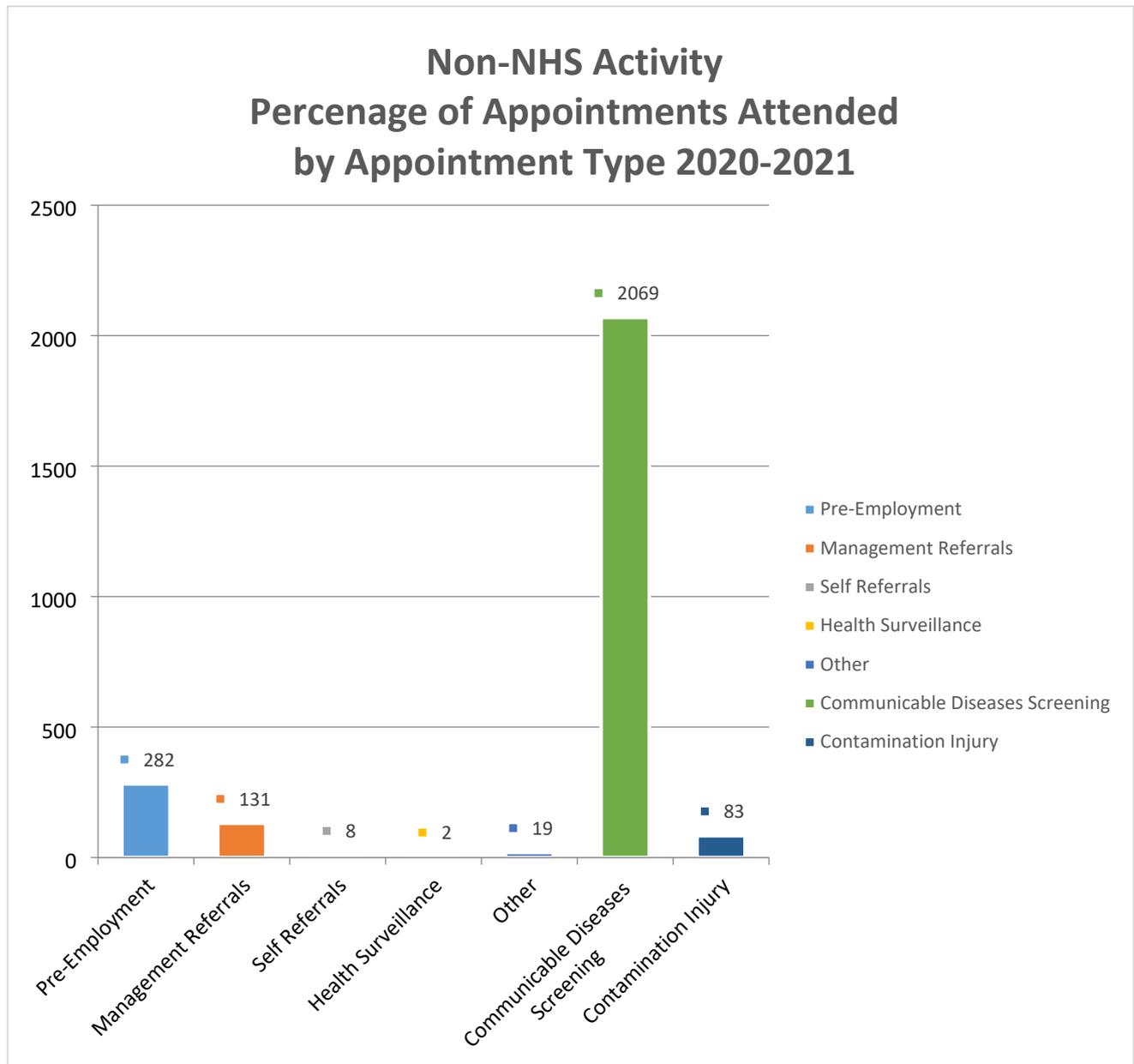
Non-NHS Activity
Percenage of Appointments Attended
by Appointment Type 2020-2021

	Pre-Employment	Management Referrals	Self Referrals	Health Surveillance	Other	Communicable Diseases Screening	Contamination Injury	Total
Number of items of activity of those attending OH	282	131	8	2	19	2069	83	2594
% of total number attended	11%	5%	0%	0%	1%	80%	3%	

Non-NHS Activity
Percentage of Appointment Attendance
Offered Appointments
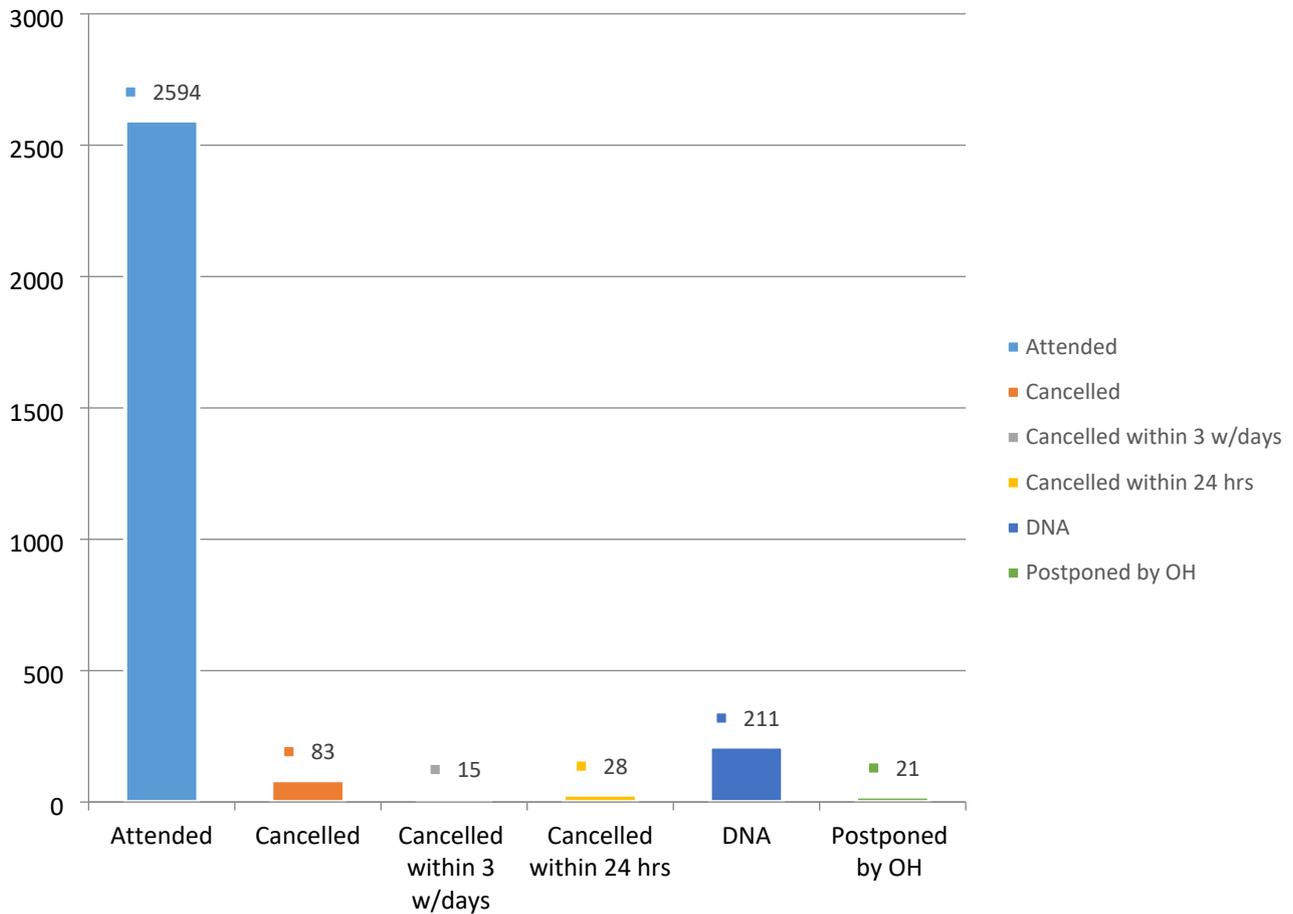
	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Total	2594	83	15	28	211	21	2952
Percentage	88%	3%	0%	1%	7%	1%	

