NHS Fife

AGENDA

A MEETING OF THE NHS FIFE STAFF GOVERNANCE COMMITTEE WILL BE HELD ON TUESDAY 13 MAY 2025 FROM 10.00 AM TO 12.00 AM VIA MS TEAMS

Note: There will be a pre meeting of Non-Executive Members only at 9.30 am

Colin Grieve
Chair

					Page(s)
10:00	**1.**	Apologies for Absence: Rhona Waugh (Brian McKenna deputising) and Andy Verrecchia *(CG)*			
10:01	**2.**	Declaration of Members' Interests *(CG)*			
10:02	**3.**	Minutes of Previous Meeting held on Tuesday 4 March 2025 *(CG)*	*(Approval)*	(enc)	1-13
10:04	**4.**	Chair's Assurance Report presented to Fife NHS Board on 25 March 2025 *(CG)*	*(Information)*	(enc)	14-15
10:05	**5.**	Matters Arising / Action List *(CG)*	*(Assurance)*	(enc)	16-17
10:10	**6.**	People & Culture Report *(DM)*	*(Discussion)*	(enc)	18-38
10:20	**7.**	**GOVERNANCE MATTERS**			
	7.1	Draft Staff Governance Committee Annual Statement of Assurance 2024/2025 *(GMacl)*	*(Approval)*	(enc)	39-69
	7.2	Health and Care (Staffing) (Scotland) Act 2019 Annual Report / Quarter 4 Update 2024/2025 *(Brian McKenna)*	*(Assurance)*	(enc)	70-81
	7.3	Delivery of Annual Workplan 2025/2026 *(DM)*	*(Assurance)*	(enc)	82-92
10:35	**8.**	**STRATEGY / PLANNING**			
	8.1	Annual Delivery Plan Quarter 4 Report 2024/2025 *(BH)*	*(Assurance)*	(enc)	93-139
	8.2	People & Change Programme Update *(BH/DM)*	*(Assurance)*	(enc)	140-158
	8.3	Business and Digital Transformation Programme Update *(BH/Alistair Graham)*	*(Assurance)*	(enc)	159-191
	8.4	Reduction in Working Week Update *(DM)*	*(Assurance)*	(enc)	192-197
	8.5	Sickness Absence & Plan for Recovery 2025/2026 *(Jane Anderson)*	*(Assurance)*	(enc)	18-207
	8.6	Workforce Plan for 2025/2026 *(Brian McKenna)*	*(Decision / Assurance)*	(enc)	208-255
	8.7	The Report and Recommended Actions of the Scottish Ministerial Nursing and Midwifery Taskforce *(JK)*	*(Assurance)*	(enc)	256-312
11:05		**BREAK**			

11:10	**9.**	**STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD**			
	9.1	Appropriately Trained: Recovery Plans for Core Skills / Mandatory Training & PDPR Compliance Rates *(JJ/Jackie Millen)*	*(Assurance)*	(enc)	313-321
	9.2	Improved & Safe Working Environment Update *(NMcC)*	*(Assurance)*	(enc)	322-349
	9.3	Well Informed: Communication & Feedback *(Kirsty MacGregor)*	*(Assurance)*	(enc)	350-382
	9.4	Whistleblowing Annual Performance Report 2024/2025, incorporating Quarter 4 2024/2025 Report *(GMacI)*	*(Assurance)*	(enc)	383-412
	9.5	Whistleblowing Oversight Group Chair's Assurance Report *(CP)*	*(Assurance)*	(enc)	413-415
	9.6	Equality & Diversity Champion Update *(SB)*	*(Assurance)*	(verbal)	
	9.7	Wellbeing Champion Update *(John Kemp)*	*(Assurance)*	(verbal)	
11:35	**10.**	**QUALITY / PERFORMANCE**			
	10.1	Integrated Performance & Quality Report *(DM)*	*(Assurance)*	(enc)	416-428
	10.2	Corporate Risks Aligned to Staff Governance Committee *(DM)*	*(Information)*	(verbal)	
11:40	**11.**	**ANNUAL REPORTS / OTHER REPORTS**			
	11.1	Equal Pay Audit 2025 *(Brian McKenna)*	*(Assurance)*	(enc)	429-449
	11.2	APF Assurance Report *(LP)*	*(Assurance)*	(enc)	450-458
11:45	**12.**	**LINKED COMMITTEE MINUTES**			
	12.1	Area Partnership Forum held on 19 March 2025 (unconfirmed)	*(Information)*	(enc)	459-468
	12.2	Acute Services Division & Corporate Directorate Local Partnership Forum held on 20 February 2025 (unconfirmed)	*(Information)*	(enc)	469-487
	12.3	Health and Social Care Partnership Local Partnership Forum held on 14 January 2025 (confirmed)	*(Information)*	(enc)	488-497
	12.4	Health & Safety Sub Group held on 7 March 2025 (unconfirmed)	*(Information)*	(enc)	498-505
	12.5	Medical & Dental Professional Standards Oversight Group held on 21 February 2025 (unconfirmed)	*(Information)*	(enc)	506-512
	12.6	Workforce Planning Forum held on 13 February 2025 (unconfirmed)	*(Information)*	(enc)	513-517
11:50	**13.**	**ESCALATION OF ISSUES TO NHS FIFE BOARD**			
	13.1	To the Board in the IPQR Summary		(verbal)	
	13.2	Chair's Comments on the Minutes / Any Other Matters for Escalation to NHS Fife Board		(verbal)	
11:52	**14.**	Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 27 May 2025		(verbal)	
11:55	**15.**	**ANY OTHER BUSINESS**			
12:00		Date of Next Meeting: **Tuesday 8 July 2025 at 10.00 am to 12.00 noon** via MS Teams			

NHS Fife

AGENDA

A PRIVATE MEETING OF THE NHS FIFE STAFF GOVERNANCE COMMITTEE WILL BE HELD ON TUESDAY 13 MAY 2025 FROM 12.00 NOON TO 12.30 PM VIA MS TEAMS

Colin Grieve
Chair

Time	No.	Item			Page(s)
12:00	**1.**	Apologies for Absence *(CG)*			**Page(s)**
12:01	**2.**	Declaration of Members' Interests *(CG)*			
12:02	**3.**	Minutes of Previous Meeting held on Tuesday 4 March 2025 *(CG)*	*(Approval)*	(enc)	1-3
12:03	**4.**	Matters Arising *(CG)*	*(Assurance)*	(verbal)	
12:05	**5.**	Independent Learning Review *(BH)*	*(Enc)*	(enc)	4-14
12:20	**6.**	Suspensions / Regulatory Referrals / Current Employment Tribunals *(DM)*	*(Assurance)*	(enc)	15-19
12:25	**7.**	Any Other Business			
12:30	**8.**	Date of Next Meeting: **Tuesday 8 July 2025 at 12.00 noon via MS Teams**			

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON TUESDAY 4 MARCH 2025 AT 10.00 AM VIA MS TEAMS

Present:
Colin Grieve, Non-Executive Member (Chair)
Sinead Braiden, Non-Executive Member & Equality & Diversity Champion
Vicki Bennett, Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF) Co Chair
Anne Haston, Non-Executive Member
John Kemp, Non-Executive Member & Staff Health & Wellbeing Champion
Janette Keenan, Director of Nursing
Carol Potter, Chief Executive
Lynne Parsons, Employee Director
Andrew Verrecchia, Co-Chair, Acute Services Division (ASD) & Corporate Directorates LPF

In attendance:
Jane Anderson, General Manager, Women & Children's Clinical Services (*for Item 8.1 only*)
Lisa Cooper, Head of Service, Primary and Preventative Care Services, H&SCP (*deputising for Lynne Garvey)*
Claire Dobson, Director of Acute Services
Fiona Forrest, Acting Director of Pharmacy & Medicines
Susan Fraser, Associate Director of Planning & Performance *(for Item 8.2 only)*
Ben Hannan, Director of Planning & Transformation
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Pat Kilpatrick, NHS Fife Chair
Jocelyn Lyall, Chief Internal Auditor *(for item 7.4 only)*
Neil McCormick, Director of Property & Asset Management
Dr Chris McKenna, Medical Director
Dr Gillian MacIntosh, Head of Corporate Governance & Board Secretary
David Miller, Director of Workforce
Kirsty MacGregor, Director of Communications & Engagement
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

Minute:
Lakshmi Anderson, Executive Assistant to the Director of Workforce

Chair's Opening Remarks

The Chair welcomed everyone to the meeting and in particular Anne Haston, Non-Executive Member, and Fiona Forrest, Acting Director of Pharmacy & Medicines, who were attending their first meeting of the Committee. The Chair thanked all staff for their continued efforts during the current financial and workforce pressures.

Special wishes were extended to Margo McGurk, Director of Finance & Strategy, who is retiring on 4 April, for her valued contribution to the work of the Committee.

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

The Chair advised that the meeting was being recorded for the purpose of producing the minutes.

1. **Apologies for Absence**

   Apologies for absence were received from attendees Lynne Garvey, Director of Health & Social Care, and Margo McGurk, Director of Finance & Strategy.

2. **Declaration of Members' Interests**

   There were no declarations of interest made by members.

3. **Minutes of the Previous Meeting held on Tuesday 7 January 2025**

   The minutes of the meeting held on 7 January 2025 were **agreed** as an accurate record.

4. **Chair's Assurance Report presented to Fife NHS Board on 30 January 2025**

   The Committee **noted** the contents of the Chair's Assurance Report presented to Fife NHS Board on 30 January 2025.

5. **Matters Arising / Action List**

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

6. **Overview of Staff Governance Committee Meeting**

   The Chair invited the Director of Workforce to speak to the matter.

   The Committee was advised that this was a new agenda item that was being tabled at the start of the meeting to provide members with a summary of the work being undertaken in relation to the NHS Scotland Staff Governance Standard. It was noted that in future a workforce report would be brought to each meeting of the Committee.

7. **GOVERNANCE MATTERS**

7.1 **Annual Review of Staff Governance Committee Terms of Reference**

   The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report.

   The Committee was advised that amendments to the Terms of Reference (ToR) had been tracked within the paper and that only minor changes were being proposed, to improve clarity and maintain consistency across all Standing Committees. These changes were highlighted within the ToR and included updated

attendee job titles, Employee Relations matters and the Chair's Assurance Report to the Board which had been added to the Committee's scope of work.

A Haston, Non-Executive Member, enquired whether the Committee's oversight of Staff Wellbeing should be more explicitly highlighted within the ToR. The Director of Workforce and Employee Director agreed with this recommendation. It was agreed that the ToR would be updated to include a more overt reference to the Committee's oversight of Staff Health and Wellbeing, and that this additional change would be circulated to members for approval before the next meeting.
Action: Head of Corporate Governance & Board Secretary/Head of Workforce Planning & Staff Wellbeing

The Committee **took a 'Significant' level of assurance** from the report and, subject to the amendments discussed, **endorsed** a final version for further consideration by the NHS Fife Board.

7.2   Staff Governance Committee Self-Assessment Report 2024/2025

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, which presented the outcome of the 2023/2024 self-assessment exercise recently undertaken by the Staff Governance Committee.

An overview of key themes observed within the report was provided, noting that a meeting with Committee Chairs was due to take place to reflect on common themes across the exercise as a whole. Areas for improvement were also highlighted, including limiting where possible the lag in reporting data, ensuring discussions remain focussed on strategic rather than operational detail, reducing the circulation of late papers and ensuring Development Sessions include topics of relevance and are well attended by Non-Executive Members. It was noted that, overall, the Committee's current mode of operation had received a positive assessment from members and attendees.

In response to a comment from the Director of Planning & Transformation, it was agreed that for next year's Self-Assessment exercise, the question set would be reviewed to ascertain if any enhancements could be made.
Action: Head of Corporate Governance & Board Secretary

The Committee **took a 'Moderate' level of assurance** from the Staff Governance Committee Self-Assessment Report 2024/2025.

7.3   Health and Care (Staffing) (Scotland) Act 2019 Quarter 3 / Annual Report 2023/2024

The Chair invited the Head of Workforce Planning & Staff Wellbeing to speak to the report, which provided a summary of the Board's activity up to 31st December 2024 in relation to the implementation of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA).

Key achievements during Quarter 3 detailed within the report were highlighted, along with key milestones for Quarter 4 and actions for the 2025/2026 period including the revised Implementation Plan for the roll out of eRostering and SafeCare. The Committee noted that, as a result of the roll out of the Direct

Engagement model, the third High Cost Agency Return submitted to the Scottish Government reflected a one-third reduction in the number of shifts exceeding the 150% threshold set within the legislation. Efforts were ongoing to triangulate workforce risks alongside whistleblowing cases where staffing concerns had been raised.

It was advised that the HCSA Annual Report template is currently being completed for submission to the Scottish Government by 30 April 2025. The Committee was informed that, given the submission date was outwith the Committee meeting cycle and the timeline for the fourth quarter data capture, consideration will be given as to how the template will be shared with members for review and feedback prior to submission to the Scottish Government.

The Director of Workforce commented that feedback received from Health Improvement Scotland to date on the Board's performance and progress in relation to the implementation of the Act was positive.

The Committee **took a 'Moderate' level of assurance** from the report, **noting** that reporting will continue to evolve and **endorsed** its presentation to the NHS Fife Board in March for consideration.

7.4 Internal Control Evaluation Report 2024/2025

The Chair welcomed the Chief Internal Auditor and invited her to speak to the report.

The Committee was provided with a comprehensive explanation of the overarching themes of the report, which focus on improvement, strong leadership and maintaining robust controls. The challenging circumstances being faced by NHS Fife and other Health Boards across Scotland and the work being undertaken by the Reform, Transform and Perform (RTP) Programme in ensuring a sustained focus on the safe delivery of care, savings and pace of change were highlighted. The need for strategic long term sustainable change as noted in the Audit Scotland 'NHS in Scotland 2024' report was emphasised.

Effective leadership and a clear vision and strategic direction for reform were highlighted as essential for developing an integrated transformation plan and for building on the work undertaken in first year of the RTP Programme. The challenges of achieving the outcomes of the RTP Framework, despite being well embedded, were acknowledged and in relation to this, the importance of transparent and realistic performance reporting, consideration of barriers to achievement, collaborative working and a focus on lessons learned was reiterated.

Evidence of continuous improvement and strong assurance of reporting through Committee governance structures was highlighted as a positive achievement. It was emphasised that Workforce Risks and their potential impact on service delivery continue to remain significant, whilst capacity, including the impact of vacancies and sickness absence, remains a significant risk, with supplementary staffing costs noted as a continuing though improving financial pressure. The report referenced ongoing work to agree staffing establishments, with a focus on data quality to inform the Workforce Plan and the role of the People & Change Board in delivering safe, sustainable workforce improvements, whilst contributing to savings.

The Committee was informed that there had been a robust management response to the recommendation to improve the Health & Safety Sub Committee Incident Reporting and work was underway to develop an enhanced report to include data analysis and incident themes.

The Chair and the Director of Workforce expressed thanks to the Chief Internal Auditor for the work undertaken to finalise the report.

The Committee **took a 'Moderate' level of assurance** from the Internal Control Evaluation Report 2024/2025.

7.5   Equality Outcomes Progress Report and Plan 2025-2029

The Committee noted that the paper circulated was an incorrect version. Following discussion, it was agreed to defer this matter until May 2025, to ensure that the Board's Equality Outcomes Plan for the period 2025 to 2029 is informed by the most up-to-date learning and reflection.

Action: Director of Nursing/Director of Workforce

7.6   Annual Staff Governance Committee Workplan 2025/2026

The Chair invited the Director of Workforce to speak to the report, which detailed the Committee's annual programme of work for the period 2025/2026.

The Chief Executive requested that the Workplan be edited to reflect that the Corporate Objectives 2025/2026 should be allocated to the Chief Executive.

Action: Head of Workforce Planning & Staff Wellbeing

The Employee Director requested that the Annual and Mid-Year Report of the Area Partnership Forum be included in the Workplan.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee agreed that the Workplan would be updated to reflect that the 'Improved and Safe Working Environment' strand of the Staff Governance Standard would be tabled to align with the quarterly publication of the Health & Safety Incident Report.

Action: Head of Workforce Planning & Staff Wellbeing

The Head of Workforce Planning & Staff Wellbeing advised that Workplan would be updated to specify individual dates when updates on Core Skills/Mandatory Training, Personal Development & Planning Review (PDPR) and Protected Learning Time would be presented to the Committee.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **took a 'Moderate' level of assurance** from the report subject to the amendments discussed and **noted** the content of the 2025/2026 Staff Governance Committee Annual Workplan.

7.7   Delivery of Annual Workplan 2024/2025

The Director of Workforce spoke to the report, which noted self-explanatory updates to the 2024/2025 Annual Workplan, since it was last presented to the Committee on 7 January 2025.

The Committee **took a 'significant' level of assurance** from the update provided.

8.   STRATEGY / PLANNING

8.1   Reform, Transform & Perform / People & Change Board Update

The Chair invited the Director of Workforce to speak to the report, which provided a progress update on the work being undertaken by the People & Change Board in relation to Supplementary Staffing, Direct Engagement, Non-Compliant Rotas, Whole Time Equivalent Reduction, Non-Pay Elements of the 2023/2024 Agenda for Change Pay Award, Attendance Management and Priorities for 2025/2026.

It was reported that as at 31 January 2025, the Board had achieved £4.8 million in Supplementary Staffing savings and was on track to meet the £5 million savings target approved in the 2024/2025 Financial Plan. The Direct Engagement model for Locums had achieved savings to the value of £451,656 since it had been rolled out in August 2024. Additional work is progressing to increase compliance rates, which are currently at 79%. The Director of Workforce expressed thanks to all colleagues who were engaged in this ongoing collaborative effort.

In relation to Whole Time Equivalent (WTE) Reduction, improved system-wide data consolidation has facilitated reliable modelling and benchmarking with other Health Boards. In line with a Circular recently issued by the Scottish Government in relation to the implementation of the final hour of the planned Reduced Working Week for AfC staff, it was noted that work is ongoing to develop plans by July 2025, to support full implementation by April 2026. The Committee was informed that the Band 5/6 Nursing Review continues at pace. A Programme Plan for 2025/2026 is currently being developed and will include planning for the final hour's reduction in the working week, recommendations for Allied Health Professionals agency usage reduction and WTE reductions.

In her capacity as Co-Chair of the Attendance Management Oversight Group, the General Manager, Women & Children's Clinical Services provided an update on Attendance Management, noting that sickness absence as at February 2025 was 7.99%. The Committee was informed that work is ongoing to establish a correlation between absence data, reasons for staff absence and how these align with support available to staff and that a progress update would be brought back to a future Committee.

Action: General Manager, Women & Children's Clinical Services/Head of Workforce Resourcing & Relations

Following the benchmarking exercise completed in relation to the application of the Once for Scotland (OfS) Attendance Management Policy and in line with recommendations approved in partnership with Staff Side colleagues, it has been agreed to adopt the use of triggers rather than targets to manage short-term

absence and to consistently apply the three formal stages to manage long-term absence, taking action at the 29 day trigger stage in order to facilitate timely and supportive management conversations with staff.

Development of the 2025/2026 Plan for recovery continues as a priority action. Recommendations from a multi-factorial review of absence management conducted by the Health & Social Care Partnership are due to be discussed to identify pilot areas for a Test of Change.

The Employee Director commended the positive work being done in the area of absence management.

The Committee **took a 'moderate' level of assurance** from the report.

8.2   Annual Delivery Plan Quarter 3 Performance Report 2024/2025

The Chair welcomed the Associate Director of Planning & Performance to the meeting and invited her to speak to the Quarter 3 progress update against the 2024/2025 Annual Delivery Plan.

The Committee noted that there are 21 deliverables aligned to the Strategic Priority to 'Improve Staff Experience and Wellbeing' and, as of December 2024, 16 of these are reported to be 'on track', whilst five remain 'at risk'. It was noted that delivery of the eRostering Implementation Programme and helping carers to take a break from their caring role were among the deliverables that have moved trajectory from being 'on track' in Quarter 2 to being 'at risk' in Quarter 3.

The Committee **took a 'Moderate' level of assurance** from the report and **endorsed** the 2024/2025 Annual Delivery Plan Quarter 3 return for formal approval by the NHS Fife Board and onward submission to the Scottish Government.

8.3   Workforce Plan for 2025/2026

The Chair invited the Head of Workforce Planning & Staff Wellbeing to provide an update on the Workforce Plan for 2025/2026.

The Committee was informed that work is continuing at pace to finalise collation and analysis of the responses received to develop the Workforce Planning Template in alignment with the Annual Delivery Plan, financial plans and ongoing business transformation work, for onward submission to the Scottish Government. A draft will be shared with members once completed. It is anticipated that the Template will be presented at the Executive Directors' Group on 20 March 2025 and at the Area Partnership Forum later this month.

The Committee **noted** the update provided by the Head of Workforce Planning & Staff Wellbeing in relation to the Workforce Plan for 2025/2026.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Appropriately Trained: Recovery Plan to Increase Uptake of PDPRs and Core Skills / Mandatory Training

The Chair invited the Associate Director of Culture, Development and Wellbeing to speak to the report, which provided a progress update on the Board's Recovery Plan that was implemented in December 2024 to improve performance in the areas of Personal Development Planning & Review (PDPR) and Core Skills compliance.

It was reported that as at 31 January 2025, Core Skills compliance was at 64% against a corporate target of 80% and PDPR was at 44.3% against a corporate target of 60%. It was noted that this was the highest level of compliance which had been achieved in the past five years. The Committee was provided with an overview of the mitigating actions to improve compliance including data reconciliation, ensuring provision of core skills training and capacity and engagement with services. Reference was made to training reports that have been made available to Executive Directors in all Corporate Services, as well as to Line Managers, offering the opportunity to directly access and review training compliance for individual staff members. Efforts are ongoing for similar reports to be made available to Executive Directors and managers in the Health & Social Care Partnership and Acute Services. It was noted that Good Practice Guides will also be issued to promote engagement across the system.

The Committee was informed that, in the event that all corporate areas achieve 100% PDPR completion, it is anticipated that an overall Board compliance rate of 50% could potentially be achieved. Additionally, if all TURAS standalone accounts could be linked to NHS Fife employment, it is anticipated that an overall completion rate of 74% could likely be achieved.

S Braiden, Non-Executive Member and Equality & Diversity Champion, commented that the current metrics were still a risk to the Board and that it was important to see improvements going forward. The Employee Director welcomed the concerted efforts being employed, particularly in relation to data quality, and was optimistic that these would deliver better results. P Kilpatrick, NHS Fife Chair, emphasised the importance of continued focus and a systematic approach to improve performance in this area.

The Committee **took a 'Limited' level of assurance** from the report.

9.2 NHS Fife Leadership Framework

The Chair invited the Associate Director of Culture, Development & Wellbeing to speak to the report, which provided an update on the development of the NHS Fife Leadership Framework (Our Leadership Way), as part of the 2024/2025 Corporate Objectives and in support of the organisation's commitment to a healthy workplace culture.

A comprehensive overview of the Framework that had been developed through engagement with staff via a Volunteers' Group and wider Enquiry Groups across the organisation was provided. It was advised that the Programme illustrates 'Our

Leadership Way' as a shared leadership philosophy designed to promote the agreed leadership behaviours which matter most to NHS Fife. An outline of the Delivery Plan for the Framework was also shared with the Committee, highlighting nine key activities that will be progressed through 2025/2026 including Launch / Promotion, Attraction, Onboarding, Nurture / Train, Reward & Recognition. It was noted that the Programme had been endorsed by the Executive Directors' Group on 27 February 2025 and was due to be presented to Fife NHS Board later this month. The collaborative efforts of employees across the organisation who had engaged in the Programme were recognised. The Committee unanimously commended the work that had been undertaken to develop 'Our Leadership Way' and expressed support for the programme.

Discussion took place on the importance of Senior Leadership commitment to successfully embedding the programme in the organisation. The Chief Executive reiterated the expectation that senior leadership commitment to the programme would be evidenced by a deliberate and overt reference to actions in the Executive Director Cohort's individual performance objectives, which would support the embedding of the Leadership Framework.

In addition to the Framework, the Director of Workforce advised that developing and supporting managerial capability had been earmarked as a priority area for the Workforce Directorate for 2025/2026. Commenting on the organisation's commitment to redevelop its Performance & Assurance Framework, the Director of Planning & Transformation emphasised that the Leadership Framework should be regarded as part of the effort to deliver the Board's overall Strategy.

The Committee **took a 'Moderate' level of assurance** from the report and endorsed presentation of the Leadership Framework to the NHS Fife Board.

9.3 Whistleblowing Quarter 3 Report 2024/2025

The Chair invited the Head of Corporate Governance & Board Secretary to speak to the report, which provided a progress update on Quarter 3 Whistleblowing activity for the 2024/2025 reporting period.

It was reported that there was one Whistleblowing concern raised in Quarter 1 that is presently close to completion, two anonymous concerns were raised during Quarter 2, one Whistleblowing concern was received in Quarter 3 (which was being dealt with at Stage 1) and a previously unreported Whistleblowing concern from 2023/2024, which has been concluded in Quarter 3 of the current reporting year, was detailed within the report. It was advised that there had been no articles within the local press highlighting new issues of a Whistleblowing nature in Quarter 3.

An overview of the work being undertaken by the new Speak Up / Whistleblowing Coordinator was provided, acknowledging that this role has made a notable difference to the support given to staff to encourage a speak up culture within the organisation. It was noted that the Whistleblowing Oversight Group continues to progress work in relation to management and improvement of whistleblowing processes and communication activities.

The Committee was advised that the Recruitment Pack for the Board's currently vacant Non-Executive Whistleblowing Champion position had been finalised and

submitted to the Scottish Government Public Appointments Team to progress recruitment to this role.

The Committee **took a 'Moderate' level of assurance** from the report, acknowledging that work is ongoing to improve organisational support to Whistleblowing activity, including outreach to staff to encourage speaking up and to improve the timeliness of handling concerns.

9.4   Wellbeing Champion Update

The Chair invited J Kemp, Non-Executive Member and Staff Health & Wellbeing Champion, to provide an update.

J Kemp commended the engagement and collaborative efforts being undertaken by various stakeholder groups across the system to improve staff wellbeing. The importance of continuing to invest in staff wellbeing support to both mitigate and manage sickness absence was highlighted, along with the requirement for an ongoing review of what further efforts could be made in this context. The Chief Executive and Employee Director agreed to discuss what additional support could be offered to promote staff wellbeing.

Action: Chief Executive/Employee Director

The Head of Workforce Planning & Staff Wellbeing advised the Committee that engagement with Fife Health Charity was ongoing to explore additional areas of support to improve staff wellbeing.

In response to a query from J Kemp regarding what additional efforts could be employed to improve Staff Vaccination metrics, the Head of Service, Primary and Preventative Care Services, H&SCP, commented that the Vaccination Programme had been extremely agile and that the output of the lessons learned exercise would be shared with the relevant Governance Committees to provide feedback on what could be done differently to promote uptake.

The Committee **noted** the update provided by the Board's Staff Health & Wellbeing Champion.

9.5   Equality & Diversity Champion Update

The Chair invited S Braiden, Non-Executive Member & the Board's Equality & Diversity Champion, to provide an update.

The Committee was informed that work was ongoing in the areas of racism and neurodiversity. Having expressed intent to gain a better understanding of Violence & Aggression occurrences within the Board, S Braiden advised that she was scheduled to attend the April and June 2025 meetings of the Quality Matters Assurance Group and would work closely with this cohort in the coming months. Referring to the recommendation in the Internal Control Evaluation Report that Mental Health Services should be noted as a risk in the Corporate Risk Register, the importance of remaining cognisant of the significant pressures facing staff in Mental Health Services in relation to the delivery of services in the current, medium and longer term was reiterated.

The Committee **noted** the update provided by the Board's Equality & Diversity Champion.

10. QUALITY/PERFORMANCE

10.1 Integrated Performance & Quality Report

The Chair invited the Director of Workforce to speak to the report, which reflected the Board's performance in relation to Sickness Absence, Personal Development & Planning Reviews (PDPR) and Vacancy rates.

It was reported that Sickness Absence had increased from 6.91% in November 2024 to 7.80% in December 2024. The work of the Attendance Management Oversight Group to effect improvements in this area, as well as ongoing efforts by other stakeholder groups across the system to improve Staff Health & Wellbeing, were highlighted. It was noted that actions to improve PDPR metrics reported at 44.3% in January 2025 had been discussed earlier in the meeting.

The report highlighted that vacancy rates as of September 2024 were 3.3% (Medical & Dental), 2.7% (Nursing & Midwifery) and 4% (Allied Health Professionals). The Committee was advised that a Development Session was due to be held to reevaluate this metric for purposes of the IPQR.

A Haston, Non-Executive Member, queried the use of 'other' as a reason for sickness absence and also what mitigating efforts were being employed to prevent staff absence due to stress, anxiety and depression. In response, the Head of Workforce Resourcing & Relations highlighted efforts being made to reduce the use of this absence code and the use of absence triggers, rather than targets to promote supportive conversations with staff members.

Highlighting the importance of understanding the underlying reasons for sickness absence, the Chair enquired whether there was work ongoing to remove the absence code 'other' from the system. The Director of Workforce acknowledged that additional work needed to be undertaken to address this issue.