Area Partnership Forum

(Meeting on Wednesday 19 January 2022)

The main focus of the Area Partnership Forum meeting held on Wednesday 19th January 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.

NHS Fife
AREA PARTNERSHIP FORUM

NHS
Fife

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 19TH JANUARY 2022 AT 13:30 HRS VIA MS TEAMS

Chair: Carol Potter, Chief Executive

Present:

Indranil Banerjee, Local Negotiating Committee	Margo McGurk, Director of Finance & Strategy
Kirsty Berchtenbreiter, Head of Workforce Development & Engagement	Chris McKenna, Medical Director
Nicky Connor, Director of Health & Social Care	Alison Nicoll, Royal College of Nursing
Claire Dobson, Director of Acute Services	Louise Noble, UNISON
Linda Douglas, Director of Workforce	Janette Owens, Director of Nursing
Simon Fevre, British Dietetic Association	Lynne Parsons, College of Podiatrists
Maryann Gillan, Royal College of Midwives	Joanna Pickles, British Medical Association
Neil Groat, Society of Radiographers	Sandra Raynor, Head of Workforce Resourcing & Relations
Ben Hannan, Deputy Director of Pharmacy & Medicines (for Scott Garden)	Kevin Reith, Deputy Director of Workforce
Joy Johnstone, Federation of Clinical Scientists	Caroline Somerville, UNISON
Angela Kopyto, British Dental Association	Joy Tomlinson, Director of Public Health
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

C Potter welcomed colleagues to the meeting and wished everyone a Happy New Year. C Potter gave due recognition to the ongoing contribution of staff under unrelenting pressure; however noted, there appears to be a glimmer of hope as the number of positive COVID-19 cases continue to fall.

Apologies were noted from S Adamson, W Brown and S Garden (B Hannan attending).

02.   MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 17th November 2021 were accepted as a true and accurate record.

It was agreed to defer to the next Area Partnership Forum (APF) meeting the action on the SPRA (Strategic Planning and Resource Allocation) process; the Action List was approved.

03.   MATTERS ARISING

a.   eESS/ Exit Interview

R Waugh explained that it is not possible to extract from eESS the narrative on Exit Interviews logged by individuals. However, an overview can be provided and will be shared with APF members for information. Analysis of the number of leavers in 2020/21 indicates that the increase is mainly due to a large proportion being on fixed term contracts - for example, additional staffing recruited through Friends & Family and Retire & Return campaigns - to support the COVID-19 effort. Comparison of 2020/21 with 2019/20 data reveals that the number leaving substantive posts was about the same (around 500). The main reasons for leaving NHS Fife were New Employment within NHS Scotland; Voluntary Resignation; and Age Retirement.

RW

In order to provide clarity on the Exit Interview module on eESS, it was agreed to circulate the guidance to managers through existing distribution mechanisms.

RW

b. Enabling Completion of Mandatory Training

J Owens thanked K Berchtenbreiter for providing up-to-date data and compliance figures (which are encouraging given the COVID-19 environment) but was disappointed not to have received any suggestions from APF colleagues for encouraging completion of mandatory training. J Owens advised that there is a new more interactive and engaging Welcome and Orientation Programme on TURAS Learn, which over 350 new starts have undertaken. Also available on TURAS are the 9 core skills training elearning modules, and manager reporting. The main challenge currently is time for staff to complete the training due to the continuing pressures caused by the pandemic. K Berchtenbreiter advised that work is ongoing with NES which will enable managers to access each of their staff member's learning record on TURAS Learn; but in the meantime, she assured APF that the Workforce Development & Engagement Team are supporting managers and teams. However, it was recognised that elearning in relation to the Vaccination Programme had been particularly successful.

It was agreed to circulate to APF members (and promote on StaffLink) the guidance for Core Training to clarify the required courses/ training and refresh periods for each staff group/ role.

KB/ KMacG

It was noted that plans are in place to consolidate staff training information recorded on various platforms into one NHS Scotland-wide system.

04. UPDATE/ ISSUES FOR ESCALATION FROM LOCAL PARTNERSHIP FORUM (LPF)

a. Acute Services Division and Corporate Directorates

C Dobson reported that the most recent LPF meeting on 23 December 2021 included significant discussions on workforce challenges, in particular mobilising staffing resources to contend with the Omicron surge, and the impact on the workforce. The focus has been on Emergency and Urgent Cancer Care, together with COVID wards and the Vaccination Programme. There has been staff side involvement throughout the deployment process and support is ongoing for the staff deployed. A Verrecchia stressed he has recently had some of the most 'difficult' and 'challenging' conversations with staff in his whole career.

C Dobson highlighted other challenges being faced, including high absence rates, especially long term sickness, compounded by COVID-19 measures. Time was taken over the festive period to reflect on how best to support staff

and managers going forward in terms of attendance at work; managers and staff are tired and resilience is low. Operational challenges continue.

A Festive LPF Newsletter was prepared to celebrate staff activities and promoted staff support initiatives, which was welcomed. A Verrecchia noted the wealth of support available to staff throughout the pandemic and how important it is, given the ongoing work pressures and adverse events endured. In particular, APF noted the sad passing of Andrew Rae and wished to convey their condolences to his family.

APF **noted** the update.

b.   Health & Social Care Partnership

N Connor indicated the LPF had met this morning and a decision reached, given these challenging times, to meet more frequently to address current pressures and the move towards remobilisation and recovery phases. Other topics covered at the meeting were Health & Safety – acknowledging the additional efforts of Manual Handling trainers to ensure redeployed staff are appropriately trained for their temporary role; Finance update – proactively engaging with LPF colleagues to discuss budgets; the Immunisation workforce and progressing to recruitment with the support of the Executive Directors Group (EDG); recognising the success of the Vaccination Programme and campaigns (Boosted by the Bells) – Fife vaccination levels are above the national average; the current COVID position and what it means for the workforce, including changes to restrictions – it was recognised the next 6-8 weeks especially will continue to be challenging in care homes, with ward closures and in relation to capacity, given the retraction of some services and deployment of staff to more pressured areas. In general there has been a positive response to staff deployment, it being seen as a chance to enhance their career; Staff Health and Wellbeing – acknowledging higher absence rates and trends than last year, and it was noted that staff would appreciate more support, not only online but, for example, more social, outdoor and face-to-face initiatives, which was recognised had restrictions at this time limiting the more face-to-face opportunities.

L Douglas, on behalf of Rebecca Connor, Communications Officer requested redeployment stories – to highlight the successes and positive experiences – be emailed to fife.stafflink@nhs.scot for celebrating and publishing on StaffLink.

APF **noted** the update.

05.   REPORTS FOR DISCUSSION

a.   Workforce Resourcing & Resilience (including Staff Health & Wellbeing)

K Reith introduced the brief presentation, incorporating Recruitment/ Deployment, Safe Staffing/ Patient Safety, Staff Health & Wellbeing Support and Staff Engagement actions undertaken to support the workforce during the COVID-19 pandemic. K Reith acknowledged the difficult and challenging work environment; gave thanks to all staff and managers for their continued efforts; and indicated that although recruitment and support activity focuses on immediate needs, it is planned to build on and sustain this in the medium to long term. Highlights from the presentation included:

Recruitment/ Deployment

There has been a constant and large throughput of additional staff onboarded in a flexible and streamlined way. Scottish Government funding has enabled the appointment of the Healthcare Support Worker Vaccinator and Ward Admin roles. International recruitment – the first cohort of Nurses and Radiographers from overseas arrive February 2022; NHS Fife is likely to be the first Board in Scotland to welcome international recruits under this campaign. There has been a large increase in Bank capacity. Volunteer numbers had been reduced due to COVID-19 restrictions, but gradually reintroducing volunteers.

Safe Staffing/ Patient Care

Patient care has been a priority and a challenge. The Nursing & Midwifery Tool has been run to establish safe staffing levels and guiding principles used to support staff. A fast track appointment process has been employed to enrol student nurses. Work continues with the development of the Band 4 nursing role, a positive career advancement opportunity for HCSWs. A 'workforce resilience' layer predominantly from non clinical services has been developed within NHS Fife to provide additional staffing resources for a range of areas under extreme pressure.

Staff Health & Wellbeing

A comprehensive range of activities has been on offer, with a focus on rest and recharge, and refreshments provided in staff rest areas and wellbeing hubs. Work is ongoing to enable permanent Staff Health & Wellbeing Hubs on Community as well as Acute sites. In collaboration with the Staff Health & Wellbeing Group. additional Scottish Government 'Winter Pressures' funding has been allocated to the most valuable and useful initiatives (which are continually under review).

Staff Engagement

The importance of engagement and communication with staff has been recognised, with visible leadership (senior leadership visits); working in partnership in the Silver Groups; weekly comms and CE Briefs.
It is anticipated the National iMatter Report will be published in time for the next APF. The Fife response rate to the iMatter survey has been good and reflects the national average. NHS Fife has been commended for supporting teams, and is the most improved Board in terms of Action Planning activity.

C Potter referred to an action to compile an action list in relation to workforce resourcing and resilience aspects. It was agreed with staff side colleagues that a regular presentation of up-to-date infographics would be more valuable and the action of requiring an action list would be closed.

APF **noted** the update.

b.   Workforce Information Overview incorporating Nursing, Midwifery and Allied Health Professionals (NMAHPs) vacancy data

K Reith indicated there is a lot of detail in the report and welcomed comments or questions 'offline'. Work is ongoing with the Digital & Information team locally and regional colleagues to develop and refine the suite of reporting in order to provide as up-to-date and accurate information as possible and will, in the near future, include PDPR reporting.

K Reith highlighted that the two specific issues requested at the November 2021 APF were included in the report: firstly, work around establishment gap (the number of funded posts versus the actual number of staff in post) and vacancy information; and employment relations activity (not yet available on Tableau). It was noted that it is more accurate to report vacancies as a proportion/ percentage of the workforce rather than a number as the overall

workforce may have increased (e.g. organic growth, additional staffing recruited during the pandemic). It was suggested that the addition of some narrative around the infographics would provide clarification of the data.

APF **noted** the update.

c. Finance Update from the Integrated Performance & Quality Report (IPQR)

M McGurk advised that as at 31 October 2021, the overall financial position was an overspend of £13.2m, with a forecast end of year overspend of £16.4m. However, the November 2021 position indicates the year end position has reduced to a forecast overspend of £14m. M McGurk drew attention to paragraph 1.3 which confirms that Scottish Government will provide financial support to enable the Board to achieve breakeven by the year end. There are a number of conditions, including preparing a plan which demonstrates delivery of 50% of the projected funding gap as we go into the next financial year, 2022/23.