The Committee **took a 'Limited' level of assurance** from the report and **endorsed** the Workforce section of the Integrated Performance & Quality Report.

10.2 Corporate Risks Aligned to Staff Governance Committee

The Chair invited the Director of Workforce to speak to the report, which provided an update on the risks aligned to the Staff Governance Committee, along with the accompanying mitigations, since the report was presented at the meeting on 7 January 2025.

Referring to Appendix 1 of the report, the Director of Workforce highlighted that the risk ratings and levels for Risks 11 (Workforce Planning & Delivery) and 12 (Staff Health & Wellbeing) remain unchanged and are still assessed as High, while Risk 19 (Implementation of Health and Care (Staffing) (Scotland) Act 2019) remains at moderate.

An overview of the mitigating actions detailed in the paper was provided. It was advised that a risk-focussed Development Session would be held to reset and reword Workforce related Corporate risks to ensure that they reflect the current financial, planning and resourcing landscape. Following discussion, the Committee agreed that Mandatory Training would be considered by the Risks & Opportunities Group, to determine whether this risk should be aligned to Clinical Governance rather than Staff Governance, considering its impact on quality of care.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee **took a 'Moderate' level of assurance** from the Corporate Risks aligned to the Staff Governance Committee **noting** that all actions within the control of the organisation are being taken to mitigate these risks as far as is possible to do so.

11. LINKED COMMITTEE MINUTES

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

11.1 Area Partnership Forum held on 22 January 2025 (unconfirmed)
11.2 Health & Social Care Partnership Local Partnership Forum held on 12 November 2024 (confirmed)
11.3 Workforce Planning Forum held on 15 January 2025 (confirmed)
11.4 Equality & Human Rights Strategy Group held on 4 February 2025 (unconfirmed)

Noting that the Acute Services Division & Corporate Services Local Partnership Forum meeting on 19 December 2024 had been cancelled, the Chair requested the Director of Acute Services to provide an update. The Director of Acute Services advised that the meeting (which had been cancelled due to operational pressures and number of apologies submitted) had been rearranged for February 2025 and the draft minute was currently being finalised for circulation. From the discussions which had taken place at the meeting, matters to be escalated to the APF included the lack of clarity in relation to the Vacancy Management approval process and a request to be more involved in the Board's business transformation work going forward.

The Committee **noted** the update provided by the Director of Acute Services.

12. ESCALATION OF ISSUES TO NHS FIFE BOARD

12.1 To the Board in the IPQR Summary

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

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

There were no matters identified for escalation to the NHS Fife Board.

13. **Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board on 25 March 2025**

The reflections from the meeting & agreement of matters will be considered by the Chair for onward submission to NHS Fife Board. The report will be provided to the following Committee meeting for information.

14. **ANY OTHER BUSINESS**

There was no outstanding business not otherwise covered on the agenda.

DATE OF NEXT MEETING

Tuesday 13 May 2025 from 10.00 am to 12.00 noon via MS Teams

NHS Fife

Meeting:	Staff Governance Committee
Meeting date:	Tuesday 4 March 2025
Title:	Committee Chair's Assurance Report

1. Committee's Performance against Annual Workplan

1.1 The Committee's Workplan is on track and is updated for each meeting of the Committee. The Workplan for 2025/2026 was agreed, with a few Staff Governance related additions.

2. The Committee considered the following items of business:

2.1 The Committee discussed and took a '*moderate*' level of assurance from the Annual Review of the Terms of Reference and agreed to add details in respect of the oversight of our Staff Health, Wellbeing and Workplace Safety activity.

2.2 The Committee also discussed and took a '*moderate*' level of assurance from the Committee's Self Assessment report, noting that some of the feedback from the self assessment had already been factored into the Committee's agenda and Workplan.

2.3 In respect of the Internal Control Evaluation Report 2024/2025, the Chief Internal Auditor provided a comprehensive overview and highlighted the evidence of progress in the efforts of the Committee. The Committee took a '*moderate*' level of assurance from the content of this report.

2.4 In addition, the Committee took a '*moderate*' level of assurance from the comprehensive update provided in respect of the People & Change Board, albeit there are on-going challenges in relation to sickness absence rates and achieving a sustainable reduction. The Committee will be provided with details of the sickness absence Recovery Plan at the May 2025 meeting.

2.5 Further feedback on the Recovery Plan and the work undertaken by the Workforce Directorate to support an improvement in PDPR and Core Skills / Mandatory Training was provided. While the position continues to provide a *'limited'* level of assurance, the Committee again acknowledged the commitment of colleagues to improving this, both in the current and future years. Reports on progress will be provided at each SGC meeting.

2.6 The Committee took a '*moderate*' level of assurance from the detailed overview provided in respect of the new Leadership Framework for the Board, noting the work undertaken to date to develop the Framework and look forward to supporting the next steps.

3. Update on Performance Metrics

The Committee took a '*limited*' level of assurance from the IPQR update provided:

- An increase in the Board's reported sickness absence rates from 6.91% in November 2024 to 7.80% in December 2024, which will therefore mean it is unlikely to meet the local trajectory and local target of 6.5% by 31 March 2025.

- A 0.2% increase in the PDPR metrics (44.3% as at January 2025), so also not anticipated to meet the reduced local PDPR target of 60% by 31 March 2025.

- Improvements were noted across the reported professional vacancy rates.

4. Update on Risk Management

The Corporate Risk report was noted by the Committee as providing a '*moderate*' level of assurance overall. It was agreed that the risk ratings were reflective of the current position, with each of the Committee's named risks rated as follows:

- Workforce Planning & Delivery – Risk Level High
- Staff Health & Wellbeing – Risk Level High
- Implementation of Health and Care (Staffing) (Scotland) Act 2019 – Risk Level Moderate

Further details on the mitigating actions being taken to manage these risks are detailed within the minutes and it has been agreed to review and reword these risks to ensure they reflect the current financial, planning and resourcing landscape.

5. Any Other Issues to Highlight to the Board

N/A

Colin Grieve
Chair, Staff Governance Committee
March 2025

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Tuesday 4 March 2025

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
1.	4/3/25	**Annual Review of Staff Governance Committee Terms of Reference (ToR)**	ToR to be updated to include a more overt reference to the Committee's oversight of Staff Health & Wellbeing. Updated ToR to be circulated for members' approval prior to the next meeting.	**Head of Corporate Governance & Board Secretary / Head of Workforce Planning & Staff Wellbeing**	Updated ToR circulated to SGC members 7/3/25 and agreed virtually.	**14/3/25**
2.	4/3/25	**Equality Outcomes Progress Report and Plan 2025-2029**	Board's 2025-2029 Equality Outcomes Plan, informed by the most up-to-date learning and reflection.	**Director of Nursing/Director of Workforce**	On agenda for September 2025 SGC meeting.	**15/4/25**
3.	4/3/25	**Annual Staff Governance Committee Workplan 2025/2026**	2025/2026 Annual Workplan to be amended to include the following: • Corporate Objectives 2025/2026 to be allocated to the Chief Executive. • Annual and Mid-Year Report of the Area Partnership Forum • The 'Improved and Safe Working Environment' strand of the Staff Governance Standard to be tabled to align with the quarterly publication of the Health & Safety Incident Report. • Individual dates when updates on Core Skills / Mandatory Training, Personal Development & Planning Review (PDPR) and Protected Learning Time would be presented to the Committee.	**Head of Workforce Planning & Staff Wellbeing**	Updated post March 2025 SGC meeting and revised version on the agenda for May 2025 SGC meeting.	**12/3/25**

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	COMMENTS / PROGRESS	COMPLETION DATE
4.	04/03/25	**Reform, Transform & Perform / People & Change Board Update**	Update to be brought back to the Committee on work undertaken to establish a correlation between absence data, reasons for staff absence and how these align with support available to staff.	**General Manager, Women & Children's Clinical Services (Co-Chair Attendance Management Oversight Group) / Head of Workforce Resourcing & Relations**	Agreed to hold an SGC Development session with inputs from key stakeholders to take account of emerging practice.	**Date TBC**
5.	04/03/25	**Wellbeing Champion Update**	The Chief Executive and Employee Director to discuss what additional support could be offered in respect of Staff Wellbeing.	**Chief Executive / Employee Director**	Staff Wellbeing Strategy meeting to be arranged with key stakeholders.	**Date TBC**
6.	04/03/25	**Corporate Risks Aligned to Staff Governance Committee**	Mandatory training to be considered by the Risks & Opportunities Group (ROG) to determine whether this risk should be aligned to Clinical Governance rather than Staff Governance, considering the potential impact on quality of care.	**Head of Workforce Planning & Staff Wellbeing**	Discussed at ROG meeting on 9/4/25 and paper to be submitted to ROG on 3 June 2025.	**3/6/25**

People & Culture Report
2024/2025 Quarter 4

People & Culture Report - Introduction

This new People & Culture report represents the initial phase of transitioning to a more structured data report, which is aligned to our People & Change Programme. Over the past few years, the previous Workforce Information Overview report has undergone multiple revisions and it was felt that now is the right time to refresh it, to better align with the Board's broader strategic goals, noting that this report only covers the final quarter of 2024/2025.

The metrics presented in this report are supported by narrative that highlights progress in each area, identifies opportunities for improvement and outlines on-going efforts. This approach aligns with our overarching goal to ensure that we have the right people in the right roles, in the right place, at the right time, with the necessary support, culture and conditions to enable them to perform at their best.

Collaboration with colleagues and partners is essential to ensure that we optimise reporting requirements and track on-going progress against the metrics aligned with our strategic direction, which are also evidenced within the ADP and IPQR. As this is the first iteration of the restructured report, feedback will be crucial in guiding us toward our aim of producing the most robust and up-to-date analytics and narrative, which will help us clearly demonstrate how we are progressing with our agreed actions. The Workforce Directorate specific ADP deliverables will also be included within this report, to ensure SGC are provided with these details and oversight in the context of the NHS Scotland Staff Governance Standard.

Another key objective is to consolidate the metrics into a single report that can be shared across various Groups and Committees, ensuring consistency for all stakeholders. Currently, many individual reports exist for the metrics included in this report and bringing them together is seen as a significant step forward and a major benefit for all involved. While it may take some adjustment and refinement to reach an ideal format and content, the new report is intended to make a positive contribution by better aligning with the agreed governance and workforce data and intelligence needs. Future additions are anticipated to include the Age Profile of our workforce, Employability metrics, Leavers / Turnover dta, Diversity and Supplementary Staffing activity / spend.

WORKFORCE DIRECTORATE KEY ACHIEVEMENTS DURING 2025 TO DATE

Workforce Plan for 2025/2026

In collaboration with service colleagues, the Workforce Planning template for 2025/2026 has been submitted to Scottish Government. The intent of the template Workforce Plan is to outline the future staffing required to enable safe, high-quality care to the population of Fife in an affordable and sustainable manner. There will be synergies between mapping future staffing requirements for the Workforce Plan, with the Common Staffing Method reviews embedded within the Health and Care (Staffing) (Scotland) Act 2019, and the objectives of the Re-form, Transform and Perform (RTP) agenda. Efforts to improve the sustainability of our workforce and support staff in delivering quality health and care are therefore key to the delivery of the plan in 2025/2026 and thereafter.

Health and Care Scotland Act Annual Report and High Cost Agency Reports

The Workforce Directorate has been responsible for the oversight of development the first formal Annual HCSA report to Scottish Government for the deadline of 30 April 2025. There has been significant service contribution in the form of the aligned service based templates. In addition, High Cost Agency reports have been submitted on the required quarterly basis.

Employability and EMERGE

There a number of highlights with two specifics being the NHS Fife bespoke careers events held at the Simulation Centre at QMH on 3 and 4 March 2025. Over 100 secondary school pupils attended and the feedback has been very positive from all stakeholders. The intention is that this and the sessions planned for September 2025 are annual events.

The EMERGE progamme is a collaboration with Fife College targeted at pupils from lower SIMD areas with an interest in careers within the health service. 8 pupils from Levenmouth Academy and Viewforth High School enrolled on the programme in September 2024. 5 pupils remain and are on course to obtain their Level 5 SVQ qualification in June 2025. Pupils have experienced a tour of the VHK and are now attending Cameron Hospital's Education Centre for a series of insight and engagement workshops facilitated by Practice and Professional Development. The pupils will also undertake observational visits within areas they have identified as being interested in pursuing careers in. These include Laboratories, Nursing, Mental Health Nursing and Paediatrics.

Workforce Directorate Transformation / Shared Services Centre

The Workforce Directorate are now working with colleagues in Digital & Information and Project Management Office to compile a comprehensive list of services provided focusing on identifying repeatable, high-volume transactions, ranking these transactions from highest to lowest volume of requests, while assessing the procedural requirements for initiating a case worker request. This work will develop a comprehensive roll-out plan alongside a communications brief and clear instructions to support the lead-up to the launch for the Directorate and our service users.

Staff Bank Consolidation

The Staff Bank is now managing Medical Locums through Direct Engagement. In addition, the team has taken over out of scope recruitment from the East of Scotland Recruitment Team, for all other job families and will continue to consolidate local banks into the Staff Bank over the coming financial year.

Core Skills / Mandatory Training

Our overall core skills compliance rate is 66% as of 31 March 2025. This is the highest rate seen in at least, the last 5 years. It is also a 16% performance increase, compared to this time last year (May 2024). Extensive data reconciliation work behind the scenes has yielded a positive contribution and demonstrates a more accurately reflective overview of our compliance rates across NHS Fife. The creation of a line manager reporting function on OBIEE, now enables line managers to access core skills compliance rates for everyone in their team(s) going forward. This is a new function and better equips line managers to exercise their duties and responsibilities to support all our employees to maintain their learning and development requirements.

Protected Learning Time

Extensive promotion and activity to support the adoption of this new policy, which came into effect from 1 April 2024 has been conducted throughout 2024/2025. 233 managers have attended PLT lunchtime byte sessions to help managers localise and adopt good practices for their teams. These sessions continue to receive positive evaluations, and more are being delivered in the coming months.

National work is underway to determine a Once for Scotland suite of core skills eLearning resources and to deliver robust reporting functionalities across a range of employee systems such as SSTS, eRostering and TURAS.

Our NHS Fife Leadership Framework

Our Leadership Way was developed through extensive inquiry and engagement in 2024 with hundreds of colleagues from across NHS Fife to create active engagement and insights into the leadership behaviours that matter in practice and the ones which encourage us all to flourish and thrive in the workplace.

The framework has been endorsed and celebrated through the governance cycles in March 2025 and will continue to be progressed across 2025/2026 by aligning and embedding our key people-related activities in 2025/2026 (in how we attract, recruit, on-board, develop, nurture and reward / recognise). This will help embed and sustain our on-going commitment as an organisation to healthy workplace cultures and enhance the impact and opportunities of leadership at every level.

The Workforce Directorate's planned contributions in the format of our "We Wills" are set out below:

Our We Wills:

Launch / Promotion	Lead
1. We will promote the framework and curate resources that inspire, connect and have relevance for leaders at all levels, underpinned by the contemporary evidence base within Our Leadership Way.	Associate Director of Culture, Development & Wellbeing Communications Team
Attraction	
2. We will revise all recruitment job packs to include Our Leadership Way, signalling our expectations as an employer that these behaviours and practices matter in our culture(s).	Head of Workforce Resourcing & Relations
3. We will start to review selection arrangements for senior leadership roles to ensure that the leadership framework is included in selection tools we use to recruit to these roles.	Head of Workforce Resourcing & Relations
Onboarding / Induction	
4. We will ensure every new employee is introduced to NHS Fife's leadership framework via the refreshed NHS Fife Corporate Induction programme coming forwards from May 2025 onwards.	Learning and Development Manager

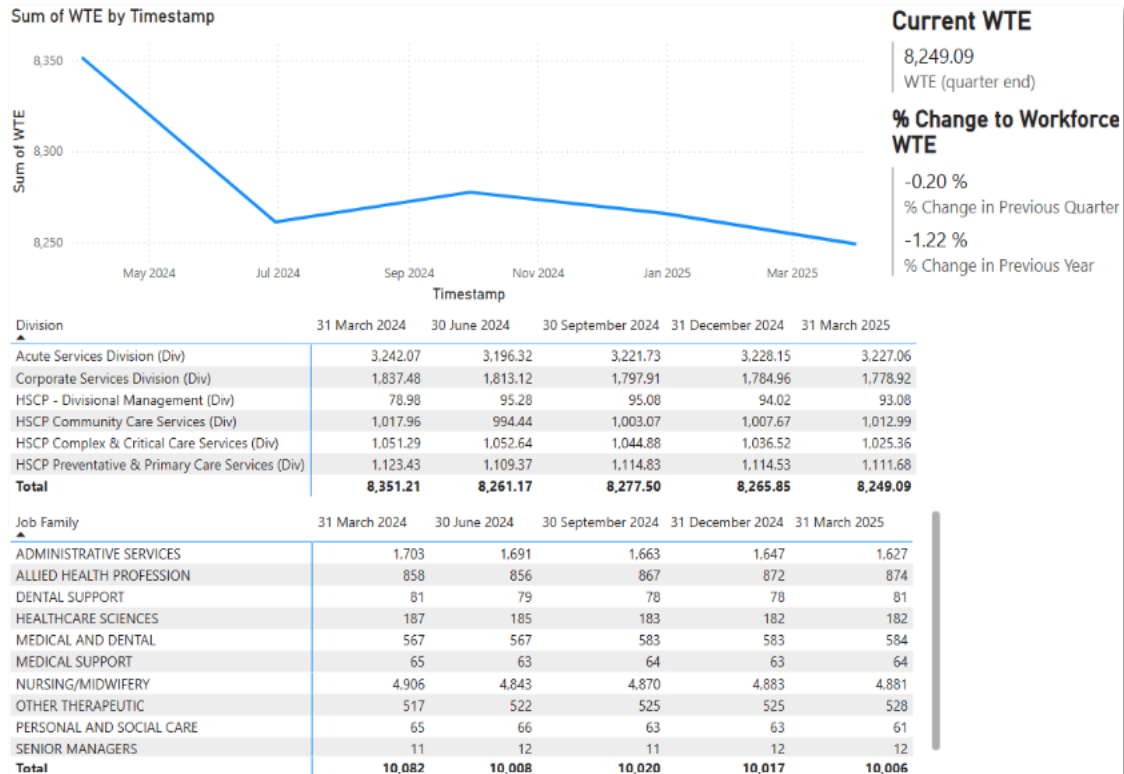| **Nurture / Train**	
5. We will introduce a leadership development network/community that is open to all leaders at all levels, who can come together to learn, inspire, and exchange insights together, anchored in Our Leadership Way.	Associate Director of Culture, Development & Wellbeing
6. We will ensure all new leadership development activities reflect the shared leadership philosophy of Our Leadership Way, and continually evaluate for impact against the indicators outlined in the framework.	Associate Director of Culture, Development & Wellbeing
7. We will collaborate to ensure alignment of Our Leadership Way with the aspirations outlined in the NHS Fife Change model in all new change/leadership capability building offers coming forwards.	Director of Planning & Transformation Associate Director of Culture, Development & Wellbeing
8. We will review our suite of management development training programmes, ensuring our leadership framework is embedded throughout. Our first focus will be on promoting attendance training.	Head of Workforce Resourcing & Relations Associate Director of Culture, Development & Wellbeing
Reward & Recognition	
9. We will ensure reward and recognition initiatives align with the leadership framework. Our first focus will be on the 2025 Staff Awards.	Director of Communications and Engagement Head of Workforce Planning and Staff Wellbeing

For workforce information queries, please contact Brian McKenna, Board Workforce Planning Lead, e-mail: brian.mckenna@nhs.scot

NHS Fife People & Culture Report

Index	Metric	Staff Governance Standard Strand / Source
1	Workforce WTE	Workforce Planning / Establishment
2	Fixed Term Contracts	Workforce Planning / Establishment
3	Sickness Absence	Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community. Local Target / IPQR
4	East Region Recruitment Service	Workforce Planning / Recruitment / Retention
5	Mandatory / Statutory Training	Appropriately trained and developed
6	TURAS Appraisal	Appropriately trained and developed
7	Health & Safety	Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
8	Employee Relations Case Management	Employee Relations
9	Occupational Health	Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.
10	Annual Delivery Plan - Workforce	ADP / Planning

Sum of WTE by Timestamp

Current WTE
8,249.09
WTE (quarter end)

% Change to Workforce WTE
-0.20 %
% Change in Previous Quarter

-1.22 %
% Change in Previous Year

Division	31 March 2024	30 June 2024	30 September 2024	31 December 2024	31 March 2025
Acute Services Division (Div)	3,242.07	3,196.32	3,221.73	3,228.15	3,227.06
Corporate Services Division (Div)	1,837.48	1,813.12	1,797.91	1,784.96	1,778.92
HSCP - Divisional Management (Div)	78.98	95.28	95.08	94.02	93.08
HSCP Community Care Services (Div)	1,017.96	994.44	1,003.07	1,007.67	1,012.99
HSCP Complex & Critical Care Services (Div)	1,051.29	1,052.64	1,044.88	1,036.52	1,025.36
HSCP Preventative & Primary Care Services (Div)	1,123.43	1,109.37	1,114.83	1,114.53	1,111.68
Total	**8,351.21**	**8,261.17**	**8,277.50**	**8,265.85**	**8,249.09**

Job Family	31 March 2024	30 June 2024	30 September 2024	31 December 2024	31 March 2025
ADMINISTRATIVE SERVICES	1,703	1,691	1,663	1,647	1,627
ALLIED HEALTH PROFESSION	858	856	867	872	874
DENTAL SUPPORT	81	79	78	78	81
HEALTHCARE SCIENCES	187	185	183	182	182
MEDICAL AND DENTAL	567	567	583	583	584
MEDICAL SUPPORT	65	63	64	63	64
NURSING/MIDWIFERY	4,906	4,843	4,870	4,883	4,881
OTHER THERAPEUTIC	517	522	525	525	528
PERSONAL AND SOCIAL CARE	65	66	63	63	61
SENIOR MANAGERS	11	12	11	12	12
Total	**10,082**	**10,008**	**10,020**	**10,017**	**10,006**

Insights:

The NHS Fife workforce has reduced by 1.22% in the previous 12 months, driven predominantly by the reduction in the Administrative Services Job Family (4.42% reduction). This reduction occurred within each of the operating Divisions, and is consistent with the Reform, Transform and Perform programme.

Over the same period, the Nursing and Midwifery Job Family has seen a 2.20% increase in its registered workforce, off-set by an 8.79% reduction in the non-registered workforce. These changes coincided with the annual intake of new graduates during Quarters 2 and 3.

Fixed Term Contracts

	31 March 2024	30 June 2024	30 September 2024	31 December 2024	31 March 2025
Count of Assignments	435	382	361	337	327

Division	31 March 2024	30 June 2024	30 September 2024	31 December 2024	31 March 2025
Acute Services Division (Div)	137	129	129	129	133
Corporate Services Division (Div)	105	86	79	72	67
HSCP - Divisional Management (Div)	9	7	9	7	6
HSCP Community Care Services (Div)	31	24	24	18	20
HSCP Complex & Critical Care Services (Div)	100	97	86	78	75
HSCP Preventative & Primary Care Services (Div)	53	39	34	33	26
Total	**435**	**382**	**361**	**337**	**327**

Job Family	31 March 2024	30 June 2024	30 September 2024	31 December 2024	31 March 2025
ADMINISTRATIVE SERVICES	82	64	58	56	61
ALLIED HEALTH PROFESSION	23	15	15	15	9
DENTAL SUPPORT	4	4	1	1	1
HEALTHCARE SCIENCES	2	2	2	2	2
MEDICAL AND DENTAL	114	109	115	117	115
NURSING/MIDWIFERY	110	96	89	72	70
OTHER THERAPEUTIC	77	71	66	66	63
PERSONAL AND SOCIAL CARE	8	9	6	5	4
SUPPORT SERVICES	15	12	9	3	2
Total	**435**	**382**	**361**	**337**	**327**

Insights:

There has been a 108 reduction in the number of recorded Fixed Term Contracts over the previous 12 months, with the majority of job families reflecting this trend. These reductions have largely been experienced within the Corporate Services Division and across the Fife Health & Social Care Partnership.

It should be noted that whilst these numbers will be reflective of the overall trend and is consistent with an analysis of the leavers' data over the same timeframe, there will have been a degree of coding anomalies with the exact numbers due on-going work with services to accurately identify and record those on Fixed Term Contracts.

These values do not capture the number of staff who may be on temporary working arrangements.

Sickness Absence

Overall	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Average
NHS Scotland	6.19	6.39	6.22	6.67	6.05	6.01	6.53	6.16	7.07	7.01	5.87		6.38
NHS Fife 2024/2025	**7.35**	**7.11**	**7.17**	**7.47**	**6.51**	**7.07**	**7.36**	**6.91**	**7.80**	**7.99**	**6.84**	**6.47**	**7.17**
NHS Fife 2023/2024	6.18	6.83	6.61	6.63	6.91	6.93	7.39	7.64	7.80	8.27	7.64	6.62	7.12
Variance	1.17	0.28	0.56	0.84	-0.40	0.14	-0.03	-0.73	0.00	-0.28	-0.80	-0.15	0.05

Long Term	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Average
NHS Scotland	3.82	4.02	3.79	4.01	3.93	3.83	3.94	3.74	4.07	4.07	3.65		3.90
NHS Fife 2024/2025	**3.72**	**3.91**	**3.72**	**4.11**	**3.87**	**3.76**	**4.00**	**3.68**	**3.85**	**4.23**	**3.53**	**3.36**	**3.81**
NHS Fife 2023/2024	3.39	4.03	3.78	3.82	3.99	3.69	4.30	4.08	4.33	4.31	4.08	3.66	3.96
	0.33	-0.12	-0.06	0.29	-0.12	0.07	-0.30	-0.40	-0.48	-0.08	-0.55	-0.30	-0.14

Short Term	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24	Jan-25	Feb-25	Mar-25	Average
NHS Scotland	2.31	2.28	2.57	2.56	2.15	2.24	2.47	2.49	3.02	2.92	2.15		2.47
NHS Fife 2024/2025	**3.62**	**3.20**	**3.44**	**3.35**	**2.63**	**3.31**	**3.35**	**3.23**	**3.94**	**3.75**	**3.30**	**3.10**	**3.35**
NHS Fife 2023/2024	2.79	2.79	2.82	2.79	2.91	3.24	3.08	3.56	3.46	3.95	3.55	2.95	3.16
	0.83	0.41	0.62	0.56	-0.28	0.07	0.27	-0.33	0.48	-0.20	-0.25	0.15	0.19
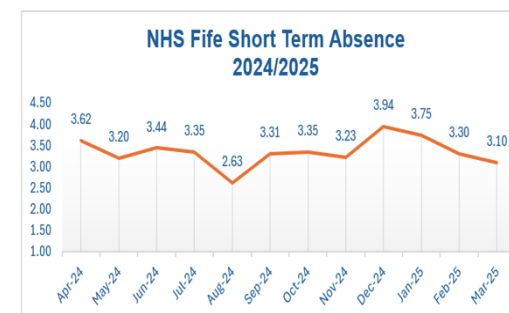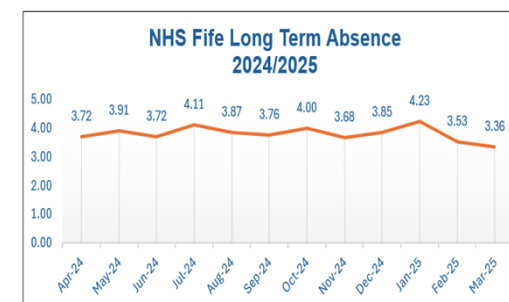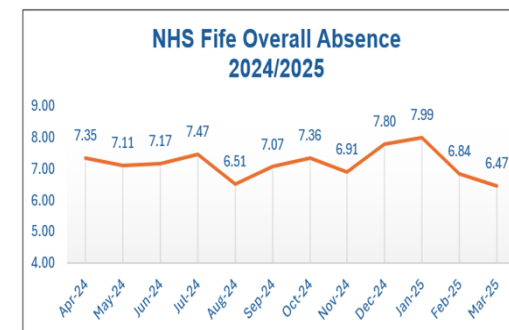
Insights:

Achievements

Completion of a multifactorial review within H&SCP has led to the development of an implementation plan which includes:
- Promoting a positive focus on attendance rates.
- Improving the knowledge and understanding of those managing attendance by providing opportunities that encourage networking and supportive platforms for discussion that build positive relationships.
- Support best practice and shared learning in a safe space.
- On-going evaluation of these outcomes and opportunities to expand learning.

Benchmarking work with other key Boards has identified the need to realign attendance management practices with OfS Attendance Management Policy, and work on revised Attendance Management Training has commenced. Continue to highlight the importance of recording sickness absence data accurately.

Future/On-going
- Attendance management training is being updated to take account of reviewed OfS implementation and to incorporate NHS Fife's Leadership Framework.
- Continue to identify areas of good practice to develop shared learning. Continue to identify priority areas and carry out a deep dive with a solutions-based focus.
- Directly engage with teams / services where absence figures are higher than 10% and support managers to develop recovery plans.
- Promote the reporting capabilities and analysis of attendance data to enable managers to identify trends, patterns and potential issues.
- Promote awareness amongst managers about the available resources for fostering and maintaining the wellbeing of their teams.

Challenges
- Pressures associated with reduced working week
- Ageing workforce with complex health needs.

NHS Fife Overall Absence 2024/2025

NHS Fife Long Term Absence 2024/2025

NHS Fife Short Term Absence 2024/2025

Recruitment Activity NHS Fife – March 2025

East Region Recruitment Service

NHS SCOTLAND

NHS Fife – March

The total number of vacancies for NHS Fife in March is 84 with 59 adverts posted. NHS Fife accounts for 14% of East Region Activity.

The volume of activity highlights an increase of 47% (+27 vacancies) for March in comparison to February.

Month Comparison:

| Board	March Activity %	February Vacancies Vol:	March Vacancies Vol:	Variance
NHS Fife	14%	57	84	+27

Activity Band:

- Band 5-7 relates to 51% of Recruitment with 43 vacancies
- Band 1-4 is approximately 33% (28 vacancies)
- Medical and Dental is approximately 8% (7 vacancies)

Activity Service Area:

- Nursing and Midwifery highlight the main recruitment activity accounting for 58% (49 vacancies)
- Administrative Services relates to 14% (12 vacancies)
- Other Therapeutic relates to 10% (8 vacancies)

No of Adverts/Vacancies Board March 2025
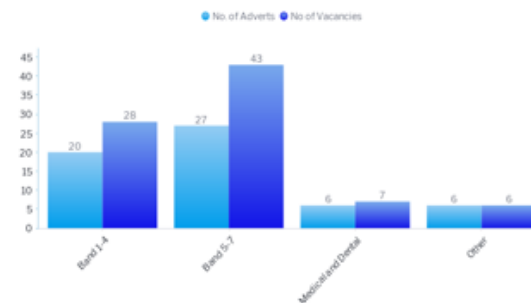
No of Adverts/Vacancies Board March 2025
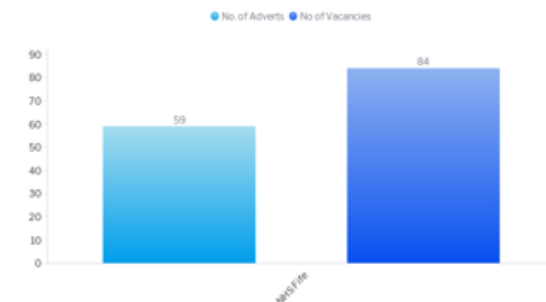
No of Vacancies Job Family March 2025
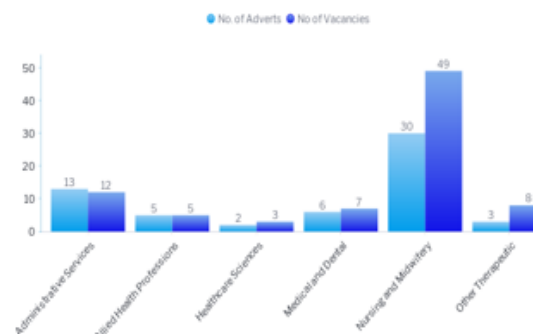
No of Vacancies Board by Month
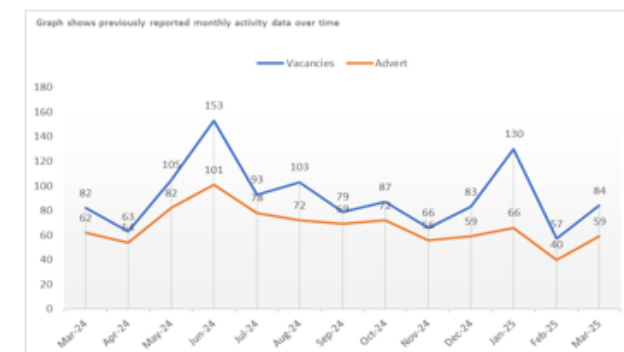
*Data contained within charts excludes Readvertised posts and Generic Recruitment * Data Extracted: 08 April 2025

10/21

Recruitment Activity East Region – NHS Fife Summary

East Region
Recruitment Service

NHS SCOTLAND

NHS Fife for Scotland Summary

The total number of Vacancies for NHS Fife in Q4 is 417 with 165 adverts posted. This is an increase of 181 Vacancies (77%) in comparison to Q3.
(Note: Table / Chart show previously reported data over time)

Category	Q4	Q1	Q2	Q3	Q4 24/25	Variance Q2/Q3
Vacancies	316	321	275	236	417	181
Adverts	212	237	219	187	165	-22

FIFE Vacancies/Adverts by Quarter
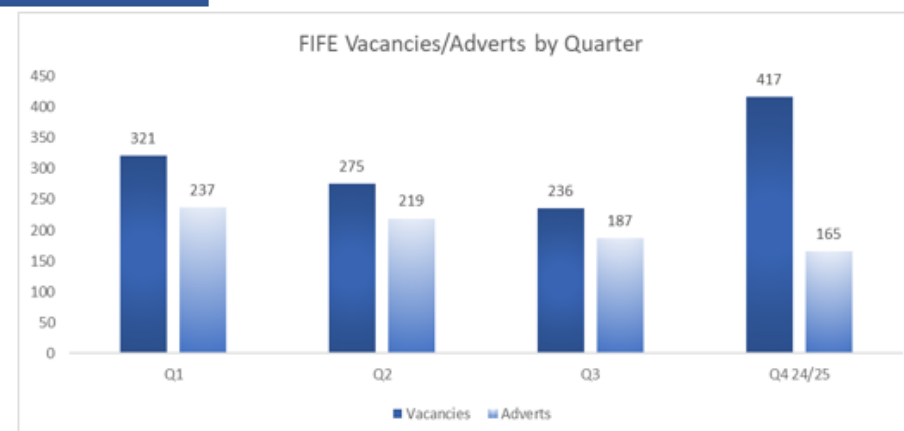
NHS Fife Live Activity Trend

The main volume of activity for Q4 was in January with 276 vacancies. February activity was lowest at 57 vacancies.

The average vacancies per month in Q4 was 139 in comparison to the average of 77 in Q3.

Note: Activity Trend graph is extracted from the live system. **+54% variance (+146 vacancies)** in Q4 vacancy data compared to previously reported at end of months January & February. The variance relates to January data.

OFFICIAL   * DATA EXTRACTED: 8 April 2025

*Data contained within charts excludes Readvertised posts *
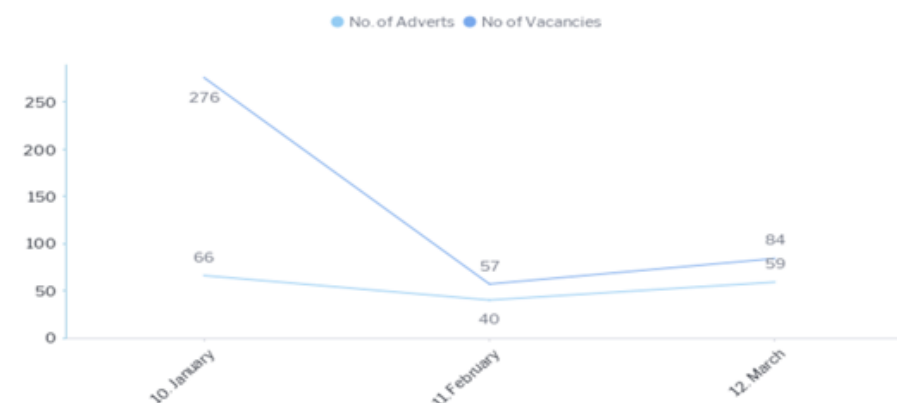
Recruitment Activity NHS Fife Q3 – Q4 Activity

East Region Recruitment Service

NHS SCOTLAND

Activity Band:

- Band 1-4 relates to 19% of Recruitment with 81 vacancies in Q4, increase of 5 (-7%) in comparison to Q3)
- Band 5-6 is approximately 68%, increase of 175 (+161%) in comparison to Q3)

Activity Service Area:

- Nursing & Midwifery highlights the main activity with 68% of vacancies in Q4 with 283 vacancies, an increase of +157% compared to Q3
- Administrative Services is 8% in Q4 with 32 vacancies, this is a decrease of 6 vacancies (-16%)
- Allied Health Professions relates to 5% of Q4 activity, and similar level to Q3.
- Support Services relates to 4% of Q4 activity, an increase of 88% (7 vacancies) in comparison to Q3.
- Medical & Dental equates to approximately 8% of vacancies in Q4, a decrease of 42% (10 vacancies) in comparison to Q3.

OFFICIAL * DATA EXTRACTED 8 April 2025

Note: Charts extracted from the live system, therefore previous quarter may vary to previously reported chart

NHS Fife Adverts/ Vacancies Band Q4
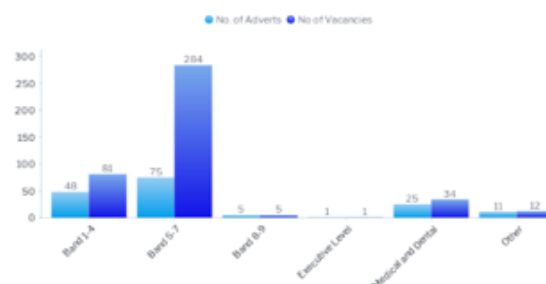
NHS Fife Adverts/ Vacancies Band Q3
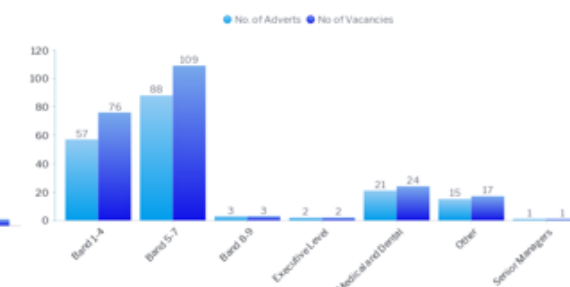
NHS Fife Vacancies Job Family Q4

NHS Fife Vacancies Job Family Q3

Data contained within charts excludes Readvertised posts
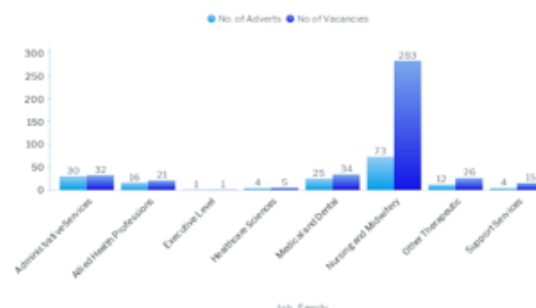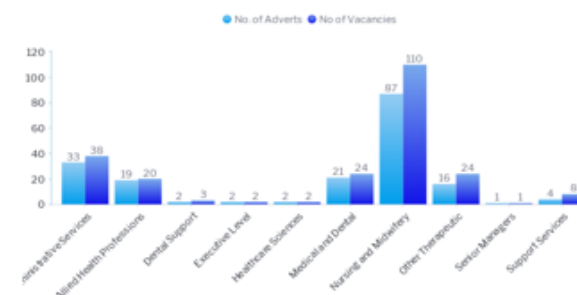
Average TTH NHS Fife Q3 – Q4 Activity

East Region Recruitment Service

NHS SCOTLAND

NHS Fife TTH Board Breakdown – Q4

On average Fife time to hire from Job Approved to Start date is approximately 186 Days in Q4, a decrease of 20 days in comparison to Q3 206 Days .
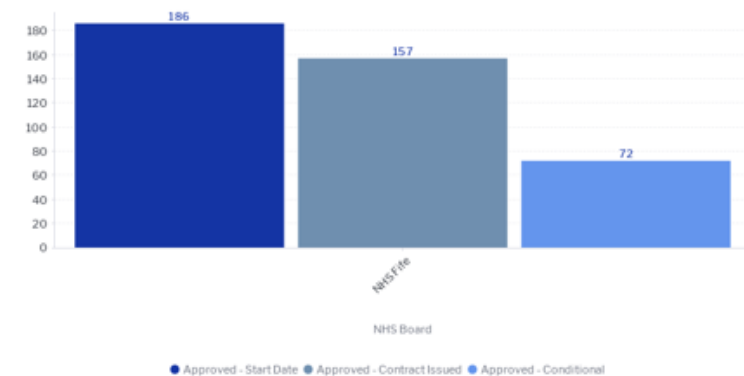
Approved to Contract is 157 for Q4 an increase of 29 days from Q3 186 Days on average.

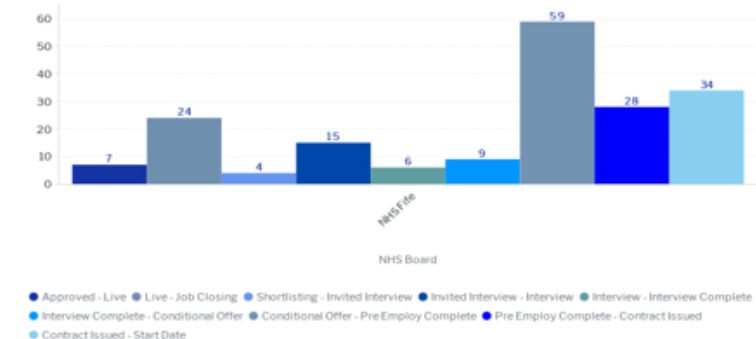Approved to Conditional Offer is on average 72 Days a decrease of 4 days compared to Q3 with 76 Days.

- Q4 data highlights that Job approved to job live stage was on average 7 days, a decrease of 1 day compared to Q3 and above national KPI
- Job live to job closing stage indicates 24 days (-10 days) and 10 days above national KPI. This is the advert stage of the process
- Shortlisting – Interview was approximately 4 days (-1 days), and within national KPI
- Interview arrangement stage remains approximately 15 days in Q4, and above national KPI
- Completion of Interview – Conditional was an average of 9 days in Q4, -2 days on Q3 and above national KPI
- Pre Employment is on average 59 days for Q4, a reduction of 22 days and +31 days above national KPI
- Pre Employment to contract issued is on average 28 days in Q4, -1 day to Q3, +25 days above national KPI.
- Contract issued – Start date is 34 days in Q4, an increase of 6 days from Q3.

NHS Fife Average Time to Hire – Q4

● Approved - Start Date ● Approved - Contract Issued ● Approved - Conditional

NHS Fife Average Time to Hire – Status Breakdown – Q4

● Approved - Live ● Live - Job Closing ● Shortlisting - Invited Interview ● Invited Interview - Interview ● Interview - Interview Complete
● Interview Complete - Conditional Offer ● Conditional Offer - Pre Employ Complete ● Pre Employ Complete - Contract Issued
● Contract Issued - Start Date

| Stage of Process	Average TTH Q3	Average TTH Q4	QTR Variance	Target	Target Variance
Approved - Live	7	7	0	3	+4
Live - Job Closing	34	24	-10	14	+10
Shortlisting to Interview	5	4	-1	4	0
Invited to Interview - Interview arranged	15	15	0	10	+5
Interview Complete - Conditional Offer	11	9	-2	3	+6
Conditional Offer - Pre emp complete	81	59	-22	28	+31
Pre Emp - Contract Issued	29	28	-1	3	+25
Contract issued - Start Date	28	34	+6	N/A	N/A

OFFICIAL   * DATA EXTRACTED: 8 April 2025

Mandatory / Statutory Training | 5

Core Skills Topics - Directorate Compliance as at 31st March 2025

■ Acute Services ■ HSCP ■ Corporate
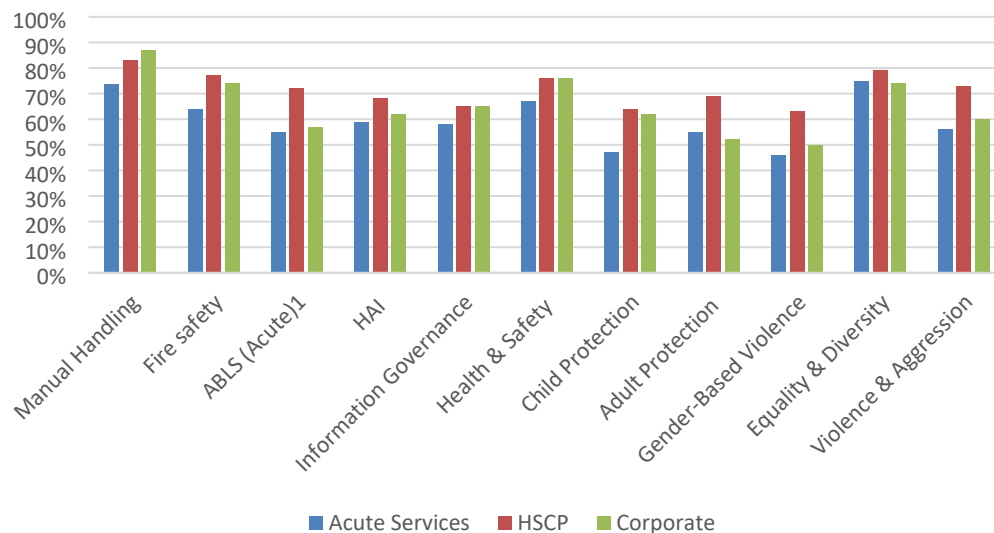
NHS Fife Core Skills Topics

- Fire
- Manual Handling
- Health & Safety
- Resuscitation
- Infection Control
- Information Governance
- Equality and Diversity
- Protection for All
- Violence & Aggression

Compliance Levels April 2024 – March 2025

30 apr 24	30 mai 24	30 sep 24	31 des 24	31 jan 25	31 mar 25
56%	56%	60%	64%	64%	66%
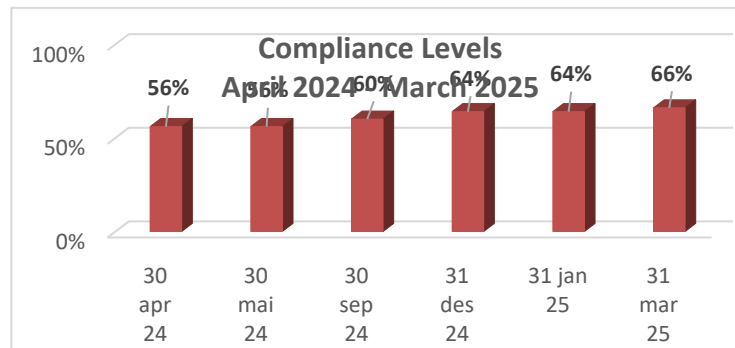
Insights:

Overall core skills compliance rate at 31 March 2025 is 66%. This is the highest rate seen in at least, the last 5 years and also reflects a 16% performance increase, compared to this time last year (May 2024).

On-going data cleansing work may result in further increases to the current compliance level reported for March 2025.

All managers now have access to the eESS/OBIEE Manager Training Compliance Dashboard report, enabling local monitoring of core skills compliance for members of their team.

Following the implementation of a short-term recovery plan in December 2024, a long-term sustainability plan has been established for 2025/2026. The key aim of this work will be to engage with NHS Fife and HSCP services and managers and encourage development of local recovery plans to deliver increased performance metrics. This work has already commenced through direct engagement with Acute Services and HSCP Senior Leadership Teams.

TURAS Learn Manager reporting functionality will also be rolled out to all managers during 2025 to enable live time core skills compliance reporting.

TURAS Appraisal / PDPR

Appraisals Completed		Q1	Q2	Q3	Q4
Area	**Measure**	**Jun-24**	**Sep-24**	**Dec-24**	**Mar-25**
NHS Fife	Reviews Held	273	220	283	440
	Compliance	**43.5%**	**42.9%**	**44.3%**	**44.2%**
Corporate		**43.2%**	**43.2%**	**43.0%**	**42.9%**
Acute Services		**39.6%**	**39.6%**	**41.6%**	**42.7%**
Medical Directorate		24.2%	21.5%	20.0%	20.1%
Surgical Directorate		50.7%	49.8%	53.8%	52.1%
WCCS		47.7%	52.2%	56.2%	62.0%
HSCP		**47.1%**	**45.7%**	**47.4%**	**46.3%**
Community Care		48.9%	47.2%	47.3%	42.2%
Complex & Critical		38.4%	41.2%	42.3%	40.2%
Primary & Preventative		53.6%	48.3%	51.4%	53.4%

The overall compliance rate for PDPR / Appraisal as at 31 March 2025 is 44.2%. This shows a 3.5% performance increase compared to 2024.

Recovery work behind the scenes to increase compliance has included reminders to all NHS Fife and HSCP Managers of their responsibilities in this process with relevant guidance provided to support this. Additional TURAS Appraisal training sessions were also provided to accommodate anticipated increases in demand.

Further actions included reducing the number of partially signed off appraisals and ensuring all paper-based appraisals to date were accounted for.

Actions taken by Line Managers included tasks such as facilitating joint agreement of outstanding Appraisal, appointing additional reviewers to support engagement in teams and effective time allocation to support quality conversations.
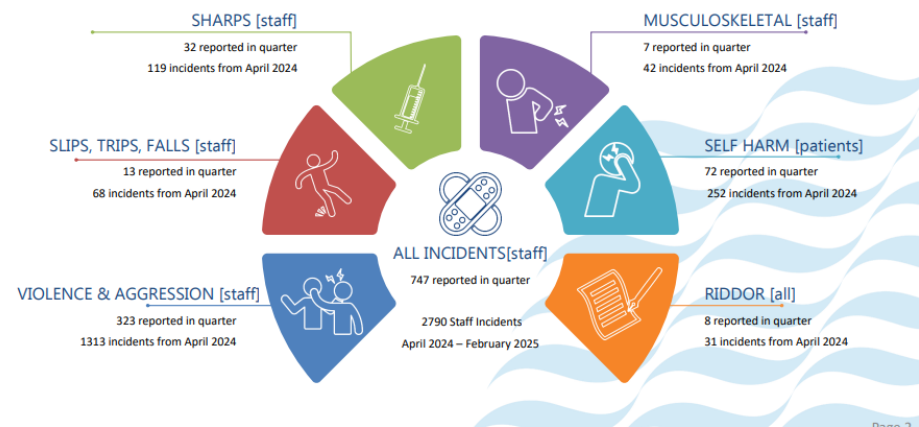
Compliance rates for 2025/2026 have been agreed as 65%.

Current Appraisals Completed

PDP Compliance Trend

NHS Fife Incident Dashboard

December 2024 – February 2025 Incidents Summary

SHARPS [staff]
32 reported in quarter
119 incidents from April 2024

MUSCULOSKELETAL [staff]
7 reported in quarter
42 incidents from April 2024

SLIPS, TRIPS, FALLS [staff]
13 reported in quarter
68 incidents from April 2024

SELF HARM [patients]
72 reported in quarter
252 incidents from April 2024

ALL INCIDENTS[staff]
747 reported in quarter
2790 Staff Incidents
April 2024 – February 2025

VIOLENCE & AGGRESSION [staff]
323 reported in quarter
1313 incidents from April 2024

RIDDOR [all]
8 reported in quarter
31 incidents from April 2024

Page 2

Insights:

Full details will be provided via the H&S Update Report.

Indicator Summary

Indicator Summery	Previous Quarter	Current Quarter	Change	Previous Year Apr 23/Mar 24	Year To Date	Rolling year
Sharps	35	32	▲	143	119	
Slips, Trips	19	13	▲	69	68	
V&A	331	323	🟨	1538	1319	
Musculoskeletal	11	7	▲	42	42	
Patient Self Harm	73	72	🟨	300	252	
RIDDOR	7	8	▼	35	31	

Key

▲ Improved Performance from previous quarter

🟨 No significant change from previous quarter (5% variance)

▼ Reduction in performance from previous quarter

Employee Relations Case Management | 8

Employee Relations	Timescales				
Case Type	0 - 3 months	4 - 6 months	7 - 12 months	12 months >	Total
Employee Conduct	10	7	7	5	29
Bullying and Harassment	13	1	1	0	15
Grievance	2	2	0	0	4
Total	25	10	8	5	48

Breakdown of Conduct Cases

- Inapropriate Behaviour 17%
- Fraud 11%
- Professional - Inconsistencies & Omissions record keeping 22%
- Breach of Organisational Policy 11%
- Criminal Offence 33%
- Confidentiality 6%
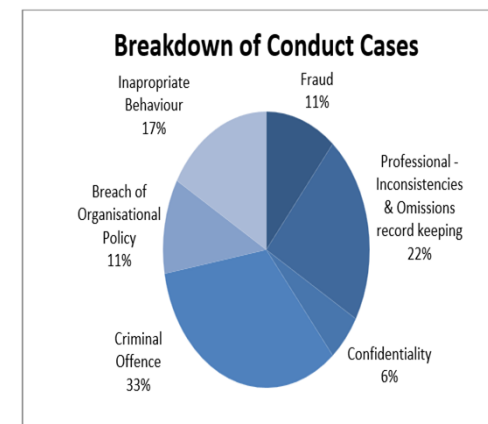
NHS Fife Employee Relations Cases as at 31 March 2025

Within the current reporting period there are a total of 48 formal employee relations cases. This comprises 29 Conduct cases, 15 Bullying and Harassment cases and 4 Grievance cases.

There are currently 5 cases where the timescale has exceeded 12 months. For those cases the following factors have been identified as delaying the process:

- Awaiting the outcome of criminal proceedings
- Delays caused by the wellbeing of the member of staff involved

Employee Relations Case Management | 8

Support Available to Managers

Work continues to support Managers to utilise early resolution approaches where appropriate and cases continue to be investigated using the Once for Scotland Workforce policies. Managers are signposted to the TURAS Learn NHS Scotland Workforce Policy modules which can be accessed at a time convenient to managers. Managers are encouraged to access the Once for Scotland Workforce Policies and the comprehensive suite of supporting documents that is available.

Manager's guidance and toolkits such as the Fairwarning toolkit and Lapsed Registration toolkit are accessible to managers.

A pilot initiative incorporating KPIs has been launched to establish activity targets and manage timelines effectively. As part of this framework, an escalation process has been implemented, ensuring senior managers and executive directors are informed and have oversight of any cases with extended timescales.

Occupational Health Activity

Management Referrals	Q1	Q2	Q3	Q4	Total
New Referrals Received (Total)	349	394	322	307	1372
Attended	256	205	144	246	851
DNA	30	22	17	30	99
Cancelled	43	36	24	39	142
Postponed	11	6	17	8	42
Rejected – support / guidance only	0	0	20	41	61

Self Referrals	Q1	Q2	Q3	Q4	Total
Self-Referrals Received (Total)	169	178	167	208	722
Physio	65	71	66	79	281
Counselling	71	65	60	50	246
OH Nurse	24	42	41	79	186

Referral Reason	Q1	Q2	Q3	Q4
Underlying Health Condition	32%	28%	36%	28%
Mental Health/ Wellbeing	28%	24%	23%	28%
MSK	25%	22%	32%	31%
Infection / Other	15%	26%	9.00%	13%

Management / Self Referrals Early intervention is crucial to recovery and return to work and the referral services offered via Occupational Health are an important way for individuals and managers to access impartial expert, advice on health matters related to the workplace. These interventions aim to prevent absence where possible but can support faster recovery and decrease the need for prolonged absence from work, creating a healthier, more productive work culture and increased patient care outcomes.

Q1-Q4 had a combined total of 1372 new Management referrals. This requirement for Management referral has risen steeply since 2000 with an overall increase of 39% however Year to Date on 2024 /25 has shown a decreased from 2023/24 by 20%. This is likely due to increased OH efforts to comprehensively support managers and individuals via bespoke signposting and organisation efforts focussed on improving attendance management training.

Referral reasons continue to show increased complexity of health conditions and it is common for multiple conditions to coexist. Both musculoskeletal and mental health and wellbeing at work continue to be the main referral reasons, each accounting for > 25%. Mental health and wellbeing remains a strong focus and the OH team continues to work collaboratively with other specialist areas, national bodies and the 3rd parties to tailor support for staff. Q3-4 saw the launch of 'Staff Care: Health and Wellbeing support' Blink pages and the introduction of an additional physiotherapy provider in the east of Fife. The latter is proving to increase availability and improve equity of access and capacity in this area.

Average timeframes to appoint in Q3 / Q4 was 2 weeks for an OH Staff nurse; 3 weeks OH Nurse and 9 weeks for consultation with OHP. Key factors related to an increased waiting time for non-urgent referrals were due to service disruption during the migration and implementation of a new software system and significant resource challenge the service has faced.

DNA rates remain a focus for the service in maintaining efficiency of resources and skills. Whilst this affects management referral activity less than other OH activity areas, work is ongoing to improve attendance or timely cancellation via enhanced information and communication of appointments as well as other strategies.