M McGurk informed APF that a Financial Improvement & Sustainability Programme has recently been launched which reports to the Portfolio Board. M McGurk stressed the need to expand our focus with this programme, to looking at ways to increase productivity and expand capacity (e.g. increase in day surgery at Queen Margaret Hospital) alongside delivery of cash releasing savings. M McGurk advised there are currently 7 or 8 significant cash releasing projects and suggested she provide a more detailed update at the next APF. M McGurk encouraged APF to support this programme.

M McGurk indicated that the initial outcome of the SPRA process has been reported to EDG and the Portfolio Board and the financial position will remain challenging in 2022/23. However, a number of projects have been identified to help deliver the required £12m savings.

M McGurk also advised that Scottish Government have now confirmed the NHS Board allocation levels and uplift for 2022/23 and that this includes an additional in-year allocation to support Boards moving towards greater parity in relation to NRAC. NHS Fife has historically been as high as 1.2% from parity. This distance from parity will reduce to 0.8% for 2022/23 as we have been advised of a significant increase to our NRAC parity share. In 2021/22 we received c£2m and in 2022/23 this increases to £7m.

C Potter suggested that part of the March APF meeting could be used to discuss the Financial Improvement & Sustainability Programme and the work of the Portfolio Board.

APF **noted** the update.

d. Band 2/3 Nursing Clinical Support Workers Review

S Raynor talked to the paper and explained that in 2019, 108 UNISON members submitted reviews of their existing Band 2 job descriptions claiming they worked at Band 3 level in their substantive roles. National guidance (awaited) will require NHS Fife to review the existing job descriptions of Band 2 Clinical Support Workers to determine if this grade is still appropriate, based on the new national profiles.

S Raynor advised that additional local submissions have since been received, bringing the total to 202 and gave assurance that the Short Life Working Group continues to review and assess the job descriptions and will determine

appropriate banding of job roles on receipt of the guidance and in line with national profiles to ensure consistency across NHS Scotland.

APF **noted** the update.

06.   COMMUNICATIONS UPDATE

K MacGregor provided an update on StaffLink:

The StaffLink User Group continues to meet monthly and at the meeting last week discussed ideas for improving the platform; and agreed the Terms of Reference with no amends, including membership of the group which will be shared with APF.   **KMacG**

StaffLink Developments include:

Newsfeed

Categories have been adapted to make it easier to filter/search relevant newsfeed categories. There has been a focus on associated visual content e.g. video, graphics, pictures. Statistics show increased engagement with newsfeed content, with a peak in December 2021 of 1500 user comments. Blink news carousel (e.g. breaking news, key stories) development is delayed - now expected February 2022 - this will help provide real benefits in highlighting key news items, features.

Staff Room

Content is being refined and grown, including staff announcements, discounts Kingdom Lottery, staff schemes etc; and work continues. It was the most accessed Hub area - 6000 hits in December 2021.

FROG (Fife Referral Online Guide - replacing RefHelp from the old intranet)

Launched at the end of November 2021, supporting referrals into secondary care with overarching service and condition specific information. Supporting walk-through videos produced for Primary Care colleagues. Accessed well over 1000 times (up to the end of December), positive feedback,

Continued Developments:

User Guides

Short guides on getting the best out of StaffLink for those already using StaffLink, new starts and Admins; associated comms to support. Guides to be worked up and shared with the group for further input/feedback.

Hub Restructuring - Initial Stages

Ongoing scoping and discussions with Blink and Webmaster on restructuring Hub and the most effective way to shift content. Conducting StaffLink User Survey in February/ March 2022 - how easy/difficult is it to access content; what are people looking for; how could this be improved.
Starting to work with service areas to ensure that their content is relevant and up-to-date and that they are comfortable with maintaining their content.

APF **noted** the update**.**

07.   ITEMS FOR NOTING

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

a.   H&SCP LPF – (i) Confirmed Minutes of 22nd September 2021 and (ii) Confirmed minutes of 3rd November 2021

b.   ASD&CS LPF – Unconfirmed Minutes of 23rd December 2021

    c.   NHS Fife Staff Health & Wellbeing Group – Confirmed Minutes of 27th October 2021

08.   AOB

There was no other business notified in advance to discuss.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 23rd March 2022 at 13:30 hrs via MS Teams.

Health & Social Care Partnership Local Partnership Forum

(Meeting on Wednesday 19 January 2022)

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

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM
WEDNESDAY 19 JANUARY 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
Alison Nicoll, RCN
Anne-Marie Marshall, Health & Safety Officer, NHS Fife
Audrey Valente, Chief Finance Officer, H&SC
Angela Kopyto, Community Dental Officer
Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing and Absence, H&SC
Jane Brown, Principal Social Work Officer, H&SC
Kenny McCallum, UNISON
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Mary Whyte, RCN
Roy Lawrence, Principal Lead Organisation Development and Culture
Bryan Davies, Head of Primary & Preventative Care Services
Susan Young, Human Resources, NHS Fife
Wendy McConville, UNISON Fife Health Branch
Hazel Williamson, Communications Officer
Carol Notman, Personal Assistant (Minute Taker)

APOLOGIES: Lisa Cooper, Immunisation Programme Director
Lynn Barker, Associate Director of Nursing
Eleanor Haggett, Staff Side Representative
Rona Laskowski, Head of Complex & Critical Care Services

NO	HEADING	ACTION

1   APOLOGIES

As above.

2   PREVIOUS MINUTES

2.1   Minute from 14 December 2021

The Minute from the meeting held on 14 December 2021 was approved
as an accurate record of the meeting.

2.2   Action Log from 3 November 2021

The Action Log from the meeting held on 14 December 2021 was
updated and approved.

G:\Committees and Board - Migrated\H&SC Local Partnership Forum M\2022\01 19.01.22\00 Draft Unconfirmed LPF
Minute - Jan. 22.docx

1/7

212/228

3   JOINT CHAIRS UPDATE

Nicky Connor advised that all services were experiencing very challenging times which would be highlighted in more detail as the meeting progresses through the agenda.

4   HEALTH AND SAFETY UPATE

Anne-Marie Marshall advised that the H&S Team were reviewing the MH/LD-LRA-01 Ligature Risk Assessment and Escalation Procedure which is anticipated to be completed and published by the end of March 2022.