Annual Delivery Plan Q4 Workforce | 10

Deliverable	Outcome	Deliverable 2024/2025 Q1 RAG Status	Deliverable 2024/2025 Q2 RAG Status	Deliverable 2024/2025 Q3 RAG Status	Deliverable 2024/2025 Q4 RAG Status
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation.	A combined Workforce Bank for NHS Fife, managed under the one management structure which will deliver financial sustainability aims while providing more efficient and effective deployment of supplementary staffing needs across all services.	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities.	NHS Fife being an Anchor organisation with our ambition being to maximise opportunities for stable employment, fair work, training and volunteering opportunities.	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Attracting & Recruiting staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service.	An improved recruitment service to NHS Fife and our customers improving the recruitment experience. International recruitment will assist with establishment gaps for registrant and certain AHP roles that have been hard to fill posts for some time.	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025.	Sustainable wellbeing support for staff which achieves a sustained reduction in absence levels (targeting 6.5% in 2024/2025 and target of 6.39% proposed for 2025/2026) and contributes to staff health and wellbeing, with measurable and recognised outcomes and benefits.	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of organisational priorities, including Health and Care Staffing Act and eRostering Programme.	Workforce planning and analytics support in place to meet increased data requirements. Ability to service multiple requires linked to key organisational priorities such as eRostering, Health and Care Staffing Act and Workforce Planning.	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support.	Department adequately resourced to fulfil existing service provision, with increased resilience for succession planning and diversification of service provision of health interventions with positive impact on attendance, staff wellbeing and presenteeism.	Green - On Track	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action

Insights:

Amber RAG Status

1) Our Staff Health and Wellbeing Framework for 2025 is due for renewal and will be aligned to strategic Staff Health and Wellbeing meeting being planned with key stakeholder involvement (May / June 2025).

2) Our OH Team has been challenged with staffing resourcing issues at the time of implementing a new digital system, which will have long-term benefits in terms of new improved digital processes. ELT paper planned to consider OH Service delivery.

Deliverable	Outcome	Deliverable 2024/2025 Q1 RAG Status	Deliverable 2024/2025 Q2 RAG Status	Deliverable 2024/2025 Q3 RAG Status	Deliverable 2024/2025 Q4 RAG Status
Development of improved digital processes to support OH activity and staff health and wellbeing.	Extension of digital approaches to self service for pre-employment, management referrals and OH appointments for immunisations and health surveillance Scope of online management referral project (Dec-23)	Green - On Track	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager / employee self-service.	A service delivery model that meets the demands on the services and adds value to customers and provided a workforce load balance for the Directorate.	Green - On Track	Green - On Track	Green - On Track	Green - On Track
We will launch and develop a leadership framework – Our Leadership Way in Fife.	A programme of activity that is embedding Our Leadership Way designed with leaders at all levels.	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.	Organisation wide adoption of the national eRostering system to support the effective deployment of staff supporting our financial sustainability agenda.	Green - On Track	Green - On Track	Amber - At risk - requires action	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (on-going during 2023/2024), which comes into force from 1 April 2024.	Support the Board's ability to satisfy the requirements of the Act in relation to governance and reporting.	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Achieve reductions in medical locum spend.	Continue to embed Direct Engagement as a business as usual activity and consider workforce investment to reduce the need for medical locum spend.			Green - On Track	Green - On Track
Working with Further and Higher Education to support Anchor and Employability outcomes.	NHS Fife, Fife College, St Andrews University and other partner higher education providers will collaborate to provide meaningful educational and employment opportunities.			Green - On Track	Green - On Track

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Draft Staff Governance Committee Annual Statement of Assurance 2024/2025**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Gillian MacIntosh, Board Secretary**

Executive Summary

- All formal Committees of the NHS Board are required to provide an Annual Statement of Assurance to the NHS Board, detailing the work undertaken during the year and identifying any internal control weaknesses that might be considered for disclosure within the Governance Statement of the Annual Accounts.

- The draft statement is enclosed as an appendix, and this contains a textual account of the Committee's business during the financial year, to evidence to the Board that the Committee has delivered fully on its remit and delegated powers.

- Members are asked to take a "significant" level of assurance that the Committee has delivered on its remit during the 2024/2025 reporting year and advise of any changes to the draft report text, prior to onward submission to the Audit & Risk Committee and thence the Board.

1. Purpose

This is presented to Staff Governance Committee for:
- Assurance

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

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

This report aligns to the Staff Governance Standard requirement that staff are:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

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

2.2 Background

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

2.3 Assessment

In addition to recording practical details such as membership and rates of attendance, the format of the report includes a more reflective and detailed section (Section 4) on agenda business covered in the course of 2024/25, including linkage to the Staff Governance Standard, with a view to improving the level of assurance given to the NHS Board.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	**X**			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

A significant level of assurance is suggested, given the Committee has considered all relevant items of business delegated to it during 2024/25, escalating directly to the Board any matters of concern. No matters for disclosure in the Governance Statement of the Annual Accounts have been identified.

2.3.1 Quality/ Patient Care

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

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Details on the Committee's discussions on risks aligned to its remit is detailed within the report within Section 6.

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

This paper does not relate to the planning and development of specific health services, nor any decisions that would significantly affect groups of people. Consequently, an EQIA is not required. Details on the Committee's review of business concerning equality and diversity related work is captured within the report.

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper has been considered in draft by the Committee Chair and Head of Workforce Planning & Staff Wellbeing. The Committee is the first group to formally consider the report's content.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

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

3. List of Appendices

Appendix 1 – Annual Statement of Assurance for NHS Fife Staff Governance Committee for 2024/2025

Report Contact:

Dr Gillian MacIntosh
Associate Director of Corporate Governance & Board Secretary
E-mail: gillian.macintosh@nhs.scot

**ANNUAL STATEMENT OF ASSURANCE FOR
STAFF GOVERNANCE COMMITTEE FOR 2024/2025**

1.   Purpose

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

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

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

1.4   To oversee and evaluate staff governance activities in relation to the delivery of the Board's Population Health & Wellbeing Strategy, including assessing the staff governance and related risk management aspects of transformative change programmes and new and innovative ways of working.

2.   Membership

2.1   During the financial year to 31 March 2025, membership of the Staff Governance Committee comprised: -

Colin Grieve	Chair / Non-Executive Member
Vicki Bennett	Co-Chair, Acute Services Division Local Partnership Forum
Sinead Braiden	Non-Executive Member
Anne Haston	Non-Executive Member (from January 2025)
John Kemp	Non-Executive Member (from July 2024)
Janette Keenan	Director of Nursing
Kirstie Macdonald	Non-Executive Member & Whistleblowing Champion (to December 2024)
Lynne Parsons	Employee Director
Carol Potter	Chief Executive
Andrew Verrecchia	Co-Chair, Acute Services Division Local Partnership Forum

2.2   The Committee may invite individuals to attend Committee meetings for particular agenda items, but the Director of Workforce, Director of Acute Services, Director of Communications & Engagement, Director of Health & Social Care, Director of Reform & Transformation, Heads of Service for the Workforce Directorate, and Board Secretary will normally be in attendance at Committee meetings. During the year, the Committee has been strengthened by the addition to the membership of the Staff Health & Wellbeing Champion (John Kemp) and by the regular attendance of the Medical Director (Dr Chris McKenna) and Director of Property & Asset Management (Neil McCormick). Other attendees, deputies and guests are recorded in the individual minutes of each Committee meeting.

3. Meetings

3.1   The Committee met on eight occasions during the financial year to 31 March 2025, on the undernoted dates:

- 14 May 2024
- 27 June 2024 (Development Session)
- 9 July 2024
- 3 September 2024
- 5 November 2024
- 7 January 2025
- 18 February 2025 (Development Session)
- 4 March 2025

3.2   The attendance schedule is attached at Appendix 1.

4. Business

4.1   The Staff Governance Committee's first meeting of the 2024/25 reporting year took place in May 2024. The Committee has had input into the Board's Annual Delivery Plan for 2024/25, which has been aligned to the strategic priorities within the Board's Population Health & Wellbeing Strategy and Re-form, Transform, Perform portfolio, whilst also addressing the specific requirements of the Scottish Government guidance. In May 2024, the Committee considered a draft submission, noting the importance of linkages to local strategic priorities and the RTP programme of workstreams. Feedback from Scottish Government was considered at the Committee's July 2024 meeting, where it was also noted that there was a limited level of assurance about delivery of all actions due to the continuing challenging financial situation. Review of the last quarter's work in relation to the previous year's plan was considered also in July 2024, with focus on those workforce-related deliverables that had fallen behind schedule or were not expected to be delivered, discussing specifically the risks around delivery of eRostering. Moderate assurance was taken from the fact that outstanding actions would be carried forward, with appropriate ongoing reflection in the Committee's performance and risk reports.

4.2   In September 2024, the Committee took assurance from the fact that the Scottish Government's review process had concluded, feedback had been submitted and the Plan had been formally approved. A performance report on the delivery of the various Quarter 1 improvement actions was considered at the Committee's September meeting. Of the eight actions marked as red (unlikely to complete on time or to meet the intended target), none fell under the remit of the Staff Governance Committee. The Quarter 2 update was considered at the November 2024 meeting, noting that five actions from the 'Improving Staff Experience & Wellbeing' priority had fallen behind their target delivery at the point of reporting and were 'at risk', but the Committee took assurance from the fact that none were unlikely to be completed over a longer timeframe than originally estimated. The challenges in prioritising the large number of deliverables within the ADP was also recognised, noting the linkages to triangulating this report with other performance reporting metrics. The Quarter 3 report received scrutiny at the Committee's March 2025 meeting, noting that five actions remained 'at risk' of specific relevance to the Staff Governance Committee, with Rostering implementation one of these experiencing a delay.

4.3   The Board's Re-form, Transform, Perform (RTP) portfolio of work introduced in 2024/25 aims to make the changes needed to maintain patient safety and quality of care, in line with the Board's values, whilst managing the current financial challenges. In May 2024, the Committee received an update on the 13 planned schemes and the measures in place to ensure that due cognisance has been taken of the need to address the likely impact upon

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staff. The importance of a partnership approach, with detailed engagement with the Area Partnership Forum and staff-side colleagues, has been recognised for successful implementation of the programme. Two joint Systems Leadership Group and APF events were hosted early in the year, reflecting on initial work in consolidating office accommodation and encouraging hybrid forms of working, taking lessons learned from that work. The framework is also in support of a direction from Scottish Government on reforming services and the way the NHS works, as detailed further in a briefing paper to the July 2024 Committee meeting. In September 2024, members considered the detail of the initial discovery phase of the RTP Business Transformation activity, which is seeking to consider Board-wide models for administrative functions, patient support and contact, and digital enablers.

4.4   A briefing at the November 2024 meeting gave further detail to members, highlighting the enabling work required to identify staging of the proposals, informed by an agreed engagement model incorporating learning from the initial stages of the RTP workstreams. The importance of agreeing a defined route to unify structures and functions into a single business support service was considered, and members took assurance from the efforts being made to involve staff in the change process and provide clear communication. Noting the complexity of the work, the timescale originally envisaged for completion of the work would not be met, and thus the Committee could only take limited assurance from the update, escalating the issue to the Board to provide awareness of the slippage in delivery to outwith the current financial year.

4.5   In January 2024, members received a presentation on the priority areas being progressed under the Business Transformation workstreams, noting that verified savings of £850k had been achieved as at November 2024, through digital project implementation and vacancy management actions. An overview of planned activities in the area consolidating corporate functions, introduction of digital enhancements to enhance activities such as dictation and patient contact, and modernising of other key administrative tasks was given. The Committee took assurance that all transformation proposals were being developed and progressed in consultation with staff-side colleagues and in line with the Staff Governance Standard. A presentation to members in March 2025 reflected on the initial work undertaken in this area and plans for the year ahead. The importance of ongoing stakeholder engagement and staff-side input has been recognised, noting also the importance of transitioning to a new organisational and service delivery model to support a more sustainable model of operation for the Board in the current financial climate.

4.6   As part of the RTP programme of work, a new Supplementary Staffing Group was initially established, and reports therefrom have provided assurance to the Committee around the target to deliver a safe and sustainable reduction in the employment of high-cost agency staff. Noting that annual supplementary staffing costs have exceeded £20m for the last two financial years, mirroring a similar increase nationally, Scottish Government have instructed Boards to commission agency staff by exception only. In September 2024, members considered the various measures being taken to reduce the reliance on agency staff, including internationally recruiting to some pressured specialities, maximising the usage of the staff bank, regular review of high-spend areas, and initial establishment of a bed modelling tool, to plot demand and pressures. The early efforts have shown considerable success, with a large reduction in spend in this area, leading the Committee to take a moderate level of assurance from the work underway to address this issue in the long term. From November 2024, responsibility for scrutiny of the Supplementary Staffing workstream has transitioned to the People & Change Board, to make more effective use of resources.

4.7   In September 2024, an update on the Board's ambitions to support staff health and wellbeing activities, including work to support the wellbeing of doctors and dentists in training, was reviewed by members. Noting a successful bid to the Fife Health Charity for work to refurbish the Doctors' Mess had been approved, additional information was given also on ongoing menopause support sessions, roll-out of Values Based Reflective Practice©

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sessions and plans to develop an accreditation pathway in this area. The Committee has received assurance that the current commitment to staff health and wellbeing activities, including previous investment in additional occupational health and psychology support services staff, is sustainable and in place for the longer term. Members also welcomed the information given on the various offers of support available to staff and the positive impact this can have on overall staff absence figures, noting its relevance to the risk profile regularly scrutinised by the Committee. The paper built upon the regular reporting to the Committee from the Staff Health & Wellbeing Champion, and members welcomed the standalone update, noting the range of staff support offerings in place across NHS Fife.

4.8   The Board has implemented the National Whistleblowing Standards, which apply across all NHS Scotland Boards. Since their introduction, the Committee has since received regular reports on the embedding of the new Standards and, as part of performance reporting, quarterly data on cases within the Board that fall within the scope of the Standards. Each NHS Board has a dedicated Whistleblowing Champion as a Board member, who monitors and supports the effective delivery of the organisation's whistleblowing policy. This role has been developed by the Scottish Government and complements the work of the Independent National Whistleblowing Officer. The Whistleblowing Champion is predominantly an assurance role, which helps NHS Boards comply with their responsibilities in relation to Whistleblowing. The Whistleblowing Champion provides critical oversight and ensures managers are responding to whistleblowing concerns appropriately, in accordance with the national Standards. The Whistleblowing Champion is also expected to raise any issues of concern with the Board as appropriate, either in relation to the implementation of the Standards, patterns in reporting of concerns or in relation to specific cases.

4.9   Beyond the services delivered directly by each NHS Board, the Whistleblowing Champion also has responsibility for ensuring that the organisation has appropriate systems in place to ensure that services delivered indirectly (including primary care services, contracted services and those delivered by HSCPs) are meeting the requirements of the Standards. The Board's Whistleblowing Champion, Kirstie Macdonald, has been an *ex officio* member of the Staff Governance Committee for the majority of meetings held during the year, prior to her resignation from the Board on 31 December 2024. The Committee has carried a vacancy for this role since January 2025. At the time of writing, a recruitment exercise is currently underway for the Board's new Whistleblowing Champion, with a new member expected to be in place by August 2025.

4.10   At the start of the reporting year, the Board moved administrative oversight of Whistleblowing into the Corporate Governance function, to distance the administration of cases from the HR function, which can be off-putting to staff wishing to raise a concern. As part of that move, a new Band 5 post of a Speak Up / Whistleblowing Coordinator has been created, with the postholder starting in the role in October 2024. The key purpose of the role is to ensure effective and efficient co-ordination of all Whistleblowing implementation, promotion and reporting activities across the Board, including engagement with external partners, as set out in the Whistleblowing Standards. As detailed in the regular quarterly reporting to the Committee, the new postholder has been active in review of Whistleblowing processes, including enhancing the means for staff to raise concerns confidentially via the creation of a dedicated email address and phone line. The role is intended to support a more proactive 'speak up / listening' approach, and thus, building on activity during October's 'Speak Up' week, there have been a range of visits, walkarounds and interaction with diverse clinical teams to encourage a culture of psychological safety for staff to raise any concerns they might have. Recent work has also been undertaken with the group of Confidential Contacts, to refresh their training and encourage them to be advocates for speaking up within their respective areas. Additionally, linkages with key staff in the Health & Social Care Partnership have been improved, to enhance the promotion of the Whistleblowing Standards within delegated and contracted services. The Chief Executive also chairs a new quarterly Whistleblowing Oversight Group, involving key leaders across the organisation, to ensure the learning from cases are applied appropriately across

4.11   Further enhancement to the format of quarterly Whistleblowing reports has taken place, in particular to detail lessons learned from cases, to evidence an open and learning culture. In September 2024, the Committee received its first Chair's Assurance Report from the Whistleblowing Oversight Group, noting the business considered at meetings in April and July 2024. Detail was given within on planning for 'Speak Up Week' and new efforts to publicise Whistleblowing processes and confidential forms of advice and support from staff. Capturing staff feedback on the Whistleblowing process, substantiating learning being extracted from each case, and providing firm assurance of the organisation's culture and values overall, remains an important aspect of the formal reporting mechanism. In September 2024, members were pleased to note that 86% of staff agreed with the statement 'I am confident that I can safely raise concerns about issues in my workplace', with 80% of staff confident these would be acted on and responded to. Additional data on staff take-up of Whistleblowing training (which had been designated as 'core' training for all staff and managers), to gain assurance of widespread understanding and visibility of the practical process, has been demonstrated in ongoing reporting to the Staff Governance Committee and the Board on the subject of mandatory training.

4.12   It has been agreed to capture the number of 'anonymous' concerns raised within the Board, though these do not strictly fall within the definition of Whistleblowing under the Standards. Additionally, acknowledgement of instances where staff concerns have been raised externally (for instance, anonymously with the local media) have also been included, to improve the overall picture of staff concerns. Consideration has additionally been given to including staff feedback in future reporting, to provide a more reflective indication of the awareness of the Standards across the organisation. An annual performance-focused report on Whistleblowing was considered by the Committee at its May 2024 meeting meeting, which included an assurance statement from the Whistleblowing Champion. For the first time, the annual report was able to be reported alongside the Quarter Four data, to bring this into alignment with the Board's overall year-end reporting and assurance. One Whistleblowing concern was concluded during 2023/24, with six anonymous concerns (recorded for management purposes) submitted also during the year. Via the detail provided on activities underway to promote a speak up culture, the Committee were assured that NHS Fife has introduced the Standards and continues to improve and embed its internal processes around reporting and recording of cases.

4.13   Work has continued into this financial year via the refreshed approach. Publicity on the new post that has been created has prompted increased enquiries from staff seeking support about workplace issues, including those that require follow up via other organisational processes than Whistleblowing. It is already clear that this new role will be a vital interface in encouraging and supporting staff to safely raise concerns and seek support, ensuring these are dealt with timeously and fully in line with the Standards. In May 2025, the Committee considered the annual report for 2024/25, noting that five Whistleblowing concerns were submitted in this reporting year, with five anonymous concerns (recorded for management purposes) submitted also during the year. The figures show a marked increase on previous years, indicating that initial efforts to promote speaking up have already had a positive impact.

4.14   The draft Corporate Objectives 2024/25 were presented to the Committee in July 2024. The objectives as a whole describe what NHS Fife aims to achieve in-year, and are linked also to the Chief Executive's own objectives and those of each Executive Director, which are further discussed via the Remuneration Committee. Assurance was provided that there was appropriate linkage to the Board's Population Health & Wellbeing Strategy and to the Health & Social Care Partnership's strategic priorities. For the Staff Governance Committee's areas of remit, particular objectives related to developing a workforce model in line with the RTP objectives, ensuring delivery of key metrics around staff absence, Personal Development & Planning Reviews (PDPR) and mandatory training compliance, and launching a leadership programme to increase team performance. Each of the

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objectives are framed under the four key strategic priorities of the Board, as aligned to national programmes, and reference the strategy delivery work undertaken in this reporting year. Each Board Committee has had a role in reviewing the objective from their own specific perspective and, for the Staff Governance Committee, linkage between these and the broader workforce planning process is explicit. Following review, the Committee were pleased to endorse the Corporative Objectives for onward submission to the Board for formal approval.

4.15 Reflecting on staff experience remains an important part of the Committee's business. The Committee has considered both the planning for and the results of the most recent iMatter staff survey in the reporting year. In September 2024, members welcomed the strong position against the national average evident from the survey part of the process (the action planning stage then ongoing at the point of reporting). The Committee recognised that the NHS Fife response rate (of 64%) continues to be higher than the NHSScotland average of 58%, despite a decrease of 2% from the 2023 figure. The employee engagement index for 2024 was 76, a decrease of 1 point compared to 2023. The overall experience of working for NHS Fife was 7.0, the same as in 2023. Given the results and strong levels of participation, the Committee was pleased to take a significant level of assurance from the exercise, commending staff involved for their work in driving forward sustained levels of engagement.

4.16 A report delivered to members in January 2025 reviewed the survey's findings in more detail. Members warmly welcomed the news that Fife's response rate and action plan engagement rate (65%) was the second highest achieved across all of the 14 territorial Boards in Scotland, reflecting the large amount of preparatory work and ongoing engagement activity by the Workforce Development team. Preparations for the 2025/26 cycle had already begun, and target support was intended to be offered to teams with lower-than-average response rates. Members agreed that NHS Fife's response rate offers robust data to inform future actions and welcomed further information on how staff feedback will influence staff-related initiatives being presented to the Committee in future. A significant level of assurance was taken from the conclusion and reporting of the 2024/25 exercise.

4.17 In relation to the general issue of Primary Care sustainability, in September 2024, members considered an update report on a tender exercise underway in relation to a proposal to merge two currently Board-managed practices, Kennoway Medical Group and Methilhaven Practice. The proposal was part of a wider plan to move all 2C practices to independent contractor status. It was detailed that the practices would be merged only after the tender had been awarded, to minimise disruption to the workforce and allow for a single TUPE process to be undertaken. Assurance was given on the preparatory work that had been carried out, which was supported by staff-side colleagues, who had commended the levels of ongoing communication with the affected workforce through the process thus far. The outcome of the tender review process was discussed by the Committee at their January 2025 meeting, with members endorsing to the Board the formal offer of the GMS contract to the successful bidder.

4.18 A progress update on the Primary Care Implementation Plan was reviewed by the Committee in September 2024, outlining progress in delivery of the 2018 General Medical Services Contract. The availability of workforce and finance continue to remain the two major constraints, resulting in a new programme endpoint of March 2026 being agreed to deliver the contract in full. Also in September 2024, members welcomed the approval by the IJB of a new Prevention & Early Intervention Strategy, noting the importance of its linkages to overall Primary Care provision and sustainability and the balance to be achieved between the ongoing challenges of service delivery and workforce capacity.

4.19 Progress reports on the development of a number of 'Once for Scotland' employment policies have been supplied to members, including a dedicated HR Policy Update at the

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Committee's November 2024 meeting. The approval and soft-launch introduction of the national policies in the areas of Equality, Diversity & Inclusion; Facilities Arrangements for Trade Unions & Professional Organisations; Gender-Based Violence; Personal Development & Planning Review; Redeployment; Employment Checks; Secondment; and Fixed Term Contracts was detailed, noting full implementation from February 2025. Meantime, the local HR Policy Group continues to meet to update the remaining local documents, with Area Partnership Forum input prior to their endorsement. The group also considers any new policies required and has approved new local guidance on Grief in the Workplace, Agile Working and Exit Interviews.

4.20   At each meeting of the Committee, members routinely scrutinise performance in relation to workforce metrics. These include absence data, training and appraisal compliance, and vacancy rates. Within the Integrated Performance & Quality Report (IPQR), the Committee has responsibility for scrutiny of the measure on sickness absence. The Committee continued to be provided with information relating to sickness absence levels compared to the anticipated local trajectory (this ranging across the period from c.6.7% to 7.80%), and a number of stand-alone agenda reports focusing on sickness absence have also been scrutinised. Performance has fluctuated over the course of the year, with seasonal winter pressures and long term sickness absence, particularly in the 'Anxiety / Stress / Depression / Other Psychiatric illnesses' category, continuing to challenge a sustainable positive improvement for this measure. Actions continue to be undertaken to manage the challenging circumstances that lead to sickness absence, in particular that of a long-term nature, which can by its nature be extremely complicated to manage. Due to the fluctuations in performance, the Committee's assurance level has ranged from moderate to limited across the year, reflecting on the unlikelihood of the Board meeting its agreed targets during 2024/25, with escalation to the Board for instances of limited assurance within Staff Governance performance metrics.

4.21   In July 2024, the Committee discussed an Attendance Management Update, outlining the various activities underway to help support staff stay healthy and to improve the sickness absence figure. Plans aimed at improving absence trends for 2024/25 were scrutinised by members at the March 2024 meeting. These included the reestablishment of the Attendance Management Oversight Group to oversee a multi-factorial review of absence issues, developing absence data analytics that would inform initiatives to support a targeted approach of 'high priority' absence areas, extending Values Based Reflective Practice and promoting the Staff Health and Wellbeing offers. Also in July 2024, the work of the Group was highlighted, noting the particular attention to efforts being explored to address staff mental health (report as the most prominent reason for absence). Members also heard from managerial colleagues within Acute and the Health & Social Care Partnership, on the wide-ranging mitigations being employed to address staff absence in their respective areas.

4.22   A further update in September 2024, reporting a small increase in absence to 7.17% in June, focused on the learning from practices adopted by a team in Acute Services, that had seen improved staff attendance, alongside the review of a team that would fall into the high priority area due to overall absence in that service. Members commended the intention to compare approaches and better understand what actions are necessary to achieve improvements. In November 2024, further review was undertaken of the activity aimed at delivering a sustained reduction in sickness absence, noting the work underway in areas where absence figures were highest, where a test of change was underway to help explore the reasons for lower attendance. Further triangulation had also taken place across staff absence figures as a whole, mapping these against the Scottish Index of Multiple Deprivation score, to help provide a wider understanding of potential causes of absence.

4.23   As part of the RTP programme of work, a new People & Change Board has during the year also considered the issue, as part of the Board's work around reducing costs. The Committee has received regular updates on the work being progressed through the group, in the areas of attendance management, rota compliance, vacancy management grip and

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control, redeployment, non-pay elements of the 2023/24 Agenda for Change pay award, and plans for a voluntary severance scheme. The report to the Committee in September 2024 outlined each area that the Group was presently working on, with members being able to take a moderate level of assurance from the activities underway in relation to realising potential financial savings from this workstream.

4.24 In November 2024, the Committee received positive news on the net savings achieved at that mid-year point from the reduction in supplementary staffing costs. The Direct Engagement model of locum management, rolled out in early August 2024, had also achieved good levels of initial savings, with this expected to increase as compliance levels grew. Assurance was also given on compliance of doctor rotas and work ongoing to reduce the Whole Time Equivalent establishment, as part more generally of RTP workstreams and in support of workforce planning for 2025/26. The meeting in January 2025 noted improved positions on net savings from a reduction in supplementary staffing, increasing uptake of the direct engagement model for locums, and a fully compliant position for junior doctor rotas. In-progress work in relation to reduction of the Whole Time Equivalent, ongoing attendance management oversight, and plans to implement the next reduction in the working week was also described, with members being able to take a moderate level of assurance on current progress.

4.25 In March 2025, members were pleased to note that £4.8m of savings had been achieved in relation to supplementary staffing reduction and the Board was on target to meet the Financial Plan's target of £5m by year end. Compliance rates with the direct engagement model continued to increase, with a resultant uptick in savings in this area. Plans for implementation of the final hour of the reduced working week was ongoing for 2025/26. Members were pleased to be able to take a moderate level of assurance from the achievements in 2024/25, noting positive plans for the year ahead to continue the pace of change.

4.26 Noting that not all workforce metrics lend themselves to routine performance reporting, further performance-related measures continue to be reported separately to the Committee as the data becomes available, for instance iMatter results and some operational statistics that are reported in Workforce Information Overview reports. In relation to PDPR performance and mandatory training uptake, in addition to regular IPQR reporting, the Committee has reviewed the current level of performance in both areas and inputted into proposals for improvement in the levels of staff engaged in both processes. Stubbornly reduced levels of current performance have reflected the high levels of day-to-day pressure on staff, resulting in employees having inadequate time in their working day to participate in relevant development activities, such as ongoing training and appraisal.

4.27 In May 2024, the Committee received a report detailing the approach to facilitate the provision of Protected Learning Time to employees, as part of the Agenda for Change pay deal for 2023/24, providing a comprehensive overview of the actions being employed to support implementation across the organisation. Part of this work involved work to improve monitoring and reporting data for managers as to staff training compliance, in addition to changes to the delivery of the format for corporate induction and core skill training, to enhance uptake. In July 2024, a detailed update on training compliance for the period as at May 2024 was reviewed by members. After noting a reduction in mandatory training completion levels in the post-pandemic period, the organisational aim is to achieve and maintain a compliance level at or above 80% by 31 March 2025. The May 2024 position was 53%, a reduction on previous performance. As a result, the Committee could only take a limited level of assurance from the report, noting however the ongoing work to support training compliance and to target specific skills and areas of the organisation. A further update in November 2024 highlighted a small improvement in mandatory training compliance, but a small reduction in PDPR completion.

4.28 A recovery plan was considered by members in January 2025, to improve training compliance from its current 60% figure to 80%, and similarly PDPR compliance from its current 44.3% to 60%. An exercise to improve data quality and reconciliation had recently been undertaken, with updated information shared to managers on individual staff compliance, and plans to enhance the training offering (particularly in-person sessions) was described. The report in March 2025 detailed a slightly improved position, with 64% compliance for training and a static 44.3% figure for PDPR, the highest level of compliance achieved in the last five years. A focus on corporate areas had improved the overall performance figures, and detail was given on targeted work to improve the position further. Noting the limited level of assurance in this area, the Committee will continue to keep these performance metrics and defined targets under review in the current year, to gain assurance of progress in this area.