Face Fit Testing continues to be led by Iain with weekly clinics held every Wednesday and advised that there is currently a healthy stock of FFP3 Marks.

Anne-Marie noted that there are new transparent facemasks available for use in health and social care settings and area's looking to order these are to contact her for support with purchasing details.

Anne-Marie noted that the H&S Team's attendance at Bronze Meetings has supported the service in knowing where and when the surge wards are opening allowing training to be organised easier.   Anne-Marie noted that Brian has supported the opening of Ward 8 and 8a and has provided training at the weekend to support as many staff as possible receive their manual handling training.

There is concern within the H&S Team that new staff are missing their manual handling training as they are being immediately redeployed but communication with the Corporate Training Team has helped to mitigate this issue.

Anne-Marie advised that there has been 4 reportable RIDDOR incidents recorded on DATIX since October 2021, all 4 were related to violence and aggression.   Three of these four incidences have been closed with an email reminder issued to the SCN regarding the remaining incident that has been under review since 9th November 2021.

Nicky Connor asked that the thanks of the committee is fed back to the Health & Safety Team for their efforts to ensure that staff don't miss their manual handling training.   Simon Fevre wished to note the positive feedback that has been received from the Ward 8 staff with regards the manual handling training that they have received noting how they appreciated the extra effort that has been made by the H&S Team to support them.

5   FINANCE UPDATE

Audrey Valente advised that the finance report had been discussed at the Finance & Performance Committee on 14 January 2022 where it had been reported that there has been a significant movement in the overspend from £4M to £1M since the last report in November 2021.

G:\Committees and Board - Migrated\H&SC Local Partnership Forum M\2022\01 19.01.22\00 Draft Unconfirmed LPF Minute - Jan. 22.docx

2/7   213/228

5   FINANCE UPDATE (Cont)

This is due in main to the recovery plan, continual refinement of costs associated to Covid-19 and ongoing vacancies throughout the Partnership.   She advised between the report being issued and the meeting date funding has been received from Scottish Government relating to the uplift in minimum wage which changes the proposed overspend to a £1M underspend as at November 2021.   The Finance & Performance Committee agreed that the attached report could be updated to reflect this change prior to submission to the IJB on 28 January 2022.

Simon Fevre queried with regard the underspend and whether this was positive as the acute services lost any underspend at the end of the financial year and asked if this was the same for the Partnership. Audrey confirmed that Health & Social Care Partnerships is a Section 106 Governing Body and can carry funds forward with the Council undertaking this on the Partnership's behalf. Audrey noted that the Partnership carried forward £30M reserves into this financial year albeit some is ringfenced for the purpose it was carried into reserves.

6   IMMUNISATION WORKFORCE

Bryan Davies advised that there has been a lot of planning required for the immunisation workforce due to the frequently changing picture associated with the various guidance being issued.   Bryan advised that the current workforce model is based on everyone over the age of 12 requiring a booster every 12 months in addition to the annual flu vaccination programme.

Bryan advised that Scottish Government has recently announced funding for recruitment for permanent immunisation personnel, noting that the current workforce are on temporary contracts or redeployed. Bryan advised that the service will need to initially focus on the key roles as the recruitment will need to span all roles including logistical and support staff who are vital for the smooth running of the vaccination programme.

Bryan advised that HR Partners have been involved with the current workforce and the new recruitment drive as the Scottish Government have provided a target of 75% of workforce to be employed on a permanent basis and noted that a paper is being developed that has been approved by both the Senior Leadership Team and the equivalent NHS Team.

Bryan advised that 6 Engagement Events have been organised, commencing 4 February 2022.

Nicky Connor wished to thank the Immunisation Team including those deployed from across Fife to support the boosted by the bells campaign.

G:\Committees and Board - Migrated\H&SC Local Partnership Forum M\2022\01 19.01.22\00 Draft Unconfirmed LPF Minute - Jan. 22.docx

3/7

214/228

6   IMMUNISATION WORKFORCE (Cont)

Thanks to Lisa Cooper, Bryan, Lynn and the HR Team for the work that has been undertaken in a complex situation to bring forward the workforce proposal and agree that the issue is significant and appropriate to be sighted by this committee.

7   COVID 19- POSITION & WORKFORCE UPDATE

Current Position

Nicky Connor wished to acknowledge that the last few weeks has been amongst the most challenging that the NHS and Health and Social Care has experienced.   She wished to extend her thanks to everyone for the work that has been done since the Omicron wave has resulted in the most recent significant challenges coupled with winter pressures. These have included the need to enact business continuity plans and increased staff absences, all while there has been additional demand for people requiring health and social care services from both community and hospital discharge pathways.

Nicky advised that the service has had to increase surge wards and capacity within the community hospitals and there has been challenge with the social care capacity with both care at home and significant care home closures. Due to increased outbreaks in community hospitals, Hospital Visiting is now at essential visiting only and this is in line with infection control advice. There has been a requirement to retract some services in both health and social care to release capacity to support the deployment of staff. This is in line with Business Continuity Plans and monitored daily at Bronze.

Nicky advised that it has been recognized that is the pressures continue there are concerns regarding sustainability. A request has been made to the Local Resilience Partnership (LRP) and the Council Incident Management Team (IMT) for a wider response.

Lynne Garvey reported back from Bronze Meeting advising that currently there are 27 Care Homes closed, as well as a number of Wards/Bays within the community hospitals closed. It was reported that the Community Hospitals are currently at 120% occupancy.

Agile / Flexible Working

Elaine Jordan advised that there had been communication issued to all Fife Council staff last week seeking support for social care and a lot of work has been going on with managers being asked to release staff. Staff who currently have hold a PVG Membership and Manual Handling Training are being urged to provide support if they can.

Susan Young advised that similar communication has been issued within NHS Fife with a number of the HR staff being deployed.

G:\Committees and Board - Migrated\H&SC Local Partnership Forum M\2022\01 19.01.22\00 Draft Unconfirmed LPF Minute - Jan. 22.docx

4/7   215/228

7   COVID 19- POSITION & WORKFORCE UPDATE (Cont)

Agile / Flexible Working (Cont)

Susan wished to highlight the changes in guidance for self-isolation. Simon Fevre advised that he had read some conflicting advice noting that the guidance changing on such a frequent basis was very confusing for both managers and staff.

Simon Fevre noted he was aware of the challenging times that the Partnership is currently experiencing but wished to highlight that there is a detrimental impact for the people of Fife and staff when services are retracted. Nicky acknowledged the challenging position being faced and recognised the staff concern regarding being deployed away from their core service and service impact. Nicky confirmed that this will require an ongoing balance of risk, that will need to be closely monitored with a focus on safety and the ability to be agile if any risks emerge due to the retraction of services. The decisions are logged and monitored at Bronze which has engagement from all services and then there is escalation to Silver. Nicky assured that as soon as we are able to safely start reducing our surge capacity and sustain critical service then there will be a managed process to plan release staff back to substantive services. Simon wished to confirm that the frustrations that are being raised from managers is directed at the situation and not at the Senior Leadership Team and the staff has been in contact with him do feel that their problems have been listened to.

Debbie Thompson noted that the Community Support Team have been on redeployment for 2 years there is concern that they are not doing the job that they were employed to do and advised that communication with these staff would be beneficial. Lynne Barker advised that the Workforce Hub try to keep staff up to date as much as possible and manage their expectations and anxieties.

Nicky Connor acknowledged that the service was facing difficult times, and was glad that staff felt comfortable raising their concerns and thanked everyone for their update and thanked colleagues for the support of the Local Partnership Forum.

8   HEALTH & WELLBEING

Attendance Information

Susan Young outlined the absence record for NHS Fife staff members noting that there was more than 6% absence rate for each of the months which was an increase from previous year.   As expected at this time of year the high reasons for absences are Anxiety, Stress and Depression followed by Coughs, Colds and Gastro related illnesses.

Elaine Jordan advised that the absence levels for week commencing 10 January 2022 were high at 14.08% of which 1.67% was recorded as covid related. She acknowledged that this figure is thought to be under reported within Oracle and communication to Managers has been

G:\Committees and Board - Migrated\H&SC Local Partnership Forum M\2022\01 19.01.22\00 Draft Unconfirmed LPF Minute - Jan. 22.docx

5/7   216/228

8   HEALTH & WELLBEING (Cont)

Attendance Information (Cont)

issued to remind all that absences are to be coded appropriately including 'self-isolation'. Following this it is anticipated that the covid related absences figures will increase and become more realistic. Elaine advised that MSK and work-related stress are the top two reasons for staff absences.

Elizabeth Crichton advised that there will be interviews held this week for 3 additional support staff who will have a broad remit to support managers with high absence levels within their teams.

Elizabeth noted that there has been a low uptake on the support that is being provided to staff.   Alison Nicoll advised that there are a few reasons that staff are not engaging with the support, one being they are frustrated with computer and do not want to log on while they are at home, the other being time factor due to the amount of travelling involved in the role.

Alison advised that there has been some reluctance for staff to undertake additional hours as they have not been paid for the previous overtime because they were not aware of forms that require to be completed in order to get the overtime payments. Lynne Garvey thanked Alison for raising this and AN/LG will discuss further out with meeting to ensure that support for the staff. Susan Young recommend that they link with Payroll colleagues as there may be a system solution to help with the overtime issue.

LG/AN

Staff Health & Wellbeing

Elizabeth acknowledged that the majority of support for staff wellbeing was computer based but there is a face-to-face pilot session at Stratheden on 27 January, 8 February and 23 February where the sessions will be limited to 14 staff members to allow appropriate social distancing. Nicky Connor asked Hazel Williamson to investigate how these could be promoted across the staff groups via the staff briefing and cascade.

11   ITEMS FOR BRIEFING STAFF

Via Directors Brief / Staff Meetings

Nicky Connor requested that Hazel Williamson support the draft briefing for the Directors Brief acknowledging the challenging position and the support that is needed.   Nicky noted concern being raised at the LPF with providing false hope for an end to the situation when the situation remains uncertain. Simon Fevre recommended that wording around acknowledging the stress relating to the impact of being deployed and ask staff to bear with us.   Debbie Thompson suggested recognizing the

G:\Committees and Board - Migrated\H&SC Local Partnership Forum M\2022\01 19.01.22\00 Draft Unconfirmed LPF Minute - Jan. 22.docx

6/7

217/228

NO	HEADING	ACTION

11   ITEMS FOR BRIEFING STAFF (Cont)

effort the staff have made and acknowledged that a positive message was required without over-reaching as there is still some degree of uncertainty to when services will pick up again and business will go back to normal.

HW

It was agreed that the communication will be issued as a co-chair message.

12   AOCB

Susan Young advised that Alison McArthur has been appointed as International Recruitment Lead with the first international recruits arriving in February with more anticipated on a monthly basis following this. Susan advised that the first recruits will be placed within the acute services. Wendy McConville noted her interest in the international recruitment and agreed to discuss with Susan out with meeting.

SY/WMcC

Debbie Thompson wished to thank Lynne Garvey for the support that has been provided to the Care at Home Services during this very difficult period and noted that it is hoped that the addition of new staff will release some of the pressures on the team.   Lynne confirmed that it had been a whole system approach with excellent support from the Trade Unions and Senior Leadership Team.

Anne-Marie Marshall advised that the Health and Safety Manager position is out for Advert with the closing date being 25 January 2022.

13   DATE OF NEXT MEETING

Tuesday 15 February 2022 – 9.00 am – 10.00 am

G:\Committees and Board - Migrated\H&SC Local Partnership Forum M\2022\01 19.01.22\00 Draft Unconfirmed LPF Minute - Jan. 22.docx

7/7

218/228

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

(Thursday 23 December 2021)

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

![NHS Fife logo]

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 23 DECEMBER 2021 AT 2.00 PM VIA MICROSOFT TEAMS

Present:
Claire Dobson (CD), Director of Acute Services **(Chair)**
Andrew Verrecchia (AV), Unison
Lynn Campbell (LC), Associate Director of Nursing
Neil McCormick (NM), Director of Property & Asset Management
Susan Young (SY), HR Team Leader
Kevin Egan (KE), Unite
Joy Johnstone (JJ), FCS
Dr Sue Blair (SB), BMA
Mary Ann Gillan (MG), Royal College of Midwifery
Benjamin Hannan (BH), Deputy Director of Pharmacy & Medicines