4.29 Details of the initial work of the newly established Medical & Dental Professional Standards Oversight Group was provided to the Committee's November 2024 meeting. The new group has under its remit oversight of medical appraisal and revalidation, Consultant and Speciality Doctors job planning, undergraduate and postgraduate medical education, Deanery visits and medical workforce strategic planning. Minutes and an annual assurance statement will henceforth be provided to both Staff Governance and Clinical Governance Committees and escalate any issues of importance appropriately. Members welcomed the creation of the group and its reporting lines within the governance structure.

4.30 At their meeting in July 2024, members noted that the annual Staff Governance Monitoring Return for 2023/24 had been paused by Scottish Government, to allow for a review of the exercise. The current approach has been in place for several years. Whilst this has provided the Scottish Government with the assurance required that Boards are meeting their commitment as set out in the Staff Governance Standard, it has been recognised that there are challenges with this approach. Feedback from Scottish Government from the previous year's exercise was, however, considered at the May 2024 meeting, which identified particular areas of focus for subsequent plans. From this report, and via the Committee's approval of the draft Staff Governance Standard 2023/24 Assurance of Compliance Return in November 2024 (which contained also information requested by Scottish Government in relation to bullying / harassment, whistleblowing concerns, and retire and return numbers within the Board), members were able to take a significant level of assurance on compliance with the Staff Governance Standard.

4.31 As part of its work in addressing across its agenda items the Staff Governance Standard, the Committee has received a number of regular papers on the strand 'Provided with an improved and safe working environment', promoting the health and wellbeing of staff, patients and the wider community, facilitated by the attendance of the Director of Property & Asset Management at the Committee as a regular attendee. In May 2024, members heard details of the regular work undertaken by the Health & Safety team, including details of the governance structures and technical groups in place to support good practice in this area. A summary of incident statistics was also provided. The challenges of ensuring regular review of policies and procedures, plus linkages to the provision and compliance with mandatory training, were also discussed. A moderate level of assurance has been taken by the Committee for this area of the Standard, noting the challenges as detailed above.

4.32 In September 2024, an update on mitigations being progressed in relation to the management of Reinforced Autoclaved Aerated Concrete (RAAC) in the Board's estate was considered, noting that there was no immediate risk to staff, patients or visitors due to the ongoing management and monitoring of the blocks identified. At the November 2024 meeting, the Health & Safety Quarterly Report was reviewed, detailing the move of fire safety advisors and violence & aggression trainers to the Health & Safety department, ensuring the team were working to full complement. Attention focused on incident statistics from the previous quarter and manual handling training uptake, with members commending

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the accreditation of the Board in the Scottish Manual Handling Passport Scheme, ensuring staff will be trained to a national standard.

4.33 In January 2025, details of the follow-up review by Healthcare Improvement Scotland of areas of Phase 1 of the Victoria Hospital was detailed to members. The previous visit had identified issues with the build environment, particularly in Wards 5, 6 and 9, and close working by Estates and Infection Control had sought to address these. A significant improvement was noted in the follow-up review, with lessons learned being taken forward by Estates in the overall maintenance of ageing buildings across the Fife estate. Following the mid-year internal audit report, enhancements would be made to incident reporting, to include comparative data and ensure any changes in performance could be easily identified. An improved position in regard to incidents of violence and aggression was welcomed by members.

4.34 To support the Board's commitment to a healthy workforce culture, in March 2025 members were pleased to endorse for Board approval a new leadership framework, 'Our Leadership Way'. Establishment of this was a corporate objective for 2024/25, and detailed development work and engagement had been undertaken with a wide range of staff, via a volunteers' group and wider enquiry groups. The final framework outlined a shared leadership philosophy, designed to promote agreed behaviours in line with the values that matter most to NHS Fife. An outline of the key activities that will be progressed through 2025/26 was given to members, which the Committee will receive regular reports on in the year ahead. Members have expressed broad support for the initiative and look forward to the principles becoming embedded across Executive and individual performance objectives.

4.35 Members have considered annual reports on the subjects of: (i) the Occupational Health & Wellbeing Service (detailing the breadth of activity undertaken by the service in support of staff health and wellbeing, against a background of increasing demand and reduced resources); (ii) Volunteering (outlining the work done within the team to support c.120 active volunteers within clinical areas and settings); (iii) Medical Appraisal & Revalidation; (iv) Nursing, Midwifery and Allied Health Professionals; and annual reports from the Local Partnership Forums of both the Acute Services Division & Corporate Directorates and Health & Social Care Partnership, detailing the activities covered during 2023/24 and the priority actions underway by both staff-side groups.

4.36 From September 2024, the Committee began to receive a regular report on suspensions and regulatory referrals, to improve the Committee's oversight of this issue. Initially verbal in format, the Committee has sought written reports on this matter (implemented from March 2025). As discussed at that meeting, a progress update on ongoing employment tribunals, and any associated learning, would also be henceforth included in the report. It is expected that this approach will mature in the year ahead.

4.37 The Committee considers internal audit reports relevant to its remit and the actions required thereunder, which are monitored for completion by the Audit & Risk Committee. In May 2024, members considered the recommendations of a recent internal audit on Workforce Planning (report no. B17/23), discussing the six recommendations therein and the rating of 'reasonable assurance' as concluded within the report. Three significant and three moderate recommendations related to risk management, workforce planning and provision of comprehensive information to committee and the Board. One of the recommendations was addressed at the time of report publication and actions to address the remaining five recommendations were agreed with management, with target implementation dates ranging from October 2024 to May 2025. It was recognised that, since the original commissioning of the audit in 2022, a number of initiatives had been established to address workforce challenges, such as a new workforce modelling tool and relevant workstreams under the RTP portfolio. The increase in availability and utilisation of workforce data over the past year had also helped to positively inform organisational planning from an evidence-based

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platform. Members noted that the recommendations within the report would be tracked to completion via the internal audit follow-up system, and welcomed the insight the report gave to enhance the regular scrutiny of the workforce planning risk monitored at each meeting.

4.38   In July 2024, the Committee received the Annual Internal Audit report for 2023/24, with members noting the largely positive opinion of the Chief Internal Auditor on the Board's internal control framework, including those controls around corporate governance and management of risk. There were no specific recommendations relating to the Staff Governance Committee's remit. Positive progress in regard to engagement in the iMatter questionnaire, enhanced reporting around Whistleblowing, and encouraging progress in the reduction of supplementary staffing costs were highlighted and recognised by members. The Committee also had sight of the Internal Controls Evaluation report from Internal Audit, providing information on the mid-year position, at their January 2025 meeting. The report contained a full review of all areas of governance, including Staff Governance, and sought to provide early warning of any issues that might impact the Board's governance statement and would need to be addressed by year-end. There was one recommendation relating to Staff Governance, related to enhancements to the comparative data included in Health & Safety Sub-Committee incident reports (see also clause 4.22). This action has been addressed and can be said to have been completed by year end.

4.39   Over the course of the year, the Committee has received individual papers to demonstrate that staff are well informed; appropriately trained and developed; involved in decisions; treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and provided with a continuously improving and safe working environment, promoting the health and well-being of staff. The explicit linkages of papers to these distinct areas of the NHS Scotland Staff Governance Standard gives assurance to the Board that the Committee's agendas are delivering on all aspects of its remit. In May 2024, members discussed an update on NHS Fife communications and engagement activity, to address the 'well informed' aspect of the Standard. Noting the challenges in ensuring that online communications reach all staff, especially those whose work does not involve regular computer use, members noted the importance of team meetings and the regular dissemination of information from managers to staff.

4.40   A further update was considered in September 2024, noting the introduction of an annual staff internal communications survey, to better understand how staff wish to receive news and information, identifying any barriers and seeking feedback on the current internal communications offering. The survey is planned to complement the annual iMatter questionnaire, to help inform the delivery of our Corporate Communications work and ensure this evolves to meet the needs of a wide range of staff groupings.

4.41   To address the relevant strand of the Staff Governance Standard (namely 'Employees should be treated fairly and consistently, with dignity and respect, in an environment where diversity is valued'), the Committee has considered a number of reports focused on Equality, Diversity & Human Rights. In November 2024, an overview of the various programmes of work was considered, including pastoral support and induction for international recruits on arrival in Scotland, the development of a number of Employee networks (in areas such as LGBTQ+ and Neurodiversity), activities during Fife Pride and Speak Up Week, and ongoing development of Anti-Racism and Transgender policies for staff and patients. In relation to the latter, NHS Fife acknowledges the ongoing Employment Tribunal underway at the time of writing and remains committed to respecting its outcome and any recommendations. As part of this commitment, the Interim Equality Outcomes Plan (deferred by the Committee in March 2025) will be reviewed and updated in Autumn 2025 to ensure it reflects any necessary actions. In parallel, a learning review will be undertaken in relation to this matter, commissioned by the Chief Executive, with an independent lead, and reported to the Board via the Public Health & Wellbeing Committee and Staff Governance Committee.

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4.42   From May 2024, the Committee received regular 'Champion Updates', to obtain feedback on specific areas of work being undertaken from Board Champions in the areas of whistleblowing, staff health & wellbeing, and equality & diversity. Assurance has been provided on the relevant Champions' interactions with staff and stakeholders, as well as their input with related working groups and networks in these policy areas.

4.43   Minutes of Committee meetings have been approved by the Committee and presented to Fife NHS Board. The Board also receives an Assurance Report at each meeting from the Chair, highlighting any key issues discussed by the Committee at its preceding meeting. The Committee maintains a rolling action log to record and manage actions agreed from each meeting, and reviews progress against deadline dates at subsequent meetings. The format of the action log has been enhanced, to provide greater clarity on priority actions and their due dates. A rolling update on the workplan is presented to each meeting, for members to gain assurance that reports are being delivered on a timely basis and according to the overall schedule. A final version of the workplan for 2025/26 was approved at the Committee's March 2025 meeting.

5.   Best Value

5.1   Since 2013/14 the Board has been required to provide overt assurance on Best Value. A revised Best Value Framework was considered and agreed by the NHS Board in January 2018. Appendix 3 provides evidence of where and when the Committee considered the relevant characteristics during 2024/25.

6.   Risk Management

6.1   In line with the Board's agreed risk management arrangements, the Staff Governance Committee, as a governance committee of the Board, has considered risk through a range of reports and scrutiny, including oversight on the areas of the Corporate Risk Register aligned to it for regular monitoring. These Corporate risks relate to Workforce Planning & Delivery, Staff Health & Wellbeing and Implementation of the Health & Care (Staffing) (Scotland) Act 2019. The first two have remained rated as 'High' over the course of the year, with the latter assessed as 'Moderate' (and reducing in level throughout the year). Progress with appropriate mitigating actions were duly noted at each meeting.

6.2   For Workforce Planning, the risk remains beyond appetite, reflecting the generally pressured situation across all NHS Boards, particularly in relation to high vacancy levels, recruitment challenges for registrants and within certain specialities, and an overreliance on Bank & Agency staffing. The Audit Scotland annual NHS report has highlighted this as a national issue, with Boards unable to meet the growing workforce demands for healthcare services. Local initiatives aimed at addressing these included the launch of the EMERGE programme (which offers pupils in local schools opportunities in health-related careers), the progression of the ScotCOM degree programme (facilitated by the signing of a formal partnership agreement with the University of St Andrews, and ongoing recruitment-focused activities, particularly to attract applicants in key clinical specialities. A stand-alone update on workforce planning was considered at the July 2024 meeting, outlining the focus of the first meeting of the combined former NHS Fife Strategic Workforce Planning Group and the Operational Workforce Planning Groups into a new Workforce Planning Forum. This forum is taking forward actions relating to implementation of the non-pay elements of the 2023/24 pay award related to the reduced working week and ongoing review of Band 5 nursing roles.

6.3   In September 2024, an update was provided on key dates and milestones in relation to the Board's initial submission of the Workforce Plan for 2025/28, due in June 2025, and the importance of the Committee's input to that. A detailed update on the EMERGE employability programme was also considered at the September 2024 meeting, highlighting

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the linkages with Fife College to deliver a 12-month qualification, including a work placement in NHS Fife, with seven pupils presently taking part. Members warmly commended the work undertaken to launch the programme, noting the important linkages to the ambition for NHS Fife to be an Anchor Institution, offering opportunities to communities and groups within our local area.

6.4 A further paper in November 2024 gave detail on other apprenticeships and recruitment pathways being promoted, enabling the Committee to take a moderate level of assurance on the work underway in this important area. In January 2025, in addition to review of the revised national workforce planning guidance and template, members received a presentation that outlined the work presently underway to alter the approach to vacancy reporting, to enhance reporting around the Whole Time Equivalent resource versus the percentage worked by supplementary staffing. Members supported the plans, noting the intention is that a changed approach would ensure data was readily available to ensure that supplementary staffing is maintained at a more sustainable level financially going forward. The Committee looks forward to this maturing in the year ahead and has asked for a future update to ensure that data provided to the Committee on vacancy reporting is fully suitable for members to exercise appropriate scrutiny over key issues and risks.

6.5 In relation to the Staff Health & Wellbeing risk, at the Committee's meeting in May 2024, members discussed whether the rating should be downgraded to moderate. Noting that the sickness absence figure has remained high and beyond the target of 6.5%, members agreed that the risk rating should remain unchanged, noting however a positive trend towards a lower % rate. Detail on the movement of the sickness absence has been given earlier in the report and this has remained rated as high throughout the year.

6.6 In November 2023, the Committee agreed to proposals to include with the Corporate Risk Register a dedicated risk concerning the risk of non-compliance with the implementation of the Health & Care Staffing Act (2019), in force from 1 April 2024, and reflecting the preparatory work required to meet the terms of the legislation. This was subsequently approved by the Board and added to the Committee's risk monitoring activity from the January 2024 meeting. In addition to the regular risk reporting, in May 2024, a standalone report provided an overview of the progress, achievements and risks associated with the work undertaken thus far, noting that assurance would be provided to the Committee via ongoing quarterly reports and an annual return. Detail was provided on areas of staffing challenge and work ongoing to prioritise eRostering within clinical areas. In July 2024, members were assured of recent positive feedback from Scottish Government on the Board's progress in implementing the act.

6.7 The first quarterly report was considered by the Committee in September 2024, noting the importance of the roll out of eRostering and SafeCare to be able to implement the Act fully. The Board has also submitted the first High Cost Agency return to Scottish Government, which gives an opportunity to benchmark with other Boards going forward. The Quarter 2 report, along with the second High Cost Agency return, considered in January 2025, gave members ongoing assurance of the work being delivered across the Board to ensure compliance with the act, noting that the requirements of the legislation had been incorporated into relevant procurement tender documentation and evaluation processes. In March 2025, members considered the Quarter 3 reports, noting the work achieved up to December 2024 and key milestones for Quarter 4. An annual report is due to be submitted to Scottish Government by end of April 2025, detailing the Board's performance across the year, and this will receive further scrutiny by members in advance of formal submission.

6.8 In addition to the summary presentation of the aligned risks, members have received deep-dive information on individual aspects of the overall risk. Deep dives allow for greater scrutiny of the root causes of risks and discussion on the effectiveness of management actions in place to reduce risk levels. In May 2024, a deep dive was undertaken to provide an overview of the Pharmacy & Medicines Workforce, including its composition, challenges

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currently faced for recruitment in that area, and the present vacancy level. Growth has been experienced in pharmacy teams working within General Practice, as a result of the 2018 GP Contract, with staff in primary care growing fivefold to 100. Members noted the success of training and upskilling existing staff in addressing national recruitment challenges. A focused effort to enhance staff health and wellbeing support, as part of overall performance management approach, has positively impacted Pharmacy staff absence figures, with this reducing to below 4% (when compared to 7% six months previously). Members commended the innovative approach adopted by the Directorate to promote staff inclusion and to address workforce challenges. In September 2024, members considered a deep-dive presentation on the nursing and midwifery workforce, focusing on workforce planning efforts being employed in the General, School and Health Visiting nursing cohorts in Fife.

6.9   The risk level for the metrics aligned to the Staff Governance Committee have remained high throughout the year, reflecting the continuing intense levels of activity in health and social care and the pressures put upon staff thereupon. The Committee has reviewed through a series of agenda items possible mitigating actions, including the ongoing work of the People & Change Board in relation to supplementary staffing and detail on the range of staff health and wellbeing activities in place to help support staff. Nevertheless, both the sickness absence and vacancy level measures give an indication of the challenges facing the Board, with a continuing risk that safe staffing, particularly in nursing and midwifery, cannot be fully achieved without use of supplementary staff, which is a position similar to many other territorial boards across Scotland. The stand-alone reporting to the Committee is an attempt to consider issues such as these in more detail, with members' scrutiny and debate of possible mitigating actions and reflection on the effectiveness of those already in place. As a result of these pressures, the Committee is only in a position to provide a reasonable level of assurance to the Board that that all actions within the control of the organisation are being taken to mitigate the risks highlighted to Committee members throughout the year, as far as it is possible to do so.

7.   Self Assessment

7.1   The Committee has undertaken a self-assessment of its own effectiveness, for the year 2024/25 utilising a revised questionnaire considered and approved by the Committee Chair. Attendees were also invited to participate in this exercise, which was carried out via an easily accessible online portal. A report summarising the findings of the survey was considered and approved by the Committee at its March 2025 meeting, and action points are being taken forward at both Committee and Board level, as appropriate.

8.   Conclusion

8.1   As Chair of the Staff Governance Committee during financial year 2024/25, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Committee has allowed us to fulfil our remit as detailed in the Code of Corporate Governance. The Committee has also taken assurance that, through the full delivery of its annual workplan, there is evidence of the Committee addressing full coverage of the strands of the Staff Governance Standard. As a result of the work undertaken during the year, I can confirm that adequate and effective Staff Governance planning and monitoring arrangements were in place throughout NHS Fife during the year.

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

8.3   In particular, I acknowledge the ongoing contribution of all our staff, particularly in another most challenging year, as demand and services continue to see periods of exceptional demand. All Committee members and I continue to be astounded and humbled by the

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efforts made by NHS Fife and Fife Health & Social Care staff to deliver the best quality of care despite ongoing pressures.

Signed: _Colin Grieve_   Date: 26 April 2025

Colin Grieve, Staff Governance Chair
On behalf of the Staff Governance Committee

Appendix 1 – Attendance Schedule
Appendix 2 – Best Value

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NHS FIFE STAFF GOVERNANCE COMMITTEE
ATTENDANCE SCHEDULE 1 APRIL 2024 – 31 MARCH 2025

Present	11.05.23	13.07.23	14.09.23	09.11.23	11.01.24	06.03.24
C Grieve, Non-Executive Member **(Chair from July 2024)**	✓	✓	✓	✓	✓	✓
V Bennett, Co-Chair, H&SCP Local Partnership Forum				✓ Deputising	✓	✓
S Braiden, Non-Executive Member **(Chair to July 2024)**	✓	X	✓	X	✓	✓
A Haston, Non-Executive Member					X	✓
K Macdonald, Non-Executive Member	X	✓	✓	X		
J Kemp, Non-Executive Member		✓	✓	✓	✓	✓
J Kennan, Director of Nursing	✓	✓	✓	✓	✓	✓
L Parsons, Employee Director	✓	✓	✓	✓	✓	✓
C Potter, Chief Executive	✓	✓	X	X	✓	✓
A Verrecchia, Co-Chair, Acute Services Division Local Partnership Forum	✓	✓	X	✓	X	✓
In attendance						
J Anderson, General Manager				✓ Item 6.3		✓ Item 8.1
L Barker, Head of Service, Community Care Services, H&SCP			✓ Item 6.1			
V Bennett, Health & Social Care Partnership Local Partnership Forum				✓ Deputising	✓	
N Connor, Director of Health & Social Care	✓	X				
L Cooper, Head of Service, Primary and Preventative Care Services			✓ Deputising			✓ Deputising
C Dobson, Director of Acute Services	✓	X	X	✓	✓	✓
F Forrest, Acting Director of Pharmacy & Medicines						✓
S Fraser, Associate Director of Planning & Performance		✓ Deputising	✓			✓ Item 8.2
B Hannan, Director of Planning & Transformation			✓	✓	✓	✓
L Garvey, Head of Community Care Services, HSCP		✓ Deputising		✓	✓	X
J Jones, Associate Director of Culture, Development & Wellbeing	✓	X	✓	✓	✓	✓
P Kilpatrick, Board Chair	✓	✓ Part			✓	✓
J Lyall, Chief Internal Auditor		✓ Item 5.1				✓ Item 7.4

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Present	11.05.23	13.07.23	14.09.23	09.11.23	11.01.24	06.03.24
K MacGregor, Director of Communications & Engagement		✓	✓	✓	✓	✓
G MacIntosh, Head of Corporate Governance & Board Secretary	✓	✓	✓	✓	✓	✓
A McArthur, Employability & International Recruitment Co-ordinator				✓ Item 7.4		
N McCormick, Director of Property & Asset Management		✓	✓	✓	✓	✓
D McGirr, NHS Fife Speak Up / Whistleblowing Coordinator				✓ Observing		
M McGurk, Director of Finance & Strategy and Deputy Chief Executive	X	X	✓	✓	✓	X
F McKay, Interim Director Fife Health and Social Care Partnership			X			
B McKenna, Board Workforce Planning Lead	✓	✓ Item 6.4	✓ Item 7.2		✓ Item 7.2	
C McKenna, Medical Director	✓	✓	✓	✓	✓	✓
M McKinley, Senior Practitioner Advanced Practice & NHS Fife Armed Forces & Veterans Champion	✓					
M Michie, Deputy Director of Finance	✓					
J Millen, Interim Learning & Development Manager		✓ Deputising			✓ Item 9.2	
D Miller, Director of Workforce (Exec. Lead)	✓	✓	✓	✓	✓	✓
B Morgan, General Manager		✓ Deputising				
S Ponton, Head of Occupational Health				✓ Item 10.4		
S Raynor, Head of Workforce Resourcing and Relations	✓	✓	✓	✓	✓	✓
R Waugh, Head of Workforce Planning and Staff Wellbeing	✓	✓	✓	✓	✓	✓

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Best Value Framework

Vision and Leadership

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

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

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

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GOVERNANCE AND ACCOUNTABILITY

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

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

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

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

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USE OF RESOURCES

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

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

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

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

PERFORMANCE MANAGEMENT

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

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

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

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

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CROSS-CUTTING THEME – SUSTAINABILITY

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

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

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

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

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

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

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

CROSS-CUTTING THEME – EQUALITY

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

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

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

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

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

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Health and Care (Staffing) (Scotland) Act 2019 –** **Annual Report and Quarter 4 Update Report 2024/2025**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Brian McKenna, Workforce Planning Lead / Rhona Waugh,** **Head of Workforce Planning and Staff Wellbeing**

Executive Summary

- This report gives an overview of the first Health and Care (Staffing) (Scotland) Act 2019 Annual Report, an update on Quarter 4 HCSA activity and takes account of the progress previously outlined in the quarterly reports submitted to the Staff Governance Committee.

- A **moderate** level of assurance is suggested, reflecting the contributions of the various services to our supporting evidence in respect of implementation of the Act.

1.   Purpose

This report is presented to Staff Governance Committee for:
- Endorsement
- Assurance

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

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

The Staff Governance Committee is asked to review and endorse the first formal Health and Care (Staffing) (Scotland) Act 2019 Annual Report, which was submitted in draft form to the Scottish Government by the deadline of 30 April 2025, pending formal approval by Staff Governance Committee and Fife NHS Board.

The Committee is also asked to note the Quarter 4 service updates, which are described in more detail below.

2.2 Background

The Health and Care (Staffing) (Scotland) Act 2019 (HCSA) requires an organisation to publish and submit an Annual Report to Scottish Ministers detailing how it has carried out its duties across all aspects except for the Duty to ensure appropriate staffing: Agency Workers. A separate report on this duty is submitted to Scottish Ministers on a quarterly basis and published by them.

A national reporting template for the Annual Report was provided. However, given the size of the excel document, for ease of reading and review by SGC, this is available via the following link:

https://www.nhsfife.org/about-us/annual-reporting-and-strategic-planning/hcsa-annual-report-2024-25/

Our planned Annual Report is for NHS care services only. The Annual Report requires a compliance assessment for the year 2024/2025 across all four quarters. Due to reporting and governance timelines, our Annual Report includes a compliance assessment for Quarters 1, 2, 3 and only part of Quarter 4.

Each organisation is asked to provide details of areas of success, achievement and learning associated with each duty or requirement, along with an indication of how this could be used in the future. To provide meaningful information which can inform health care staffing policy, organisations are asked to complete this in some detail. Each organisation is then asked to provide details of any areas of escalation where they have been unable to achieve or maintain compliance with each duty or requirement, or where they have faced any challenges or risks in carrying out these duties or requirements. In this section, organisations are also asked what actions have been or are being taken to address this. Again, to provide meaningful information which can inform Health Care staffing policy, organisations are asked to complete this section in some detail.

The purpose of the Annual Report is to:

- Enable monitoring of the impact of the legislation on quality of care and staff wellbeing;
- Identify areas of good practice that can be shared;
- Identify challenges relevant organisations are facing in meeting requirements in the Act and what steps they have taken / are taking to address these;
- Identify any improvement support required; and
- Inform Scottish Government policy on workforce planning and staffing in the health service, alongside other sources of information and data.

Following receipt of all Annual Reports, there are various requirements placed on Scottish Ministers regarding laying these before Parliament; while an exact timeline for this is unknown, it is anticipated this will be in advance of the Parliamentary recess in October 2025. The Patient Safety Commissioner for Scotland Act 2023 places a further requirement on organisations to share details of the Annual Report with them; with that post currently unfilled, the Health Workforce Directorate in Scottish Government have confirmed that no action is required for 2024/2025.

For Quarter 4 inputs, given the detailed and extensive service contributions to Quarter 3, an abbreviated exercise was undertaken and is reflected within the Annual Report. The results of this have shown that there are a range of processes and procedures applied within NHS Fife to comply with the Health and Care (Staffing) (Scotland) Act. These processes are largely administratively driven, following the Operations Pressure Escalation Levels (OPEL) Tool or variations of this Tool, with links to Safe to Start Procedures, Business Continuity Plans and Risk Management Arrangements.

The Nursing & Midwifery Job Family reports the greatest compliance with the Act given the application of the Common Staffing Method and associated workforce tools. It is intended that the full roll-out of the eRostering and SafeCare modules, currently being progressed by Digital and Information, will remove duplication of effort within these processes, and enhance our ability to demonstrate compliance with specific elements of the legislation which are aligned to each individual Duty.

In liaison with Debbie McGirr, Whistleblowing Co-ordinator, work continues to triangulate workforce risks with whistleblowing cases where safe staffing concerns have been raised. During Quarter 4, there was one whistleblowing case raised relating to unsafe staffing levels within Acute Services. This case was diverted to be dealt with through Business As Usual processes and local management.

In relation to TURAS specific HCSA training, we are continuing to promote and monitor the numbers of staff who are completing the relevant modules.

eRostering Update

- eRostering implementation resumed. Process underway in 22 services. SafeCare will be included as part of implementation process.
- Fuller revised eRostering Plan created for all Nursing and AHP areas and to comply with SafeCare. Within this Plan, implementation in these areas to be completed by April 2026. Will be presented for agreement at eRostering Programme Board on 6 May 2025.
- Correction work and additional support has been carried out in existing eRostering areas following Deep Dives. Process underway to implement SafeCare within this cohort over next 2 months. Currently implemented in 8 wards.

2.3 Assessment

The first Annual HCSA compliance assessment has determined an overall **Reasonable Assurance level** with each of the individual duties assessed, as set out within Table 1 below:

Table 1 – NHS Fife Level of Assurance for each duty:

Duty to ensure appropriate staffing and guiding principles	Reasonable Assurance
Duty to have real-time staffing assessment in place	Reasonable Assurance
Duty to have risk escalation process in place	Reasonable Assurance
Duty to have arrangements to address severe and recurrent risks	Reasonable Assurance
Duty to seek clinical advice on staffing Limited	Reasonable Assurance
Duty to ensure adequate time given to clinical leaders	Reasonable Assurance
Duty to ensure appropriate staffing: training of staff	Reasonable Assurance
Duty to follow the Common Staffing Method (CSM)	Reasonable Assurance
Training and Consultation of Staff	Reasonable Assurance
Planning and Securing of Services	Reasonable Assurance

The Level of Assurance definitions were provided by Scottish Government (see Table 2 below). However, in applying these categories it is recognised there is a gap between the Limited and Reasonable Assurance definitions. The assurance levels detailed above were based on the consistency on which systems and processes are currently applied and in use across all roles in scope. As previously reported to SGC, this is anticipated to change as eRostering and SafeCare are rolled out within NHS Fife. It is acknowledged that there is variation within each duty with the optimism of improvement across year two of the Act (2025/2026).