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

		Action
1	**WELCOME & APOLOGIES**	
	CD opened the meeting and welcomed everyone.	
	Apologies were received from Andrew Mackay, Anne-Marie Marshall, Donna Galloway, Louise Noble, Murray Cross and Caroline Somerville.	
2	**MINUTE OF PREVIOUS MEETING – 28 OCTOBER 2021**	
	The Minutes of the Meeting held on 28 October 2021 were accepted as an accurate record.	
3	**ACTION LIST & MATTERS ARISING**	
	3.1 **Annual Report**	
	• AV and CD have included information on the LPF annual report in their up-and-coming LPF festive newsletter. Close action.	**GMcK**
	3.2 **Staff Briefings & Internal Communications**	
	• AV and CD will be visiting areas across the Acute Services Division 1 afternoon every month for the next 12 months. Close action.	**GMcK**

3.3 Health & Safety Update Report	
• LC and AM-M will arrange dates for SCN/CNM meetings after Christmas and New Year. Close action.	**GMcK**
3.4 **Training Update**	
• CS brought this to the attention of the Workforce Development Team, and they were going to put further correspondence out which they did. With regard to files being archived this is not available once LearnPro is switched off as the contract has ended. Close action.	**GMcK**
3.5 **iMatter**	
• iMatter Next Steps document shared with LPF via email on 28/10/21. Close action.	**GMcK**
3.6 **Festive Newsletter**	
• The draft LPF festive newsletter has been shared with staff-side colleagues for information. • SB asked for a sentence to be added to the newsletter recognising that staff will want to seek support in a way that works best for them and at a time that they feel is appropriate. • Newsletter will be updated to reflect this and will be circulated to LPF members this afternoon.	**CD/GMcK**

4   HEALTH & SAFETY:

4.1   Health & Safety Update Report (including RIDDOR Update)

- The Health & Safety Update Report was noted, for information.
- NM advised the H&S Sub-Committee meeting took place on 10 December 2021. Other than all of the known problems we already have around COVID and restrictions there was nothing specific raised as a major issue.
- NM advised the update report gives a lot of detail on a number of areas, but we will be advertising some of the key health and safety posts in the New Year to enable the health and safety team to get back up to its full compliment.
- NM advised in the meantime, AM-M has been doing a great job in keeping everyone up to date and keeping things moving forward and wanted to pass on his thanks to her.

5   STAFF GOVERNANCE 2019/20

A   Well Informed

5.1   Director of Acute Services Brief – Operational Performance

- CD advised it has been a continued period of significant pressure for us as an Acute Services Division through the front door into the hospital and right across the system.
- CD advised in terms of performance we have been running at 91% of our pre-COVID activity in TTG and 98% of our pre-COVID activity for outpatients.
- CD advised last week we received information regarding an anticipated surge of Omicron cases and the impact of which we were certain of on Acute Services. We have since moved to an urgent and cancer only position in terms of our elective programme and our outpatient work. Staff once again have been phenomenal and have been mobilised to support vaccinations; swabbing; discharge lounge and inpatient wards. Thanks to AV for his support around this.
- CD advised we are heading into the festive period in a reasonably settled position but anticipate difficulties with long stretches of public holidays.
- LC advised this was a difficult time of year to be having conversations with staff about moving to areas they are perhaps not familiar with but appreciates the support offered from AV and partnership colleagues.
- LC advised we continue to have significant staff challenges across the site supporting vaccinations, protecting the front door and maintaining capacity as directed by the Scottish Government.
- AV advised he had a difficult day yesterday at QMH talking to a group of staff who were anxious and upset but was pleased to note discussions had been handled in a compassionate and sensitive way.
- CD advised we are getting ready and trying to make as much capacity as we can within the hospital. We are trying to ensure that our workforce arrangements are as robust as they possibly can be in anticipation of increased levels of activity and potentially increased staff absence.

5.2 Attendance Management Update

- The Attendance Management Update Report has been circulated for information.
- SY advised there has been an increase in sickness absence that has been consistently increasing month on month.

Acute Services
- SY advised the figure within Acute is higher than the overall NHS Fife sickness absence figure. The figure was 7.99% in November, and we have the COVID absence on top of that which had reduced in November but anticipate this will increase in December.

- SY advised we had three months last year over the winter where we were over 6% within Acute Services. This year, we have been sitting at over 6% since June and the last two months are above 7% and nearly 8% last month.
- SY advised ECD are sitting at 9.02%, PCD 8.27%, WCCS 6.56% in November. This is significantly higher than last year in all of the 3 main areas of Acute.
- SY advised anxiety, stress and depression continues to be the highest number of hours lost followed by an increase in gastro/cough and flu which is expected at this time of year.
- SY advised nursing and midwifery both trained and untrained is the highest number of hours lost and percentage.
- SY advised there has been a sharp increase in long-term absence which is a concern.
- SY advised we have 21 areas all above 10% sickness absence, which is higher than usual.

Corporate Services
- SY advised Corporate Services were a little below the NHS Fife average sitting at 4.95% in October and 5.52% in November with the COVID absence less sitting at 1.03% in November.
- SY advised Corporate Services is lower than Acute. We are seeing an increase which is consistent within Acute with an increase since the summer. Since June Corporate Services absence has been over 5% apart from two months which is higher than normal within Corporate Services.
- SY advised there are some challenges within health and safety and Facilities are sitting at 7.2%. Estates usually sits at 4% or below but since the summer this has been consistently higher.
- SY advised anxiety, stress and depression continues to be the highest number of hours lost followed by an increase in gastro/cough and flu which is expected at this time of year.
- SY advised consistent with previous months Support Services has the highest number of hours lost and percentage.
- SY advised there has been an increase in both long-term and short-term absence.
- SY advised there are 10 areas above 10% sickness absence.
- SY advised there has been a change to Fit Notes. There are discussions ongoing with Scottish Government and a circular anticipated, but at the moment we have 28 days before a member of staff needs to produce a GP Fit Note and a communication has gone out on StaffLink regarding this. AV asked if there were any changes to how we manage staff around this. SY confirmed this was in place until the end of January but there was no change to the way we are managing and the support we give to staff would continue as is at the moment.