Table 2 – Scottish Government Levels of Assurance

Level of Assurance	System Adequacy	Controls
Substantial Assurance	A sound system of governance, risk management and control exist, with internal controls operating effectively and being consistently applied to support the achievement of objectives in the area audited.	Controls are applied continuously or with only minor lapses.
Reasonable Assurance	There is a generally sound system of governance, risk management and control in place. Some issues, non-compliance or scope for improvement were identified which may put at risk the achievement of objectives in the area audited.	Controls are applied frequently but with evidence of noncompliance
Limited Assurance	Significant gaps, weaknesses or noncompliance were identified. Improvement is required to the system of governance, risk management and control to effectively manage risks to the achievement of objectives in the area audited.	Controls are applied but with some significant lapses.

Level of Assurance	System Adequacy	Controls
No Assurance	Immediate action is required to address fundamental gaps, weaknesses or noncompliance identified. The system of governance, risk management and control is inadequate to effectively manage risks to the achievement of objectives in the area audited.	Significant breakdown in the application of controls.

Within the body of the report a range of Red, Amber, Yellow and Green (RAYG) status' have been aligned to the various subsections across all duties. RAYG definitions were also provided by Scottish Government and our current assessment is summarised in Table 3 below:

Table 3 – Scottish Government RAYG Definitions and NHS Fife Assessment:

Red	No systems are in place for any NHS functions or professional groups
Amber	Systems and processes are in place for, and used by, under 50% of all NHS functions and professional groups
Yellow	Systems and processes are in place for, and used by, 50% or above of NHS functions and professional groups, but not all of them
Green	Systems and processes are in place for, and used by, all NHS functions and all professional groups

Self Assessment Questionnaires were received from Directorates and Professional Leads to provide a more complete understanding of each Directorate's RAYG status on compliance with the Health and Care (Staffing) (Scotland) Act by Job Family and / or Sub Job Family. A total of 29 indicators were identified from these assessments, the results of which are shown on Table 4 below.

Table 4 – Self Assessment Questionnaire RAYG Status:

Duty	Green	Yellow	Amber	Red
Duty to ensure appropriate staffing and guiding principles	16	3	9	1
Duty to have real-time staffing assessment in place	13	7	8	1
Duty to have risk escalation process in place	15	4	8	2
Duty to have arrangements to address severe and recurrent risks	17	5	5	2
Duty to seek clinical advice on staffing Limited	15	6	7	1
Duty to ensure adequate time given to clinical leaders	16	6	7	0

Duty	Green	Yellow	Amber	Red
Duty to ensure appropriate staffing: training of staff	22	6	1	0
Duty to follow the Common Staffing Method (CSM)	6			
Training and Consultation of Staff	4	2		
Planning and Securing of Services	Collated Centrally			

Those areas reporting Amber and Red RAYG status identified the introduction of eRostering and SafeCare as an important step in their Path to Green or the creation of nationally agreed Common Staffing Method workforce tools for their job family. These areas will be followed up via the HCSA Steering Group, although it is noted that they have arrangements to mitigate the RAYG rating, although these are role specific and manual processes at present.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The primary focus of year one of commencement has been in progressing the necessary systems and processes of each duty; this has limited the ability to consider outcome measures and triangulation of existing Safety, Quality and Workforce frameworks. This will be explored further in subsequent years.

2.3.2 Workforce

The Act's concepts are not new, however, when progressing the work required by the Act, it has enabled positive and new opportunities of connecting work streams which overlap, while also increasing the visibility of some aspects of workforce data. Learning from this first Annual Report will help inform the future collegiate work of the HCSA Steering Group.

2.3.3 Financial

The challenging financial position continues to have the potential to impact on the Board's progression to full compliance.

All High Cost Agency Quarterly reports have been submitted to Scottish Government as required. These reports have shown that the number of individual shifts worked by 'high cost' agency workers (i.e. exceeding 150% of the costs of a substantive staff member) has

reduced by 47.5% following the introduction of the Direct Engagement model, plus enhanced scrutiny over locum usage.

2.3.4 Risk Assessment / Management

To ensure appropriate staffing "at all times" requires assessment of staffing risk in real time and prospectively. It is recognised that considering if a service is "safe" does not necessarily mean "no-risk". A consistent Board wide overview will be possible when eRostering and SafeCare are implemented throughout NHS Fife. The journey towards full compliance will continue beyond the first year of commencement (2024/2025) in the context of the organisational risk of non-compliance against the legislation. The HCSA programme risk is routinely reviewed and managed at Implementation Team meetings. The risks are also referenced within the Internal Quarterly Reports.

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

The HCSA applies to all staff and supports the principle of good work. An EQIA impact assessment has therefore not been completed.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The Annual Report has been prepared using information gathered from a range of sources during 2024/2025, including:

- Internal Quarterly Reports (MS Teams Assurance Questionnaire)
- Self-Assessments and Path to Green aligned to the annual reporting template by business units, Heads of Service and Professional Leads
- Service based feedback at monthly meetings
- Informal discussions

There is a requirement for the Annual Report to be published and accessible on the NHS Fife website, arrangements are in hand for this to be undertaken, along with a short summary, attached at Appendix 2.

2.3.8 Route to the Meeting

This paper and the draft Annual Report 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.

- HCSA Steering Group meeting 16 April 2025
- ELT Meeting – 1 May 2025
- APF (virtual circulation in advance of the May 2025 APF meeting)

2.4   Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Review** and **endorsement** of the first formal Health and Care (Staffing) (Scotland) Act 2019 Annual Report for consideration by NHS Fife Board at its meeting on 27 May 2025, noting that the link has already been shared with the Board and for confirmation to Scottish Government thereafter.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1 – Annual HCSA Report 2024/2025 (separate link above refers)
- Appendix 2 – Annual HCSA Report 2024/2025 Summary

Report Contacts:

Brian McKenna
Board Workforce Planning Lead
E-mail: brian.mckenna@nhs.scot

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

Health and Care (Staffing) (Scotland) Act 2019 Annual Report 2024/2025 Summary

April 2025

This is a summary of the first formal Annual Report in respect of the Health and Care Staffing (Scotland) Act 2019, with full details available via the attached link:

https://www.nhsfife.org/about-us/annual-reporting-and-strategic-planning/hcsa-annual-report-2024-25/

OVERVIEW

Implementation of the Health and Care (Staffing) (Scotland) Act 2019 (HCSA) took place on 1 April 2024; with the commencement of formal monitoring and governance also from 1 April 2024. NHS Fife must provide information to the Scottish Ministers on the steps taken to comply with the legislation and the first Ministerial reports to Parliament are expected in April 2026. In addition, NHS Fife will need to demonstrate how the specific duties of the Act have been met.

The HCSA stipulates that Boards have a duty to follow the Common Staffing Methodology, for staff in scope of the legislation. This includes using the outputs of the staffing level and professional judgement tools to inform and ensure they have appropriate staffing in place for the speciality specific areas where there are currently tools developed – Nursing & Midwifery and Emergency Departments at present. There is also a new Generic Real Time Staffing Tool in place.

NHS Fife has an established local HCSA Steering Group, which supported Board preparations for implementation of the Act and participated in national draft Guidance Chapter testing. This has helped inform preparations and access to resources.

There is an agreed schedule of Tool Runs which is overseen by the Corporate Nursing Directorate team and the results of these tool runs are provided to services for consideration after quality assurance checks have been completed. The Operational Levels Escalation Tool (OPEL) in the Acute Services Division and Fife Health and Social Care Partnership are a good source of information to support reporting. This has been adapted for use in other services, for example, Physiotherapy and Podiatry.

INTRODUCTION

- The report describes how NHS Fife gathered data to demonstrate evidence to support Act compliance in respect of the specific duties of the Act, including staffing levels and workforce planning.

- Assurance processes are in place to monitor safe staffing in health and social care services.

- Staff training relating to the Act and in respect of Common Staffing Method Tool Runs has been delivered and is monitored and the output of Tool Runs is reported within the Board.

- Evidence collected includes feedback from services via a bespoke template aligned to the requirements of the Act.

- One of the highlights is collaboration across different service areas through our Local HCSA Steering Group.

Each numbered tab of the Annual Report is aligned to Sections 12IA – 12IL of the Act and covers:

- Detailed assurance reporting by service and across profession (e.g. Acute, Corporate functions and HSCP).

- Risks identified and mitigations taken.

- Staff engagement and involvement in decision-making about staffing.

- Continuous assurance processes are in place to maintain safe, high-quality staffing across services.

- Guiding principles (such as safe, effective, person-centred care) were embedded in staffing processes.

- Planning frameworks align with national guidance from the Scottish Government.

- Evidence-based tools and professional judgement used to set appropriate staffing levels.

- Continuous monitoring processes are described, including escalation pathways if risks are identified.

The information provided in this report has been used or will be used to inform workforce plans, as follows:

The detail and content of our quarterly reports and this Annual Report have been produced in collaboration with and have been shared with various groups, managers and Professional Heads of Service within NHS Fife, including but not limited to the NHS Fife local HCSA Steering Group, Executive Directors Group, NHS Fife and HSCP Workforce Planning Groups, Nursing & Midwifery Workforce Group, Learning Disabilities and Mental Health Workforce Sustainability Group, eRostering Programme Board, Area and Local Partnership Fora, Area Clinical Forum, Staff Governance Committee and Fife NHS Board.

In addition, we have considered the output in relation to feedback and actions identified from the recently developed and implemented excel based Service / Professional Assurance Template Questionnaire to Managers and services, having previously used an MS Forms based approach. This has provided us with more detailed and robust information for our quarterly internal reports and this Annual Return.

This is in addition to the continued development of specific local service based workforce plans, workforce actions being driven from the People & Change Board set up as part of our Re-Form, Transform and Perform programme, issues arising from the Workforce Tool runs and from implementation of eRostering within NHS Fife in terms of the identification of workforce and related risks and their regular review.

Summary of key achievements and outcomes as a consequence of carrying out the duties and requirements in the Act:

The NHS Fife Local HCSA Steering Group continues to meet at six weekly intervals, with multi-disciplinary and staff side representation, sharing information and resources between functions to assist with Act requirements, for example, the Fife-wide Physiotherapy OPEL Tool use, Podiatry Service OPEL Framework development, SWAY and staff feedback, national Hub feedback, learning from Health Improvement Scotland (HIS) visits and follow-up requests, alongside quarterly Board Engagement calls with HIS. Several services, including our Out of Hours, Public Health and Public Dental Services, have developed and implemented new HCSA related Standard Operating Procedures. A monthly newsletter to all HSCP Nursing staff is in place, highlighting learning and educational resources for staff, with an emphasis on the duties of the Act.

We regularly share information such as Standard Operating Procedures and resources from the HCSA Hub via our HCSA MS Teams Channel. While the feedback from use of the HCSA Assurance Questionnaire enabled a more evidential conclusion, this has been strengthened by the new excel based template, aligned to the content and requirements of the Annual Report.   This approach has also facilitated feedback to services on their path to green.

This is alongside presentations and reports to the NHS Fife Area Clinical Forum, Senior Charge Nurse Development sessions, local Workforce Planning training sessions and participation in the

recent Generic Realtime Staffing Resource training sessions. Specialty specific Staffing Level (Workload) Tools continue to be run and reported per our local schedule. A Common Staffing Method reporting template is in use to support reporting and governance, with the importance of the Common Staffing Method Tools being highlighted within on-going work within NHS Fife to consider the implications of the further planned reduction to the hourly working week for AfC staff groups. One of our Speech & Language Therapy Teams recorded a podcast as part of the national HIS approach to learning from Act Chapter Testing and this was shared within the Board.

Summary of key learning and risks identified as a consequence of carrying out the duties and requirements in the Act

Key areas for follow-up identified from the use of the service based template include knowledge and awareness of the principles of the Common Staffing Method, escalation of risk processes and recording / evidence of Time to Lead. We continue to see learning from sharing of information at our local HCSA Steering Group, within our local Teams Channel and from National meetings / Teams Channels and general discussion at our local HCSA Steering Group meetings. The group has continued to evolve in terms of engagement and participation.

The Board Action List is used on a continuous basis for follow-up in the next quarter, in addition to areas identified from completion of quarterly returns and HIS feedback. In addition, the revised plan for implementation of eRostering and SafeCare, taking account of the recent Deep Dive and Lessons Learned exercise within NHS Fife, is a regular feature at the local Steering Group.

The planned further reduction in the working week for staff covered by the AfC agreement will have an impact on staffing within clinical (and other) functions within NHS Fife and this will be reviewed in conjunction with our programmed Common Staffing Method activity. There is a formal workstream in place, with Programme Management Office support, to assist with the implications of the future reduction in the working week. This is reported to the People & Change Board, to our Local and Area Partnership Fora and the Staff Governance Committee.

REPORT APPROVAL

- NHS Fife is required to formally approve this report through its governance structures.

- Sign-off from a Senior Board Executive (Director of People & Culture) was obtained.

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Delivery of Annual Workplan 2025/2026**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Rhona Waugh, Head of Workforce Planning and Staff Wellbeing**

Executive Summary

- This report allows Staff Governance Committee members to see progress on the business items agreed for the forthcoming year and against the NHS Scotland Staff Governance Standard.

- In addition, this report provides an update on the changes to the Staff Governance Committee Annual Workplan for 2025/2026 since the last Staff Governance Committee meeting on 4 March 2025 and informs future agenda setting requirements.

- A **moderate** level of assurance is suggested, given the content of the workplan and delivery to date.

1. Purpose

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

This report relates to a:
- Local Policy

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

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

2.   Report Summary

2.1   Situation

The Staff Governance Committee approved the Annual Workplan for 2025/2026 at the meeting on 4 March 2025. For assurance, the version of the updated Annual Workplan is attached at **Appendix 1**, which highlights the amendments since it was last presented so that the Committee can clearly monitor items that have been presented, carried forward to a future meeting or removed.

2.2   Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within previous Internal Audit reports, whilst ensuring due diligence in respect of the range of workforce matters to be considered by the Committee and the commitment to the NHS Scotland Scottish Government Standard.

2.3   Assessment

The updated Annual Workplan for 2025/2026 attached at **Appendix 1** sets out the key plans, reports, business cases and proposals which the Committee will receive and be asked to consider or take assurance from during 2025/2026. The Annual Workplan report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard, with the planned business items and reports planned within the Workplan contributing to various strands of the Standard.

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

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Workforce considerations will be included as appropriate in proposals considered by the Committee. Delivering robust governance across the organisation ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Standard. The content, updates to and review of the Annual Workplan contributes to all strands of the Standard. The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage of respective strands of the Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

No known impact.

2.3.7 Communication, Involvement, Engagement and Consultation

Discussion at previous Staff Governance Committee meetings.

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2025/2026 has been considered by the Committee Chair, Director of Workforce, Director of Planning and Transformation and Board Secretary and takes account of items discussed at the previous meetings and items planned for the meeting on 4 March 2025.

2.4 Recommendation

This paper is presented to the Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Confirms** the updates made to the Staff Governance Workplan for 2025/2026 since it was presented to Committee members on 4 March 2025.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Updated Staff Governance Committee Annual Workplan 2025/2026

Report Contact:

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

NHS
Fife

STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2025/2026

Governance – General							
	Lead	**13/5/25**	**8/7/25**	**9/9/25**	**4/11/25**	**6/1/26**	**3/3/26**
Minutes of Previous Meeting	**Chair**	✔	✔	✔	✔	✔	✔
Chair's Assurance Report Presented to Fife NHS Board	**Chair**	✔	✔	✔	✔	✔	✔
Action List	**Chair**	✔	✔	✔	✔	✔	✔
Minutes of Other Committees & Groups	**Chair**	✔	✔	✔	✔	✔	✔
People & Culture Update	**Director of Workforce**	✔	✔	✔	✔	✔	✔
Escalation of Issues to Fife NHS Board	**Chair**	✔	✔	✔	✔	✔	✔
Meeting Reflections & Agreement of Matters for Chair's Assurance Report to be Presented to Fife NHS Board	**Chair**	✔	✔	✔	✔	✔	✔
Governance Matters							
	Lead	**13/5/25**	**8/7/25**	**9/9/25**	**4/11/25**	**6/1/26**	**3/3/26**
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2025/2026	**Director of Workforce**	✔	✔	✔	✔	✔	✔ **Final**
Annual Staff Governance Committee Workplan: Proposed 2026/2027	**Director of Workforce**					✔ **Draft**	✔ **Final**
Annual Staff Governance Committee Self-Assessment Report 2025/2026	**Board Secretary**						✔

Staff Governance Annual Workplan 2024-2025
24 April 2025
*Items on the agenda and their timing continue to be reviewed and may be subject to change

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Originator: Workforce Directorate

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Governance Matters (Continued)							
	Lead	**13/5/25**	**8/7/25**	**9/9/25**	**4/11/25**	**6/1/26**	**3/3/26**
Draft Staff Governance Committee Annual Statement of Assurance 2024/2025	**Board Secretary**	✓					
Annual Review of Staff Governance Committee Terms of Reference	**Board Secretary**						✓
Anti Racism Draft Plan	**Director of Workforce / Director of Nursing**	Defer to 9/9/25		✓			
Corporate Calendar – Proposed Staff Governance Committee Dates 2026/2027	**Director of Workforce**			✓			
Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background Update	**Director of Nursing / Head of Workforce Planning & Staff Wellbeing**				✓		
Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	**Director of Workforce**	✓ Quarter 4 / Annual Report 2024/2025		✓ Quarter 1 Report 2025/2026		✓ Quarter 2 Report 2025/2026	✓ Quarter 3 / Annual Report 2025/2026
Strategy / Planning							
	Lead	**13/5/25**	**8/7/25**	**9/9/25**	**4/11/25**	**6/1/26**	**3/3/26**
Annual Delivery Plan Update	**Director of Planning & Transformation**	✓ Quarter 4 Report 2024/2025					
Corporate Objectives 2025/2026	**Director of Planning & Transformation**	Not Required at SGC					
People & Change Board Update	**Director of Workforce**	✓	✓	✓	✓	✓	✓
Population Health and Wellbeing Strategy 2025/2026 Mid-Year Review	**Director of Planning & Transformation**				✓		

Staff Governance Annual Workplan 2024-2025
24 April 2025

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Version 5

Originator: Workforce Directorate

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

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Strategy / Planning (Continued)

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Reduction in the Working Week Update	**Head of Workforce Resourcing & Relations**	✓	TBC	TBC	TBC	TBC	TBC
Sickness Absence & Plan for Recovery 2025/2026	**General Manager, Women & Children's Services**	✓	✓	✓	✓	✓	✓
Workforce Planning Update / Workforce Plan for 2025/2026	**Workforce Planning Lead**	✓	✓	✓	✓	✓	✓

Staff Governance & Staff Governance Standard

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Staff Governance Standard Overview							
• Appropriately Trained: - Medical Appraisal & Revalidation Annual Report 2024/2025	**Medical Director**				✓		
- Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2024/2025	**Director of Nursing**				✓		
- PDPR & Core Skills Uptake / Mandatory Training / Protected Learning Time	**Associate Director of Culture, Development & Wellbeing**	✓	✓	✓	✓	✓	✓
• Improved and Safe Working Environment	**Director of Property & Asset Management**	✓	✓	✓	✓	✓	✓
• Involved in Decisions: - iMatter Report	**Associate Director of Culture, Development & Wellbeing**			✓		✓	
• Treated Fairly and Consistently: - Workforce Policies Update	**Head of Workforce Resourcing & Relations**				✓		

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

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Staff Governance & Staff Governance Standard (Continued)

Staff Governance Standard Overview	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
• Well Informed: - Communication & Feedback	**Director of Communications & Engagement**	✓		✓			
Equality & Diversity Champion Update	**Non-Executive Director Equality & Diversity Champion**	✓	✓	✓	✓	✓	✓
Equality Outcomes Progress Report and Plan 2025-2029	**Director of Nursing**	**Deferred to 8/7/25**	✓				
Wellbeing Champion Update	**Non-Executive Director Wellbeing Champion**	✓	✓	✓	✓	✓	✓
Whistleblowing Quarterly Report	**Board Secretary**	✓ **Quarter 4 Report 2024/2025**		✓ **Quarter 1 Report 2025/2026**	✓ **Quarter 2 Report 2025/2026**		✓ **Quarter 3 Report 2025/2026**
Whistleblowing Champion Update	**Non-Executive Director Whistleblowing Champion**	**Deferred to 9/9/25**		✓	✓	✓	✓

Quality / Performance

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Corporate Risks Aligned to Staff Governance Committee	**Director of Workforce**	✓ **Verbal Update**	✓	✓	✓	✓	✓
Integrated Performance & Quality Report	**Director of Workforce**	✓	✓	✓	✓	✓	✓

NHS Fife Projects / Programmes

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Primary Care Improvement Plan 2025/2026	**Director of Health & Social Care**			✓			

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Annual Reports / Other Reports							
	Lead	**13/5/25**	**8/7/25**	**9/9/25**	**4/11/25**	**6/1/26**	**3/3/26**
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2024/2025	**Co-Chairs of LPF**			✔			
Area Partnership Forum Annual Assurance Report	**Employee Director**	✔			✔		
Equal Pay Audit	**Director of Workforce**	✔					
Health and Social Care Partnership Local Partnership Forum Annual Report 2024/2025	**Co-Chairs of LPF**			✔			
Internal Audit Annual Report 2024/2025	**Director of Finance**		✔				
Occupational Health Service Annual Report 2024/2025	**Head of Workforce Planning & Staff Wellbeing**			✔			
Staff Governance Annual Monitoring Return 2024/2025	**Head of Workforce Resourcing & Relations**		**TBC**	**TBC**	**TBC**	**TBC**	**TBC**
Volunteering Annual Report 2024/2025	**Director of Nursing**			✔			
Whistleblowing Annual Report 2024/2025	**Board Secretary**	✔					

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Linked Committee Minutes

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Area Partnership Forum	**Head of Workforce Resourcing & Relations**	✓	✓	✓	✓	✓	✓
Acute Services Division & Corporate Directorate Local Partnership Forum	**Director of Acute Services**	✓	✓	✓	✓	✓	✓
Health and Social Care Partnership Local Partnership Forum	**Director of Health & Social Care Partnership**	✓	✓	✓	✓	✓	✓
Equality & Human Rights Strategy Group	**Director of Nursing**		✓	✓		✓	✓
Health and Safety Sub Committee	**Director of Property & Asset Management**	✓		✓	✓	✓	
Medical & Dental Professional Standards Oversight Group	**Medical Director**	✓	**TBC**	**TBC**	**TBC**	**TBC**	**TBC**
Workforce Planning Group	**Head of Workforce Planning & Staff Wellbeing**	✓	**TBC**	**TBC**	**TBC**	**TBC**	**TBC**
Whistleblowing Oversight Group	**Board Secretary**	✓					

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

	Lead	13/5/25	8/7/25	9/9/25	4/11/25	6/1/26	3/3/26
Business & Digital Transformation Programme Update	**Director of Planning & Transformation**	✓					
The Report and Recommended Actions of the Scottish Ministerial Nursing and Midwifery Taskforce	**Director of Nursing**	✓					
Whistleblowing Oversight Group Assurance Report	**Board Secretary**	✓					
Job Planning Update	**Medical Director**		✓				

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

Briefing / Development Sessions	
Session 1: Tuesday 1 July 2025 at 10.00 am to 11.30 am	**Lead(s)**
• Risk Summary Dashboard Reporting Tool	Alistair Graham, Associate Director Digital & Information
• Development of New Workforce Related Corporate Risks	David Miller, Director of Workforce / Shirley-Anne Savage, Associate Director for Risk and Professional Standards
Session 2: Tuesday 17 February 2026 at 2.00 pm to 3.30 pm	**Lead(s)**
• Our Leadership Way	Jenni Jones, Associate Director of Culture, Development & Wellbeing
• Transforming the Workforce Directorate, Employer of Choice Opportunities	Workforce Senior Leadership Team
Future Briefing Session Topics	**Lead(s)**
• Staff Wellbeing & Attendance (separate strategy meeting being planned)	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing Sandra Raynor, Head of Workforce Resourcing and Relations Jenni Jones, Associate Director of Culture, Development & Wellbeing
•	

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Annual Delivery Plan 2024/2025 Q4 Update**
Responsible Executive:	**Ben Hannan, Director of Planning & Transformation**
Report Author:	**Susan Fraser, Deputy Director of Planning & Transformation**

Executive Summary

This report contains quarter 4 update on progress for Annual Delivery Plan (ADP) 2024/25.

There are 23 deliverables within ADP 2024/25 aligned to 'Improve Staff Experience and Wellbeing' Strategic Priority. As of the end of Mar-25 (quarter 4 of 2024/25), there is one deliverable **'complete'** with 22 deliverables that will continue into 2025/26. Most deliverables are **'on track' (20)** with two at **'at risk'**.

Summary of status of all deliverables in ADP, by Strategic Priority, displayed below. Total includes deliverables that cover multiple Strategic Priorities. Not all completed deliverables achieved desired outcomes.

Strategic Priority	Unlikely to complete on time	At risk	On track	Complete	Suspended /Cancelled	Total
Improve Health and Wellbeing	2	7	19	7	-	35
Improve Quality of Health and Care Services	2	22	34	28	2	88
Improve Staff Experience and Wellbeing	-	2	20	1	-	23
Deliver Value and Sustainability	5	14	19	22	-	60
Total	**9**	**46**	**93**	**58**	**2**	**208**

Progress report is to be reviewed for Annual Delivery Plan (ADP) 2025/26 following approval/feedback from Scottish Government. Revised report will focus on Corporate and ADP Objectives as detailed in ADP 2025/26 with ongoing deliverables, where applicable, to be aligned to ADP 2025/26. Reconciliation exercise will take place on deliverables not aligned to ADP, ensuring appropriate mechanisms for scrutiny and assurance are in place.

This report provides **Moderate** Level of Assurance.

1. Purpose

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

This report relates to:
- Annual Delivery Plan 2024/2025

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

This paper presents the Q4 update to deliverables incorporated in the NHS Fife Annual Delivery Plan for 2024/2025

2.2 Background

The Delivery Plan guidance was issued alongside the NHS Scotland Financial Plan 2024/2025 Guidance and the two were produced in conjunction.

The ten Drivers of Recovery were used to frame planning 2024/2025, have remained broadly in line with those used in 2023/2024.

The Annual Delivery Plan 2024/2025 was submitted on 21 March 2024. The feedback letter from the Scottish Government was received on 28 May 2024 approving the plan stating that the Scottish Government was satisfied that the ADP broadly meets the requirements and provides appropriate assurance under the current circumstances.

2.3 Assessment

2024/2025 Quarter 4 Update

There are now **208** deliverables incorporated in ADP for 2024/2025 across both NHS Fife and Fife HSCP. There are a number of deliverables carried over from 2023/2024 as well as those relating to RTP. Additionally, there are **43** deliverables that are not aligned to a Recovery Driver.

Recovery Driver	n=165
1. Primary and Community Care	22
2. Urgent and Unscheduled Care	15
3. Mental Health	18
4. Planned Care	9
5. Cancer Care	6
6. Health Inequalities	30
7. Women & Children Health	13
8. Workforce	18
9. Digital & Innovation	21
10. Climate	13

Strategic Priority	n=208
All	2
Improve Health and Wellbeing	35
Improve the Quality of Health and Care Services	88
Improve Staff Experience and Wellbeing	23
Deliver Value and Sustainability	60

As of end of Mar-25 (Quarter 4 of 2024/25), there are **58** deliverables that are 'complete' with most **(44.7%/93) 'on track'**. There are **nine** deliverables that are 'unlikely to complete on time/meet target'. There are also **two** deliverables that have been 'suspended/ cancelled'.

Pie chart values: 1.0%, 4.3%, 22.1%, 27.9%, 44.7%

Legend:
- Red - Unlikely to complete on time/meet target
- Amber - At risk - requires action
- Green - On Track
- Blue - Complete/ Target met
- Purple - Suspended/ Cancelled
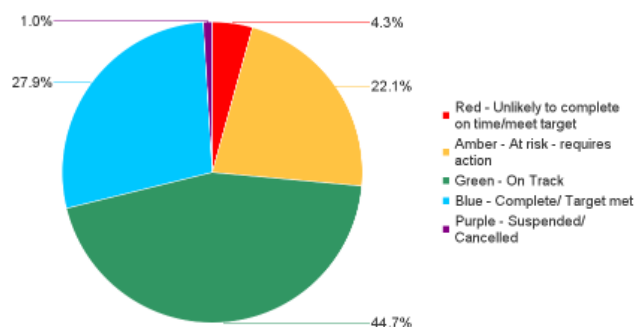
There are 23 deliverables aligned to 'Improve Staff Experience and Wellbeing' Strategic Priority. Further detail on deliverables that are 'at risk' at quarter 4 are tabled below.

Improve Staff Experience and Wellbeing
At risk – requires action
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025. Core wellbeing support provision highlighted through Staff Care rebranding and consideration of Framework and Action Plan for 2025 -2028 underway. Absence trajectory not met to date, so Recovery Plan developed to support improvement.
National – eRostering Pace of implementation will take longer to conclude the implementation. Focus remains on clinical areas as priority.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The ADP process ensures the delivery of high-quality, safe, and person-centred care through strategic planning and system-wide collaboration. A value-based healthcare approach is embedded to ensure services are clinically effective, financially sustainable, and

aligned with patient needs, while prioritising equity of access, prevention, and early intervention.

Key enablers include workforce development, digital transformation, clinical service redesign, and infrastructure investment. Through continuous improvement, evidence-based decision-making, and governance oversight, the ADP drives measurable improvements in patient outcomes, operational efficiency, and system resilience, aligning with national quality standards and long-term sustainability goals.

2.3.2 Workforce

The ADP sets out the approach to workforce planning, ensuring alignment with the Workforce Plan for 2024/25. This includes optimising staffing models, recruitment, retention, and skill mix to build a resilient and adaptable workforce that meets service demands and future challenges.

A focus on sustainable workforce planning will support service transformation, productivity improvements, and financial sustainability, while also addressing national workforce priorities, staff wellbeing, and training needs to ensure a high-performing health and care system.

2.3.3 Financial

The ADP and Financial Plan for 2024/25 are developed through a joint approach, ensuring financial resources are aligned with strategic priorities and operational requirements. The Financial Plan underpins the delivery of ADP actions, balancing investment, efficiency savings, and long-term sustainability to maintain financial resilience while supporting service transformation.

2.3.4 Risk Assessment / Management

The ADP is aligned with the Corporate Risk Register, ensuring that delivery risks are proactively identified, monitored, and managed through the risk management framework. Each ADP delivery area is mapped to the relevant corporate risks, with this alignment detailed in the ADP 2024/25 appendix, supporting robust governance and accountability.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

An Equality Impact Assessment (EQIA) is not required for the ADP itself but remains an integral part of the planning process for associated service changes. The plan explicitly references the UNCRC, reinforcing commitments to children's rights, while also embedding Anchor Institution principles to support inclusive employment, procurement, and community engagement.

Health inequalities are a core ADP delivery area, with actions woven throughout the plan to address equitable access, prevention, and early intervention. Additionally, a dedicated corporate objective ensures a strategic commitment to equality, diversity, and inclusion (EDI), reinforcing alignment with national and local ambitions to create a fairer, more inclusive health system.

2.3.6 Climate Emergency & Sustainability Impact

Climate action is embedded throughout the plan as a key delivery area. The ADP includes specific commitments to carbon reduction, sustainable estate management, and environmental impact mitigation, aligning with national net-zero targets and NHS Scotland's climate resilience strategy.

2.3.7 Communication, involvement, engagement and consultation

The ADP has been developed through extensive communication, involvement, and engagement across the organisation, ensuring alignment with strategic priorities, operational planning, and workforce considerations. Key stakeholders, including clinical, managerial, and corporate teams, have contributed throughout the process, with consultation informing priorities and delivery planning to support effective implementation.

2.3.8 Route to the Meeting

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

- Executive Directors Group, 24 April 2025
- Finance Performance and Resources Committee, 8 May 2025
- Public Health and Wellbeing Committee, 12 May 2025

2.4 Recommendation

This report is provided to the Staff Governance Committee for:

- **Assurance** – this report provides a **Moderate** Level of Assurance.
- **Endorse** – Endorse the ADP Q4 return for formal approval at Board and for submission to Scottish Government.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: NHS Fife ADP 2024/2025 Quarter 4 Report

Report Contact:

Bryan Archibald
Planning and Performance Manager
Email: bryan.archibald@nhs.scot

Annual Delivery Plan 2024/25 - Q4 Progress Summary

Q4 Status	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met	Purple - Suspended/ Cancelled	Total
1. Primary and Community Care	2	4	7	9		22
2. Urgent and Unscheduled Care		4	8	2	1	15
3. Mental Health		5	10	3		18
4. Planned Care			1	8		9
5. Cancer Care	1		3	2		6
6. Health Inequalities		2	20	8		30
7. Women & Children Health	1	3	8	1		13
8. Workforce		3	13	2		18
9. Digital & Innovation	3	9	3	6		21
10. Climate		3	1	8	1	13
Other	2	13	19	9		43

	Red	Amber	Green	Blue	Purple	Total
To Improve Health and Wellbeing	2	7	19	7		35
To Improve the Quality of Health and Care Services	2	22	34	28	2	88
To Improve Staff Experience and Wellbeing		2	20	1		23
To Deliver Value & Sustainability	5	14	19	22		60
ALL		1	1			2
Total	9	46	93	58	2	208

Q4 RAG Status

- 4.3% — Red - Unlikely to complete on time/meet target
- 22.1% — Amber - At risk - requires action
- 44.7% — Green - On Track
- 27.9% — Blue - Complete/ Target met
- 1.0% — Purple - Suspended/ Cancelled
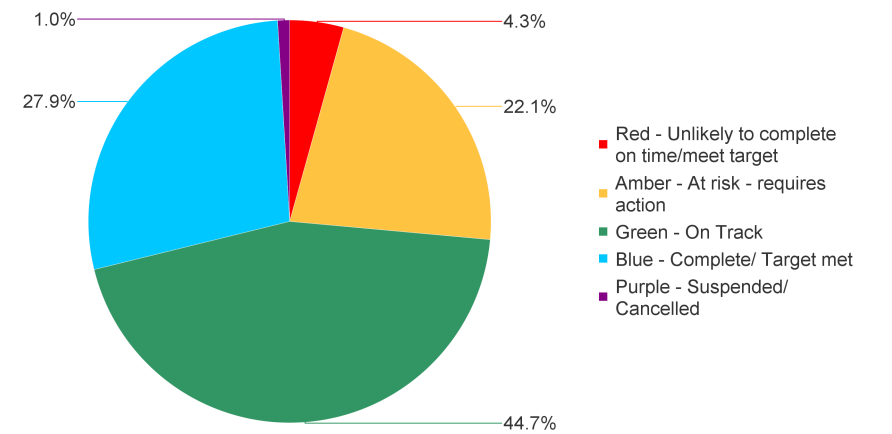
Q3 V \ Q4 >	Red	Amber	Green	Blue	Purple	Total
Red	4		2	1		7
Amber	4	22	9	3		38
Green	1	24	82	41		148
Blue				12		12
Purple				1	2	3
Total	9	46	93	58	2	208

Annual Delivery Plan 2024/25 - Q4 Progress Summary

RTP - Re-form, Transform, Perform

Deliverable	Directorate	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Business Transformation	Digital	Mapping and engagement activities underway Programme Brief and Plan redrafted for presentation to governance	Case for change provided to RTP Exec and Fife NHS Board Staff cohorts identified Supporting Digital Product enhancements confirmed	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	Acute Medical	No reduction in bed footprint possible due to over capacity. SBAR agreed at SLT in March and to be discussed at EDG - model of care re prioritised with PDD focus, review of criteria and staffing & bed base to flex between 30-44 patients acknowledging seasonal variation/demand.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint Continue to monitor Locum Surge Consultant post	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation.	Workforce	Medical locums transferred on 3 February 2025 and next phase of transition is to focus on AHP and Medical Records Banks.	Direct Engagement model in place and work transitioned over. Bank model changes fully in place and operating as Business as Usual.	To Deliver Value & Sustainability	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Non-compliant Rotas	Office of Medical Director	Savings target exceeded for the year with second stage of monitoring complete. Final savings to be reported once all results received and any re-monitoring completed and reviewed. Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts.	Results of surveys cascaded to be reviewed. Second stage of monitoring to begin Services to address any concerns of rota monitoring results prior to second round beginning in February	To Improve the Quality of Health and Care Services	Green - On Track	Green - On Track	Green - On Track	Green - On Track
SLA and External Activity	Finance & Strategy	Agreement made nationally on SLA uplift of 6.64% therefore the NHSF 3% target was not met.	Planned implementation of PLICS locally Meeting scheduled with NHS Tayside to discuss decontamination service Ongoing development of Performance Management dashboard Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements RTP/SLA Moving towards a business as usual model in 2025/26 - Closing report to be developed	To Deliver Value & Sustainability	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Blue - Complete/ Target met
Digital & Information Projects	Digital	The Digital RTP activities have now concluded for 2024/25.	Assess Benefits for Quarter	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met

Deliverable	Directorate	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	NHS Fife Strategic Priority	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets	Pharmacy & Medicines	The revised target for acute medicines efficiencies is likely to be surpassed by the end of financial year. Within the HSCP, delivery is expected to be 91% of target (noting the target was revised upwards, and delivery has surpassed original targets). Medicines waste comms activity has been undertaken, aimed at clinicians and the public.	Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities. Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing, however it is very unlikely that this target Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines Comms and engagement plan with all staff. Reducing medicines waste in hospital.	To Deliver Value & Sustainability	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Procurement Savings within Acute Services	Acute Services	Projecting £456,299 as at end of month 11 for in year impact and recurring saving of £500,000 target.	Ongoing reviews of expenditure and savings opportunities.	To Deliver Value & Sustainability	Amber - At risk - requires action	Green - On Track	Green - On Track	Blue - Complete/ Target met
Estates Rationalisation	Property & Asset Management	24/25 targets met with consolidation of 3 buildings including Hayfield House, Cameron House and Haig House. Sharing of office assets with Fife Council enabled the buildings to be decanted.		To Deliver Value & Sustainability	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infrastructure - Workforce	Digital		Decommission Sites Establish other hotdesking locations	To Deliver Value & Sustainability	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met

Annual Delivery Plan 2024/25 - Q4 Progress Summary

To Improve Health and Wellbeing

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Increase capacity for providing in-hours routine and urgent dental care	1.5	The SDAI initiative is still ongoing as this is a government funded scheme. We are hopeful a new practice in Dunfermline will open this year but still have not heard regarding the Kirkcaldy area. There remains limited options to register with NHS dentists in Fife but this is updated regularly. The dental adviceline continues to receive around 2500 calls each month providing information to residents of Fife and to offer emergency care within PDS for unregistered patients. The sheer volume of calls and numbers of emergency appointments, on top of referrals and our registered patients does mean the PDS is under huge pressure - it is a credit to our staff that we are continuing to manage all of this.		1. Primary and Community Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
National - Child Health Replacement	9.1	National Programme Delay and new baseline of programme being undertaken	Services testing of new Child Health System	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Deliver a more effective BCG and TB programme. Public Health Priority 1 and 2		Ongoing work to understand and manage complex clusters of TB in vulnerable populations. Developing ways to support TB patients in a way that works for them and improves uptake of treatments. Developing systems to be able to prioritise TB work among other health protection pressures. Supporting increasing workload to support clinics and associated work.	Review of local and regional TB demand and ensure capacity to manage within clinical and health protection teams.		Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improved Fife-wide ADHD pathways for children & Young people	7.1	Fife Wide review completed. Recommendations shared with SLT of Fife H&SCP in February 2025 - outcome awaited	Fife wide multi professional review of provision of services to children/ young people with suspected/ diagnosed ADHD

Identify core functions within CCH service and review CCH clinicians job plans/ clinic templates accordingly

Development of Fife wide business case to support ADHD service improvements. | 7. Women & Children Health | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action | Amber - At risk - requires action |
| Development of improved digital processes to support OH activity and staff health and wellbeing. | | Upgrade of Cority system in place which will improve digitisation of activities, subject to resolution of multiple initial difficulties with new system. | Decision on future system procurement or further extension of current service provider. | 8. Workforce | Green - On Track | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action |
| Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support. | 8.3 | Plans for service delivery model to be re-visited as part of Directorate modernisation. | New model of service delivery in place, to be monitored and reviewed. | 8. Workforce | Green - On Track | Green - On Track | Amber - At risk - requires action | Amber - At risk - requires action |

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Refreshed Mental Health and Wellbeing Strategy for Fife for 2025 - 2028	3.2	The draft strategy and supporting documents (Year One Delivery Plan, Equality Impact Assessment, Risk Register, and the Participation and Engagement Reports) have been reviewed by key stakeholders as they have progressed through the Partnership's governance process. Constructive feedback and comments have been received from the Partnership's Senior Leadership Team, the Strategic Planning Group, the Quality and Communities Committee, and other stakeholder groups. These updates will be included in the strategy and supporting papers before the documents are shared with the Integration Joint Board in July 2025 for final review and approval prior to publication and wider circulation. A summary version and an easy read version of the strategy will also be provided.	Progress Year One Delivery Plan	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Amber - At risk - requires action
Improve access for patients and carers through improved communication regarding transport options	1.7	Suite of transport information and resources for public and patients. The Community Transport information and leaflet and the refresh of the NHS travel reimbursement information and leaflet have been completed and distributed. Completion and distribution of information and resources - NHS Fife How to get to our main hospitals. Patient information letters now include a sentence highlighting transport options and travel cost reimbursement information. Monitoring and evaluation not available for Q4 - this will be provided in June as a financial year comparison to 2023/24.	Monitoring data Evaluation and feedback from patient and carers and staff	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Support the implementation of the Food 4 Fife Strategy and associated action plan as part of ambition to make Fife a sustainable food place	6.4	Food4Fife Strategy agreed May 2024. Action Plans agreed and being implemented by subgroups. Partnership has continued to meet bi-monthly. Future of partnership co-ordinator post is at risk for 25/26 as no funding identified for next year. Funding maybe available from April 2026 via Good Food Nation. Eating well as one of two themes in DPH annual report.	explore with Fife Council colleagues support for the partnership/co-ordination of the Food4Fife Partnership beyond April 2024	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Children's speech, language and communication development Plan		CYP Operational Lead attended the national meetings. Key members of CYP SLT staff are attending feedback sessions with NELC to learn more about the national work. CYP SLTs have received information about the key bonding/ interaction/communication messages. There are local links being made, e.g. HV and SLT in Kirkcaldy and Cowdenbeath working together to support conversations around this and putting it in to practice.	Want national work to influence local partners and universal work. Ensure that SLTs are aware of key early interaction and bonding messages being shared with local partners and universal workforce. SLTs need to be aware of focus of message and robustly support this in local conversations.	7. Women & Children Health	Green - On Track	Red - Unlikely to complete on time/meet target	Green - On Track	Green - On Track

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Work to address poverty, fuel poverty and inequality through ensuring the prioritisation of income, housing, education and employment programmes as part of the Plan 4 Fife.	6.4	Pathway in development for housing needs of young poeple with substance use issues. DPH annual report drafted, consulted on and taken to Fife Board March 2025. DPH report aligned with 10 year Population Health Plan. stakeholder workshop held and framework agreed for inclusion health network	Contributing to Fife housing partnership ending homelessness together priority group pathways. Contributing to opportunities Fife partnership priorities. Revise evidence review submitted to Scottish Government. Consider contribution and strategic direction following release of 10yr Population Health Plan. Review feedback from Inclusion Health workshop to shape future development of Inclusion Health Network.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Green - On Track
Review existing wellbeing indicator collection data to develop multi-agency response in line with GIRFEC framework.	7.1	We have fostered strong multi-agency communication by establishing clear pathways for information sharing and collaboration, recognising the urgency of child protection, and building flexibility to ensure swift and effective response. The implementation of the National Child Protection Guidance 2021 has enabled us to review and update our processes for sharing information, ensuring that critical details are communicated effectively across services. Additionally, we have strengthened our shared language around risk and vulnerability factors, promoting consistency and clarity across agencies.. The Child Protection Steering Group, the Child Health Management Group and the Health and Wellbeing Strategy Group, provide oversight and assurances on these processes and play a key role in driving improvements. These groups report to Fife Child Protection Committee and Children in Fife, providing updates on deliverables within Fife Children's Plan to ensure the best possible outcomes for children and young people.	Include Wellbeing Indicators as standing agenda item within Child Health Management Team meetings.	7. Women & Children Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
Specialist clinic provision to increase by 25% in our most deprived areas with a view to achieving 473 quits in FY 20024-25 Increase targeted Very Brief Advice (VBA) information sessions by 25% Fife wide to include mental health in patient sites. Establish a drop in and bookable clinic within maternity units to receive as early as possible referrals for maternity clients. Create referral pathway for in patient discharge on an opt out basis	6.3	The service has delivered a plan of promotional activities across all 7 localities which has resulted in a significant increase in service uptake and retention with our target groups. Offering 3,593 appointments from April to December 2024. We have worked with colleagues from the HSCP and 3rd sector to raise awareness of VBA model and referral pathways. Appropriate referrals from Fife maternity services for pregnant smokers has also increased with 115 referrals in Q4, We have established weekly clinics in the VHK & QMH maternity units offering advice and support to pregnant smokers and their support networks.	Increase awareness that the service is available using a variety of mechanisms; consider available opportunities to promote service and establish a marketing and communication plan Provide out-reach service provision in most deprived communities; assess appropriate sites and permissions to park, signage Deliver financial inclusion referral pathways for pregnant women and families with young children Support NHS actions in the Fife Child Poverty Action Report including income maximisation for pregnant women and parents of under 5s	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track

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Deliver the child aspects of Fife Annual Poverty Plan with Fife Council and other partners.	7.3	Funding confirmed from the Child Poverty Practice Accelerator Fund to sustain the income maximisation worker to support maternity services for 2024/25. Positive feedback received on actions within Child Poverty Action Plan. Progressive recruitment approaches to support pathways into employment will be a focus next year.	Influence NHS Fife Anchor Strategy to focus ambitions relevant to child poverty Support NHS actions including income maximisation for pregnant women and parents of under 5s; explore expansion to community child health services	7. Women & Children Health	Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track
CAMHS will build capacity in order to deliver improved services underpinned by these agreed standards and specifications for service delivery.	3.1	CAMHS continues to work on the development of Clinical Pathways, which is near completion. CAMHS continues to develop strategies to improve communication and promote participation and engagement through, for example, the introduction of Patient/Carer Consultation Groups Medical Consultation Pilot with Looked After CAMHS Services is completed and the evaluation findings will be incorporated in service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable. A review of Tier 4 services has commenced to align with the CAMHS National Specification and the recently published Eating Disorders National Specification. This will include an appraisal of out of hours/extended working.	Implement CAMHS improvement plan derived from gap analysis against the national service specification Focus resources on prioritised improvement dimensions - access and response, care pathways, communication and engagement Development of Clinical Pathways for Core CAMHS for young people presenting with low mood, anxiety, trauma and eating which will include use of outcome measures, enable future audit of access to evidence-based interventions and work towards providing a good quality service. Fife CAMHS Urgent Response Team will pilot extension in hours to provide timely assessment within Acute Hospitals for those presenting with increased risk which will improve throughput within Accident and Emergency and ensure use of paediatric beds for patients who have self-harmed is limited and appropriate. Medical Consultation Pilot with Looked After CAMHS Services will be evaluated and incorporated in the service delivery, as appropriate, to ensure mental health support is available for those who are most vulnerable.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
CAMHS will build capacity to eliminate very long waits (over 52 weeks) and implement actions to meet and maintain the 18- week referral to treatment waiting times standard.	3.1	The service has reviewed and implemented additional strategies to enable them to continue to meet and sustain the national waiting times standard. CAMHS continue to maintain Early Intervention services to ensure children and young people receive timely access to specialist services. Ongoing recruitment continues to ensure workforce is at full capacity. CAMHS have initiated Parent/Carer consultation groups, ensuring their participation and engagement underpins service developments and their needs are met.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Child and Adult weight management programmes: Develop a sustainable workforce within the resources available via regional funding award	6.3	Achievements Baseline funding secured, ensuring recurring financial stability Approval for some fixed-term posts to be recruited substantively, improving workforce sustainability Performance framework embedded in reporting to Scottish Government, supporting ongoing monitoring and QI Continued QI approach to optimise resource use and maintain person-centred care Risks and Challenges Uncertainty due to unapproved substantive posts, risking staff turnover and unsustainable service delivery Admin post delays from Business Transformation increase workload and divert Clinicians from clinical tasks Formal governance structures delayed due to pending GLP-1 introduction, which may strain services further without substantive recruitment	Develop performance framework to evidence impact, improvement and targeted QI approaches Establish governance and assurance structure to ensure effective oversight, reporting and assurance of programme development	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Contribute to NHS Fife's High Risk Pain Medicines Patient Safety Programme to support appropriate prescribing and use of High-Risk Pain Medicines and ensuring interventions take into consideration the needs of patients who are at risk of using or diverting High Risk Pain Medicines.	6.7	Public Health perspective provided to new HRPM Safety Group Evaluation advice and support provided to ongoing HRPM work Working with ADP colleagues to gain further insights into the needs of people with lived experience	Continue to provide PH input to HRPM Safety Group Continue to provide evaluation advice and support to ongoing HRPM work Continue to work with colleagues from ADP to engage the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Design and delivery of a comprehensive medicines safety programme for NHS Fife, enhancing the safety of care and ensuring the Board meets its obligations to Scottish Government direction	6.7	Five new Valproate prescribing pathways to fully deliver the legislative requirements have been created by the group and await final governance approval by the ADTC. GP sub Committee currently reviewing the SLA and Model of Care for Lithium in NHS Fife. A DOAC prescribing and review toolkit are being developed with the aim to improve patient safety and support safe monitoring of these medicines	Circulate guidance on Topiramate and commence audit. Develop a Lithium model of care document (inc. shared care agreement). Agree dissemination pathways for high risk pain meds. Anticoagulant focus group to identify adverse events and training needs.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Develop and Enhance Children's Services		Revised GIRFEC guidance now embedded Wellbeing Pathway also refreshed and embedded into practice. Implementation of the revised child protection guidance across NHS Fife/HSCP and support the embedding of changes across the Children services partnership To embed in cross organisational policy and practice in preparation for incorporation in law for UNCRC / Children's rights The promise - Corporate Parenting Plan agreed and shared across partnership. Health Actions & routemap identified by NHS Health Leads Network	Child Wellbeing Pathway Implementation Complete and report submitted to CHMT Implementation of health raised IRD for CAMHS. Full implementation of CPPM via IRD process. 16-17 year olds progressing via IRD. progress single agency information sharing guidance. Progress a process for adult health checks IRD. UNCRC - SBAR to EDG & SLT Outcome agreed. SLWG continuing to meet regularly to support CS UNCRC commitments. The promise - Actions & routemap identified by NHS Health Leads Network and brought to HC & The Promise Group for discussion	7. Women & Children Health	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Ensure effective coordination and governance for adult screening programmes in Fife	6.3	Adult Screening published statstics for Breast, Bowel and AAA and were presented as part of public health indicatorss and IPQR for the Public Health and Wellbeing Committee in December 2024. This provided greater awareness and opportunity for scrutiny of the uptake of the three screening programmes by the members of the PHWC. The NHS Fife annual Integrated Screening Report was produced in October 2024 and it was presented at the Executive Directors Group Meeting and the Public Health Assurance Committee. A Screening Inequalities Outreach Officer was employed in December 2024 to oversee the implementation of the Inequalities Action Plan. This has lead to a very active period of work since December 2024. This is ongoing. The "No Cervix Cervical Exclusion Audit" was completed within NHS Fife in September 2024 and clinics to follow up some patients were held up until December 2024. Consultations were held in Q4 regarding the audit of a smaller cohort of patients with "No Further Recall" exclusion applied. This audit will be carried out in the 2025/26 financial year.	Lead the coordination, governance and quality assurance of adult screening programmes including monitoring uptake and performance Produce the annual NHS Fife Integrated Screening Report Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan Investigation and management of screening programme incidents and adverse events.quality assurance of adult screening programmes including monitoring uptake and performance Produce the annual NHS Fife Integrated Screening Report Continue work to understand and address inequalities in the uptake of screening among Fife residents including the Bridging the Gap Project and implement the Screening Inequalities Action Plan Investigation and management of screening programme incidents and adverse events. Complete the "No Further Recall" (NFR), Cervical Exclusion Audit. This is part of the National Cervical Exclusion Audit which started in 2021.	6. Health Inequalities	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Home First: people of Fife will live long healthier lives at home or in a homely setting	2.6	Hospital at Home multi-factorial review and 'hub and spoke' model feasibility study completed. A number of actions were identified and an SBAR paper is being prepared for SLT to seek approval to progress some of these.	Implement measurement and reporting tool for the successful implementation of the Home First vision Leadership workshop to review the Home First Delivery structure and ensure alignment with strategic direction.	2. Urgent and Unscheduled Care	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**

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Locality Planning Groups will utilise Public Health Scotland data, the Fife Strategic Needs Assessment, and local intelligence to develop and finalise Locality Plans for 2025-26, outlining key priorities and measurable actions. Quarterly locality meetings will provide a forum for health and social care professionals to take accountability for the delivery and evaluation of these plans	6.5	Locality Event was attended by 115 delegates - feedback survey highlighted attendees had an increased knowledge and understanding of locality planning. The Senior Leadership Team endorsed the current locality planning approach would continue in 2025/26. Locality Delivery plans updated with Q4 actions. Monitoring and evaluation of Community Chest Round 1 projects is ongoing - no decision will be made in regard to future funding till all round 1 projects have submitted evaluation report. PHS and local strategic needs assessment data was presented at the March locality meetings to support discussions that may inform new priorities for 25/26.	Review and evaluate Locality Fife wide event. Locality Planning development session with the Senior Leadership Team planned for 10th Feb 2025 and actions from this session will be taken forward. Continue to monitor and develop the locality delivery plans 24/25. Decide on the approach to Community Chest funding for 2025-26 and communicate with carers on the way forward. Co-ordinate and facilitate the 7 locality planning meetings in March 2025.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Public Health Priority 4: National Drugs Mission Priorities; MAT treatment standards; Fife NFO strategy; Fife ADP strategy	6.2	Working with ADP colleagues to gain further insights into the needs of people with lived experience. Adressing Alcohol Harm and Death Group have worked to identify and priortise actons required and progress is being made in two key projects to deliver these actions. SDF have added questions to their MIST survey on use of high risk pain medicines and results are awaited.	Continue to work with colleagues from ADP to engage the Scottish Drugs Forum to gain further insights into the needs of Lived Experience individuals. Actively participate in the multidisciplinary Fife Addressing Alcohol Harm and Death Group to support delivery of actions to improve services and pathways.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
To embed a working business continuity management systems process that is measurable and able to be easily monitored.		Business continuity mangment systems (BCMS) are bedding in with reporting mechanisums and analytics now being available. The number of service areas has expanded. Resilience coordinator post now being in situ aupports the continued momentum to BCMS dashboard and visibility to plans and master ledgers. B13/23 audit has been provided with evidenced actions .	Compliance and performance metrics is reported quarterly through the Resilience Forum. To continue working towards revising and updating NHS Fife Business Continuity policy	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Work with local authorities to take forward the actions in their local child poverty action report	7.3	Briefing and training sessions have been delivered to key staff groups. Communication Action Plan has been delivered. Annual reporting data and information has been collated. A total of 520 referrals and an overall annual financial gain to families of £515,433.84	Workforce development – delivering training sessions for staff and managers, refresher training sessions and staff briefings. Communication strategy – delivering communication action plan 2024-25. Meeting quarterly reporting requirements, auditing data and quality assurance.	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Work with partners to increase efforts to reduce the impact of climate change on our population.		Participated in sustainabilitry ambassador network meetings and CPD sessions	Support any activity of the Sustainability Ambassador network that has been established.	10. Climate	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Work with the Chief Executive of NHS Fife to establish NHS Fife as an Anchor Institution in order to use our influence, spend and employment practices to address inequalities.	6.4	Anchor progress has been self assessed 6 monthly using PHS Progression Framework. This has been reported through Anchor Institution Programme Board on a 6 monthly basis. Feedback from the Anchor Institution Programme Board steers the operational group and assists with the AI workplan for the coming year. Annual metrics reporting submitted in draft to SG on 17/03/2025. 25/26 Anchor objectives submitted in draft to SG on 17/03/2025. Focussed intentions on partnership working and communicating Anchor ambitions more widely.	Align Anchor ambitions with Population Health & Wellbeing Strategy Align Anchor ambitions with NHS Fife Mid-term Delivery Plan and Public Health Mid-term Delivery Plan focussing on recovery drivers. Support leads to report on NHS Fife progression within Anchor ambitions Continue developing and AI workplan, reporting to AI Programme Board Strengthen and explore links with partners and third sector agencies and community planning groups Submit metrics and focussed objectives to SG. Communicate our Anchor ambitions more widely	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Fife will eliminate Hepatitis C as a public health concern.		Increased treatment initiation from 2024/25 rate	Create implementation plan. Task Group for HCV elimination in fife has not yet been reestablished due to operational pressures.	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Carry out focused work to make sure we proactively improve access and uptake of vaccinations across our whole population	1.2	Area Immunisation Steering Group monitoring of vaccine uptake by geography & deprivation - meeting February 2025. First meeting of the Immunisation Transformation Oversight Group in January 2025 - TOR and membership established. Improvement plan for teenage programme reviewed. Follow-up meeting with senior staff from education and headteachers from schools with lower uptake. Additional clinics in weekends and evenings targeting teenage and MMR for <5 years.		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Deliver an effective public health intelligence function to provide multifaceted high-quality intelligence that supports the portfolios of work within Public Health and supports the strategic development, policymaking and the planning, delivery, and evaluation of services within NHS Fife and its partners.		Lead or collaborate on work across all six Public Health priorities and ensure outputs from this work are produced to agreed timescales and standards and disseminated in a range of formats as appropriate.	Investigation and management of screening programme incidents and adverse events.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Ensure effective direction and governance for the delivery of immunisation programmes in Fife and provide assurance that the Fife population is protected from vaccine preventable disease.	6.3	Area Immunisation Steering Group met 03/04/25 and reviewed annual shingles, pneumococcal RSV and MSM HPV data as planned. Strategic Framework taken to Fife IJB January 2025 and approved. Updated deliverables for 2025/26 taken to programme Board Feb 2025 and approved.	Review of annual adult shingles, pneumococcal and RSV data as well as selective immunisation programme activity data at Feb 25 meeting of Area Immunisation Steering Group. Approval of 2024 - 2027 Immunisation Strategic Framework by Fife IJB.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