5.3   <u>Feedback from NHS Fife Board & Executive Directors</u>

- CD advised EDG Gold Command has been stood up to formal meetings three times a week. EDG's main focus has been mobilisation regarding Omicron; the vaccination programme; workforce and staff health and wellbeing.
- CD advised the EDG schedule has changed. The meeting frequency has been altered to also include a meeting of the Population Health & Wellbeing Portfolio Board, which will help steer the development of the new Population Health & Wellbeing Strategy.
- CD advised there have been lots of ongoing discussions regarding the SPRA processes and the financial position going into the next financial year, which is an ongoing challenge for the Acute Services Division in terms of some of the legacy pressures.
- CD advised at the last NHS Fife Board meeting:
  - the Chief Executive gave a helpful update on the overall system pressures. Non-Executives found this helpful, and this was taken into the formal session of the Board.
  - there were lots of updates on the flu and COVID vaccination programmes.
  - NM presented the Property & Asset Management Strategy which was very thorough and well received.
  - the TORs for the Public Health & Wellbeing Committee were approved and there was an update on the Board Assurance Framework.
  - for awareness the approach to risk in NHS Fife is going to change significantly in terms of the risk appetite and how we manage risks at operational level, directorate level and then at board level. More information to follow.
  - Janette Owens gave progress on the Elective Orthopaedic Centre.
  - the Chair thanked staff for their ongoing efforts in regard to the pandemic response.
  - the NHS Fife Board papers are available online.

6 B Appropriately Trained

6.1 Training Update

- LC advised over and above the core training we are keeping an eye on those clinical skills that require to be developed, particularly with our newly qualified practitioners.

6.2 Turas Update

- No update.

7 C Involved in Decisions which Affect Them

7.1 Annual Report

- CD advised it was time to start collating information for this year's Annual Report. SY agreed to check timescales with Sandra Raynor.

SY

7.2 **Staff Briefings & Internal Communications**

- CD advised she and AV have agreed to dedicate an afternoon each month to visit and hear from staff across the hospital.

7.3 **iMatter**

- SY advised NHS Fife is the most improved Board in terms of iMatter action planning.
- SY advised we are up from 42% in 2019 in a 12-week period for our action plans to 52% in an 8-week period, which is excellent in the backdrop of ongoing challenges.
- SY advised although we have passed the deadline for the formal action planning staff should be reminded these can still be entered onto the system.

8   D   Treated Fairly & Consistently

8.1 **Current/Future Change Programmes/Remobilisation**

- CD advised we have already discussed most of the hot topics already in terms of the development of the Population Health & Wellbeing Strategy. The community survey closes tomorrow and there is still an opportunity for staff to provide their input and feedback to that as well. Staff-side colleagues are involved, and updates can be given at future meetings.

9   E   Provided with an Improved & Safe Working Environment

9.1 **Staff Health & Wellbeing Update**

- The Staff Health & Wellbeing Update was noted, for information.
- SY mentioned the new staff support poster. This brings various support streams together in one place and has the different supports available at a glance and it is helpful to have these together in one poster. CD confirmed this information was also available in our LPF festive newsletter.

9.2 **Capital Projects Report**

- The November 2021 Capital Projects Report was noted for information.
- NM advised we have received quite a lot of money from the Scottish Government in the latter part of the year which has

been a challenge to spend in this financial year under capital, however we have taken real advantage of that. We received an initial £1.54m from Scottish Government then received a further £1.2m, giving a total £2.7m received for equipment.

- NM advised there is a huge range being spent on medical equipment including two CT scanners, operating trolleys and a variety of other equipment along with a lot of spend on digital and infrastructure.
- NM advised there is a huge programme or work ongoing to identify what needs to be replaced, procured and changed in order to spend the funds in this financial year.
- AV asked for further detail around the operating trolleys which we have been trialling a system similar to the QMH system. NM confirmed a Business Case went round FCIG virtually and was subsequently approved.
- NM advised the Elective Orthopaedic Centre continues to be on track.

9.3 **Adverse Events Report**

- The Adverse Events Report for the period December 2020 to November 2021 was noted, for information.
- LC advised at the last few meetings she has talked about the rise in the infrastructure reporting which is normally second to the unwanted behaviours and V&A.
- LC advised there is nothing particularly to note in the report other than we can see we had the rise around infrastructure, and it has dropped off quite significantly in this report. We do not have a sense of why that is but think it may be down to the recruitment of our NQPs and over-recruitment of Band 3s and the reporting is trailing off. This will be something that we will keep a close eye on because we know that staffing remains a challenge.
- LC advised we had been working on a more formalised escalation approach and looking at some tools that nationally are being developed around real time staffing. Our work has now aligned into the wider piece of work in relation to the site escalation process. Every day staffing is assessed on the OPEL score (1-5) and it maps against the same colours as the site escalation.
- LC advised with the national shortage of registrants and the challenge that every board in Scotland has, we are likely to see a much different skill-mix in our clinical areas in the coming year. We are likely to see more non-registrants supporting in an area. As the months roll on, we may see the impact of this in the reporting.

10 ISSUES FROM STAFF-SIDE

10.1 **Rapid Staff Testing**

- AV advised on recent conversations over the last few weeks regarding the rapid staff testing around the sharing of information and consent processes. We have now come up with an appropriate consent process.
- CD advised the updated process has been sent out by MW with a formal launch through StaffLink. A copy of the updated process would be shared with LPF for awareness.

CD/GMcK

11 MINUTES FOR NOTING:

13.1 Capital Equipment Management Group

- The Minutes of the Capital Equipment Management Group meetings held on 2 September & 7 October 2021 were noted, for information.

12 HOW WAS TODAY'S MEETING?

12.1 Issues for Next Meeting

- Agreed to add Terms of Reference to the next meeting as this requires to be refreshed and updated.

CD/GMcK

12.2 Issues for Escalation to Area Partnership Forum

- It was agreed there was an opportunity to feedback to APF in terms of mobilisation and our festive newsletter, but there were no issues for escalation to the APF.

13 ANY OTHER COMPETENT BUSINESS

13.1 International Recruitment

- SY advised NHS Fife is ahead of other boards in our progress with international recruitment. Our offer letter has gone out to our first candidates and we have received our first acceptance. We should hopefully get our first international recruits in March. We should have 6 in the first tranche and then 10 per month thereafter.
- SY advised Alison McArthur has been appointed to the post of International Recruitment Co-Ordinator. AV asked if this was an NHS Fife post which SY confirmed it was.
- LC was delighted to note the progress with international recruitment and the skillset aligned to Acute Services.

14 DATE OF NEXT MEETING

Thursday 17 February 2022 at 2.00 pm via MS Teams.