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New risks identified through this surveillance by urgently convening incident meetings to evaluate the risks and agreeing shared actions. The results of these meetings can be quickly cascaded to networks of people who are able to intervene – frontline workers, peer networks and individual people who use drugs can be provided with information on the risks and advice on how to keep as safe as possible	6.2	New alert process and protocol in place and several alerts issued over the year for novel substances posing a public health risk to the population of Fife. The new protocol is aligned to "Guidance on the management of clusters of drug related harms - Publications - Public Health Scotland". In partnership with NHS Fife Resilience team a nitazene preparedness and contingency planning session was successfully completed with services outwith treatment and support for addiction. A library of alerts and a monthly monitoring group chaired by SAS and supported by PHS is established. This is proactively monitoring trends across Scotland and enabling Fife ADP to respond in advance of instances of harm. .	Continue to monitor process in line with the changeable nature of drug trends Improvement to harm reduction advice made	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Partners within Fife HSCP will continue to build capacity across services in order to achieve the standards set within the National Neurodevelopmental Specification for children and young people	3.1			3. Mental Health	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Develop and maintain an integrated community drop-in model provided by specialist Alcohol and Drug Teams and community services and partners. Focus on locality data, voices of local communities and services to repeat the process of locality-based service development	6.2	The 6 month review of KY Glenrothes was conducted and decision made to stop/ suspend the extension into Glenrothes. The one stop shops have continued in Kirkcaldy, Levenmouth and Cowdenbeath localities. Kirkcaldy and Cowdenbeath were reviewed and a decision was made to move one from Lochgelly to Cowdenbeath town as a result of the review.	6 month review of KY Glenrothes to be conducted and decision made by SLWG to continue or cease or make adaptions to deliver dependent on review findings Review of Kirkcaldy additional one stop shop and continued support provided by ADP Services	6. Health Inequalities	Green - On Track	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled	Blue - Complete/ Target met

To Improve the Quality of Health and Care Services

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Review of Specialty Paediatric Nursing workforce/services (including Diabetes, Epilepsy, Rheumatology, Endocrinology, Respiratory, Cystic Fibrosis) in line with safer staffing legislation and Working Paper 8 "Review of Clinical Nurse Specialist roles within Scotland" of the Scottish Governments Transforming Roles Program.	7.1	Progress paused due to workforce challenges and inability to consider development of new/ additional nursing roles this financial year	Review of updated Workforce Tools / Safer Staffing guidance (in relation to caseload and role) in each specialty	7. Women & Children Health	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Implement IP Workforce Strategy 2022-24		Progress has been hindered due to delays in national deliverables, affecting local implementation. the 2 week CNS, Professional Judgement and Quality workforce planning tools run for the IPCT in March 2025 completed. A gap analysis and options paper are being developed, for review by the Executive Delivery Group to address these challenges and align future actions with strategy goals.	Take forward EDG agreed actions from recommendations paper.	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 1		Improvement in Stage 1 compliance target has been noted; however, ongoing absence within PET and Directorates has impacted ability to consistently maintain this. Standard template letters have improved response times.	Streamline PET Stage 1 process to prevent delays, encourage verbal resolution and increase compliance. Create bank of standard template letters for common complaint themes which require little or no investigation, e.g. wait times / car parking / immunisation clinic locations.		Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Adherence to the NHS Scotland Model Complaints Handling Procedures (DH 2017) and compliance with National targets - Stage 2		Challenges experienced within PET and Directorates due to absences impacting on the ability to deliver the MCHP in a timely manner. Planning a Quality Improvement project with H&SCP CCS to test new template for response letters and review systems and processes to improve the final response process and timeframes.	Quality Improvement Project with CCS New Process in PET to streamline administration burden		Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Deliver Patient Experience focused work across NHS Fife, gathering patient feedback and lived experiences		NHS Fife TV screens now have Care Opinion advertised on them Further Volunteer going through recruitment process, will support raising the awareness of Care Opinion and gathering patient stories.	PET supporting Care Assurance Walkarounds Further Volunteer Recruitment to raise awareness of Care Opinion and gather patient Stories Explore Lived Experience Groups 15-step Challenge to be explored Care Opinion Kiosks to be tested Advertising Care Opinion on NHS FIfe TV screens		Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Digital / Scheduling: Digital systems will be enhanced to realise full potential of integration across health and social care	2.1	SPOA work suspended (see row 5 above) TOC underway in Levenmouth where ANP's are supporting 3 x Care homes to upload FCP key details onto NHS portal. [Jun25 deliverable date may need to ne reviewed as impacted by SG removing the funding for the ReSPECT tool)	AWI: digital system / application to enable relevant multi-agency access to a single Anticipatory Care Plan	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

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Fife Psychology Service will increase capacity to improve access to PTs, eliminate very long waits (over 52 weeks) and meet & maintain the 18 week referral to treatment waiting times standard	3.1	Service development and redesign to increase access to lower-intensity options has been implemented and is being evaluated. Initial evaluation suggests positive effect on RTT target. Recruitment has been delayed, with 10.5 WTE clinical posts currently wating for authorisation to recruit. This is limiting improvement in RTT performance and progress in eliminating very long waits.	Recruitment to maintain/increase capacity Service development and redesign	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Rheumatology workforce model redesign		2 Advanced Nurse Practitioners now in post and competencies near completion. Substantive Consultant vacancy out to advert. Podiatrist recruited to ensure succession planning. Band 5 & 6 nursing posts out to advert and interview dates set. Nursing Workforce planning created to ensure maximum development and utilisation of the team. Clinical Coordinator post has been approved and will be advertised. Advanced practice training needs analysis underway with Nursing, Physio and Podiatry Leads.	Develop and roll-out revised workforce plans Review roll-out plan and Consider future/next steps	1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Translation and implementation of agreed Business case Options for Co-badged Clinical Trials Unit/ Clinical Research Facility with University of St Andrews		Development track for this milestone has changed due to change of Dean at University of St Andrews School of Medicine, revisiting impact of Scottish Brain Sciences leasing space at Eden Campus (USTAN) and likely trajectory for VPAG investment coming to NHS Fife via SLA with NHS Tayside. Planned meeting with Director of Estates and Director of Transformation in 1Q 25/26 to review potential space in Phase 1 (4 Bed Bay in Ward 9 which abuts current CRF footprint)	Collaborative development of agreed business case with University of St Andrews Business Transformation Team.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Improving effective governance and monitoring systems for IPC to ensure there is a co-ordinated and rapid response to reduce the risk of infections and to drive continuous quality improvement		The team remains actively engaged and contributing to the national SLWG exploring a surveillance solution for One for Scotland - end date Jan 2027. Delay in InPhase rollout has impacted the possibility of introduction an IPC Audit on this platform	Planning for recommencing local InPhase meetings to explore electronic auditing			Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
To meet the recommendations of the Women's Health Plan	7.2	Progress made on development of enhanced Women's Health / Gynaecology centre at QMH site (due to open towards end of April 2025). Developments relating to other deliverables rolled-over to 2025/26 due to lack of development funding and training opportunities	Plan and funding to be in place for Specialist Gynaecology Centre at QMH	7. Women & Children Health	Green - On Track	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action
Support the creation of Person Centred Care Planning Principles		Delayed due to capacity	Meeting with ADON and HON with MH to discuss next steps			Amber - At risk - requires action	Green - On Track	Amber - At risk - requires action

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Committed to controlling, reducing and preventing Healthcare Associated Infections (HAI) and Antimicrobial Resistance (AMR) in order to maintain individual safety within our healthcare settings.		NHS Fife remains committed to controlling, reducing, and preventing HCAI and AMR to ensure individual safety within healthcare settings. The ongoing IPC and robust surveillance programme, continues to focus on minimising the risk of HAIs and AMR. Throughout this quarter, NHS Fife sustained its participation in the national surveillance programme, monitoring SAB, CDI, and ECB. Efforts align with the reduction targets outlined in DL (2023) 06. The team are preparing for the recently published new targets for 2025/26. The anticipated updates to the NIPCM and TBPs has been further postponed to Spring 2026. The team remains actively engaged, contributing to this critical work through the national extraordinary NPGE Working Group. The eCatheter bundle group met on 12th March 2025 to finalise the pathways for the catheter insertion & maintenance systems for both the acute & HSCP. IPC continue to work with D&I to fully integrate these updated bundles onto Patientrack	Prepare for upcoming changes to NIPCM and TBPs. eCatheter insertion and maintenance bundle update to have been completed on patientrak, then planned role out in NHS Fife.		Amber - At risk - requires action	Green - On Track	Green - On Track	Amber - At risk - requires action
Best Start 1. Full implementation of Continuity of Carer by 2026 2. Minimising separation of late preterm and term babies from birth 3. Recommencement of full Antenatal Education 4. Expand Service User Feedback 5. Review need and gaps for, and embed Psychological services	7.1	We have introduced CoC TO Intrapartum areas, now 50% achieved, 75% is the national target. Progress with Transitional Care in the Neonatal Unit, dependent on clinical space. Work being taken forward with Patient Experience regarding the Maternity Engagement Strategy.	Recommencement of ANC audits post RSV vaccinations	7. Women & Children Health	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Delivery of Clinical Governance Strategic Framework		4 out of the 11 workstreams have been delivered 2023/2024 2 out of the 11 workstreams have been partially delivered 5 out of the 11 workstreams have been allocated a revised timescale for completion - outstanding workstreams will be carried over to 25/26	Completion of the 2024/25 workplan actions		Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Development and Implementation of an Adult Neurodevelopmental Pathway with clear links to CYP NDD Pathway.	3.1	Options paper presented to CCCS QMAG. Paper being revised following feedback. To go back to CCCS QMAG for sign-off before being sent to SLT.	Agreement regarding preferred option at CCCS QMAG. Sign-off by SLT including authorisation of funding if required for preferred option.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Improve compliance with CAPTND dataset	3.1	Psychology Service has worked closely with Digital and Information to develop TrakCare package that will meet service and CAPTND reporting requirements. D&I implementation target date is now June 2025.	All Psychology Service staff will have access to TrakCare, supporting Psychology Service full compliance with CAPTND reporting requirements.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action

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Local Enhanced Services Review		In order to progress with the review of Enhanced Services currently available to GP practices an options appraisal has been drafted which will be shared with the Enhanced Services SLWG for discussion and decision.		1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Local - Implement Paperlite / Electronic Patient Record	9.5	Implementation of Morse extended to September 2025 Implement of Results Reconciliation reprioritised	Implementation of Morse to be completed Implementation of Results Reconciliation	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Pandemic Preparedness: Critical to major incident levels.		The draft Pamemic respone framework plan is circulating to key stakholders for subject specialist advice /input - SLWG will take forward to final version	Pandemic response framework plan draft is now circulating to key stakeholders for their input		Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
To develop the resilience risk profiling for Emergency Planning for NHS Fife.		Resporting analytics work is currently still underway for governance and assurance to evidnce based practice with EPRR response planning	Monitor and evaluate incidents that relate to emergency planning through use of incident management software	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Delivery of Research Innovation and Knowledge Strategy		Four priority themes identified (Sustainability, Collaboration, Culture and Communication), Microsoft Forms Survey of RIK Dept staff and revised Microsoft Survey of internal and external stakeholders and partners. Data reviewed by Leadership team and considered in the context of objectives. University of St Andrews School of Medicine is refreshing strategy due to appointment of new Dean and agreed that will develop and finalise Strategies in parallel.	RIK Strategy approved by Executive Directors Group and Clinical Governance Committee	9. Digital & Innovation		Green - On Track	Green - On Track	Amber - At risk - requires action
Embed the National Leading Excellence In Care Education and Development Framework into existing and new education programmes		EiC Support Nurse has been encouraging staff to utilise resource.	Delayed due to workload challenges, but is part of PPD workplan for Sept 2025. PPD will also support Band 6 development which will be aligned to EiC LEIC			Green - On Track	Green - On Track	Amber - At risk - requires action
Support the creation of a digitalised person-centred record		Significant progress has been made to identify patient pathways. Project lead has left post and EiC lead going on secondment May 2025	meeting organised for April 4th with Heads of D & I to discuss next steps.			White - Not Started	Green - On Track	Amber - At risk - requires action
Development of a new OP specialist Gynaecology Unit	7.2	Progress made on development of enhanced Women's Health / Gynaecology centre at QMH site (due to open towards end of April 2025).	Seek approval of funding from FCIG to commence architect commission and scope of work within amended business case.	7. Women & Children Health	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Green - On Track

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Community Rehab & Care: To develop a modernised bed base model in Fife that is fit for the future	2.6	Following a pause in the reconfiguration work while there was a bed modelling exercise across NHS Fife undertaken, the HSCP has restarted the project to transform the bed base. The clinical pathways are under discussion and the transformation of the bed numbers and locations is being agreed as part of a multi disciplinary working group. Staff side are involved in all planning conversations and there are plans for wider communication and engagement with staff, patients and public.\n\nEngaged with estates to commence costings	Map existing workforce and develop workforce configuration requirements\n\nReview data available and undertake strategic needs assessment to achieve the right balance between bed base and community based provision.\n\nReview all existing pathways and referral processes to enable redesign in line with transformed bed numbers.\n\nReview and redesign inpatient services in line with RTP\n\nDeliver enhanced care and rehabilitation community services to support the delivery of care within the right environments for the people of Fife	2. Urgent and Unscheduled Care	**Green - On Track**	**Amber - At risk - requires action**	**Red - Unlikely to complete on time/meet target**	**Green - On Track**
Develop and scope an SDEC model of care to support same say assessment and increase our ambulatory models of care.	2.2	TOC commenced Feb 2025 for two weeks. Stakeholder feedback triangulated with quantitative data utilised . Further 3 month TOC now in progress. Scheduling of GP patients also commenced and redirection to OOH / Urgent care service overnight.	TOC to be commenced . Scheduling of GP patients to be implemented	2. Urgent and Unscheduled Care	**Green - On Track**	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Green - On Track**
Continue to deliver the Community Listening Service.		Risk has been diminished with Volunteer Team in PET taking on aspects of administration function.	Aspects of CCL management have moved across into Volunteer Team within Patient Experience team. Milestones are ongoing review to see how this is working in a collegiate sense whilst Spiritual are retains operational and strategic delivery of CCL service.	8. Workforce	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Green - On Track**	**Green - On Track**
Implement new referral management and electronic patient records system (TrakCare/morse) within P&PC Physiotherapy service.		Services went live with MORSE on 25/03/25 and currently in the supported transition phase.\n\nWork continues on testing phase for transition from TIARA to TrakCare scheduled for 14th May 2025	Staff training and implementation of new digital processes across the P&PC Physio services\n\nTransition P&PS Physiotherapy services from Tiara onto TrakCare/morse digital system with support from eHealth	1. Primary and Community Care	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Green - On Track**	**Green - On Track**
Develop mechanism for Health Visiting data analysis to assist partnership working with associated agencies, ensuring early intervention measures and anticipatory care needs are identified expeditiously.	7.1	Robust Data Analysis Framework: Begun to implement a comprehensive data analysis framework within the Health Visiting service with support from digital team.\nEnhanced Professional Interfaces: Improved collaboration across children's services by implementing similar and linked digital systems.\nPlanned Activities and Impact: Continued refinement of data analysis tools to ensure proactive identification of care needs, enhancing the effectiveness of interventions.\nOngoing training for staff on new digital system to maximise their utility and improve multi-agency collaboration.\nChallenges: Resistance to change from staff adapting to new digital systems, impacting on effective implementation. Delay within digital teams to update electronic system.	Establish a pathway in reflection to the improvement plan to allow all services working with children's and young people access to relevant data for further development.	7. Women & Children Health	**Green - On Track**	**Amber - At risk - requires action**	**Green - On Track**	**Green - On Track**

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Forensic Mental Health services are reviewed and restructured to ensure appropriate pathways that enable patient flow and maximise rehabilitation and recovery.	3.4	Multidisciplinary workforce paper in progress covering all MH&LD services. This will be presented to the Mental Health Oversight Group. Redesign of rehabilitation services is under consideration. This is led via the Mental Health Redesign Programme Board. There is an ambition to improve flow to/from inpatient services through redesign. Processes related to out of area placement are being strengthened e.g. return/update process for Clinical Advisory Panel, development of single spreadsheet to monitor out of area placements and progress towards repatriation/discharge	Workforce review	3. Mental Health	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
MAT based outcomes embedded in all ADP service level agreements. The standards implemented and fully maintained and PHS assessment supports this	6.2	In May 2024, Fife ADP and its partners including NHS Fife achieved a green status on implementation for 2023/24 for standards 1 to 5 from the external PHS assessment process. Provisional green was achieved for MAT Standards 6 to 10. This was an improvement on the previous year. Monthly numerical monitoring has shown a consistency and sustainability of this performance in year.	Completion of the FAIR (Facts, Analyse, Identify and Review model) in partnership with lived experience panel. Information gathering for end of year PHS assessment. MAT 3 reporting reviewed and additional service added to the numerical reporting mechanism	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
CAMHS will achieve full compliance with CAMHS and Psychological Therapies National data set and enhance systems to achieve compliance.	3.3	Work continues with system supplier to embed supplementary questionnaire in TrakCare as part of the current clinical workflow to allow recording. Work continues with NHS Fife information services to ensure reporting of items from the supplementary questionnaire. Work continues on both these aspects so full compliance can be achieved.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Community Mental Health Teams for Adult and Older Adult services that are responsive to need and reduce admission by offering alternative pathways	3.2	Pathways now embedded within service with last pathway- PDS submission for SG about to go live on 31st March 2025. There will be a 6 month service review to ensure that all three localities are adhering to the new pathways and will also allow the service to action any difficulties in a timely manner.	OA CMHT have developed pathways for the whole service - in the process of being implemented to bring consistency across the 3 localities within the service.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Comply with the requirements of the COVID enquiry and Operation Koper, Crown Office.		This is being coordinated through the PET. Learning and adapting the process.	Provide information and expert advice as required		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Deliver a VAM Covid response in alignment with SG guidance and in collaboration with East of Scotland workforce with full investigatory and outbreak management and community testing functions.		Regional helth protection workforce is available and able to respond as needed. Relationships across the region with other services are being developed and maintained. Pandemic preparedness ongoing, and being aligned with national plans where possible.	National VAM plans and funding remain in place. Health Protection workforce at expected numbers. Outbreak management and community testing capacity is available as needed.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Delivery of Care at Home / Commissioning: Maximise capacity, and commission and deliver care at home to meet locality needs	2.3	More than 2/3 home care staff trained, more than 2/3 of Fife reviewed. On target savings.	Continue / conclude review of double-up packages of care	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Delivery of the objectives set within the Pharmacy and Medicines Strategic Framework for 2024-2026		Key workstreams continue to progress. Review will be undertaken mid-2025 in preparation for next version.	Year end position stock take and review of plans for 2025	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Develop, Enhance and re-invigorate Regional Networks	4.4	All network clinical pathways performing well supporting delivery of planned care.	Maintaining safe network arrangements between neighbouring boards.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Development of Medical Education Strategic Framework		Engagement session with team has been held and framework is in draft. For completion by end of Q2 25/25			Green - On Track	Green - On Track	Green - On Track	Green - On Track
Engage with Higher Education Institutions locally and regionally to develop collaborative way of working	9.5	Collaboration with Southeast HEIs regularly through Academic Liaison Group. NIHR Funding application with Queen Margaret University lead to be submitted focussing on decarbonising Healthcare services and MRC funding application with University of St Andrews to expand work of Fife Community Advisory Council.	Support at least 2 funding applications either locally in NHS Fife, in partnership with University of St Andrews, or as part of the Southeast Academic Liaison Group	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Improve the mental health services build environment and improve patient safety	3.6	Ligature refurbishment programme is in place and work underway to improvement MH inpatient estates. Ward 3 refurbishment on target with move date from Ward 1 May 2025. Timeframes established for Ward 1 refurbishment and Ravenscraig move. Ligature project board in place to oversee development.		3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Increase NHS Fife Innovation Test Bed activity		Phase 2 projects are running to milestone targets with the exception of one project seeking extension currently. Other projects have had milestones delayed, with mitigations in place to meet the milestone within the September deadline. Steering Group informed monthly of project progress and monthly meetings with projects leads provides feedback loop.	Ensure milestones for Phase 2 projects are on track, or risk mitigations in place. Ensure Steering Group fully informed of milestone progress and feedback provided to project leads.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Increase redirection rate utilising flow and navigation	2.2	Redirection rate from NHS 24 - 77% Full utilisation of MIU at QMH & scheduling. GP redirection rate increased to 15%. Further work required to fully optimise H@H and respiratory and mental health pathways to offer alternatives to hospital admission. CBC in place to support Care Home admissions but with no ACP model in place success has been limited.	Fully embed Scheduling of GP patients	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Legal Services Department (LSD) role within the Board is to manage all clinical negligence, employers and public liability claims intimated against NHS Fife; Fatal Accident Inquiries in which NHS Fife is an involved and interested party and all other legal intimations and challenges which involve the organisation			Ongoing. Raise awareness of claims - similar claims and implement new procedures to avoid future claims		Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Mental Health and Wellbeing in Primary Care and Community Settings - Development and delivery of service provision in line with Scottish Government reports and planning guidance relating to the remobilisation and redesign of mental health & wellbeing services and supports in primary care and community settings.	3.3	Development work on test of change, including initial meeting with stakeholders completed.	Implement phase 4 coproduction activity (deliver), to include a six-month test of change to improve access to mental health & wellbeing services and supports in NEF	3. Mental Health	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Non-compliant Rotas		Savings target exceeded for the year with second stage of monitoring complete. Final savings to be reported once all results received and any re-monitoring completed and reviewed. Clinical Management to continue with existing processes to sustain compliance and online resources available to be updated by individual services and directorates for new cohorts.	Results of surveys cascaded to be reviewed. Second stage of monitoring to begin Services to address any concerns of rota monitoring results prior to second round beginning in February		**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Ongoing development of Community Treatment and care (CTAC) services, supporting more local access to a wider range of services.	1.2	Recruitment to vacancies remains positive, and locality hubs have been established to enhance capacity and strengthen resilience towards delivering sustainable services. A review of accommodation and space for CTAC and MDT services is underway. However, the lack of additional funding for service expansion or backfill poses a risk to sustainability, potentially leading to inequitable service provision across Fife, unmet patient needs, and dissatisfaction among primary care partners. The next steps involve reviewing activity and demand to improve efficiencies in processes and procedures, including scheduling, ensuring the most effective use of resources within the available financial envelope..	Continues to be scoped , planned and financial envelope to be confirmed	1. Primary and Community Care	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Preventing alcohol specific and drug related harm and death affecting children and young people	6.2	Rapid Action Group established in March 2024 has achieved the following outcomes: Develop an approach to surveillance of drug related harms in the community that assesses data gathered from a range of sources including data that is currently collected (such as hospital rates, drug-related deaths, non-fatal overdoses) and key stakeholder data (such as SAS, RADAR, ADP commissioned services) Community based Hospital Liaison Service and pathway for all CYP attending ED or admitted to hospital for a 24 to 48 hour response via a QR code THINK again campaign co-produced with CYP on raising awareness about harms, risk of overdose and death from substances typically prevalent in the age group	Review of action plan and resetting of plan for the remainder of the year and into next financial year. Review will include support for school, parents and carers including residential school and children not in school. Public messaging and harm reduction advice about continual use in young people and risk of overdose. Full drug awareness campaign to launch.	6. Health Inequalities	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**

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Prevention & Early Intervention: new models of care ensuring early discharge and prevention of admission, and local frameworks for frailty	2.6	Heart Failure training for Diuretic IV in the Community - creating pathways with Hospital at Home Needs assessment and Action Plan completion as part of the DWD collaborative. Fife are well represented on each sub group. Frailty, Discharge to assess, Home First Community Hospitals and Integrated Hubs. Work will commence to progress the whole system outcomes Completion of the Assessment and Rehabilitation Centre model transformation nearing completion. Awaiting for the digital aspects of the redesign to be finalised. Discussions have taken place regarding patient self administration of IV antibiotics and 24 hour IV pumps however this requires to be progressed collectively between Acute and the Partnership. Head of Service has agreed to discuss this at a more senior level with the relevant Acute partners.	Heart Failure training for Diuretic IV in the Community - creating pathways with Hospital at Home South West Fife Locality currently trained and on patient 5 out of 6 on Test of Change. Dunfermline also now have trained staff that can undertaken IV Abs. Additional staff across Fife are now also undertaking training. Review and redesign of Assessment and Rehabilitation Centre model Develop processes to implement patients self management of IV Antibiotic Therapy	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Reprovision of unscheduled care/ crisis care provision for patients presenting out of hours with a mental health crisis	3.1	Options appraisal completed. To be presented at MH programme board on 31/03/25	Report to Programme Board with recommended option for service improvement.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Review of actions outlined in the Framework for Effective Cancer management to improve delivery of Cancer Waiting Times	5.3	Introduction of new cancer tracking reports to streamline workload and effectively highlight patients who require action from individual services. Introduction of new cancer tracking reports to streamline workload and effectively highlight patients who require action from individual services.	Collaborate nationally to learn from NHS Lanarkshire model to improve cancer waiting times performance. Review and identify actions once the Framework for Effective Cancer Management is published.	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Support for Doctoral Training Program (DTP) Fellows		2 new Fellows (1 is a Global Fellow) appointed and commenced with University of St Andrews School of Medicine on 1 Day week lead in to 0.8 commencement in August 2025.	Cohort 5 (final) cohort launched and project proposals invited.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
To support preparations within NHS Fife for the implementation of the HCSA Act (on-going during 2023/2024), which comes into force from 1 April 2024.	8.4	New data capture process introduced for Q3 HCSA reporting, utilising business objects and aligned to ADP format, allowing path to green to be demonstrated and generation of evidence. Annual Report being prepared for submission to SG by 30/04/2025.	Continued review of SG HCSA feedback, submission of HCSA quarterly returns in line with agreed reporting mechanisms and governance cycles. Board actions progressed.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Update cancer priorities and develop associated delivery plan as outlined in the Cancer Framework and support delivery of the 10 year Cancer Strategy	5.1	2024/25 Annual Delivery Plan finalised and for circulation.	Finalise and circulate to relevant stakeholders and sign off.	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Work with Secondary care to develop shared care initiatives to continue to reduce the requirement for patients to attend ED	1.6	OOH Telehealth: Increased use of video calls and other technologies to provide remote consultations and access to urgent care services, this is being achieved through project development, and staff engagement OOH Improving urgent care pathways in the community and enhancing links between primary and secondary care, working with mental health services to increase access to OOH mental health care Emergency Department to urgent care OOH redirection, closely monitoring and promoting referrals to OOH from ED, including co-ordinator to co-ordinator liaising during the OOH period	Plans for the rollout of the national glaucoma shared care scheme within NHS Fife to alleviate the burden of glaucoma care on the hospital eye clinic are well underway with the aim of 'going live' In April 2024	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Embed Quality of Care Review Guidance (QoC) within all adult inpatient and community areas		2 areas within Acute are testing new EiC QoC Boards with the hope of rolling out across all Acute inpatient areas. Acute has embedded national QoC Guidance. 15 areas have completed reviews using guidance. Acute has also tested the guidance on the Right Decision Platform. Community Nursing is completing a QoC at present. Discussions with AHP Director about using QoC Guidance within AHP areas	Influence use of new QOC guidance with HSCP, Supporting Care Assurance is with HSCP April			Green - On Track	Green - On Track	Green - On Track
Increase the number of SCN utilising the CAIR dashboard to inform improvements whilst creating a culture of learning and sharing between areas		Increased over the last 3 months from 70 to 95 users due to drive from EiC Support nurse. PHS Supported session for Acute Staff. A further one planned for HSCP staff.				Green - On Track	Green - On Track	Green - On Track
Contribute Public Health perspective and evaluation support to Fife's Mental Health & Wellbeing Strategy		PH input to development of Mental Health & Wellbeing Strategy/Delivery Plan has continued. Strategy due to go to IJB May 2025 following which PH input relating to evaluation can commence.	PH representation and advisory role within the Mental Health Strategy Implementation Group	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met
Implement preventative podiatry service in care homes		This work is ongoing but the bulk has been completed.	Implement the care plan for all moderate and high risk diabetics	1. Primary and Community Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met
Expand on current system wide Urgent Care Infrastructure to develop more integrated, 24/7 urgent care models	2.1	In Hours Urgent Care ANPs provide urgent care to those patients during in-hours seeking healthcare, they support all general practices across Fife, including support with home visiting and care homes across Fife. This care is provided until 6pm every weekday, providing a seamless transition to the OOH period for patients to access 111 and be supported by the urgent care OOH team	Develop dual nursing posts which support rostering to encompass 24 hour approach to urgent care. Further enhance and develop capacity and accessibility to HSCP led MIU/urgent Care centres	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Targeted actions to improve the quality of our Immunisation services	1.2	Immunisation QMAG meeting took place 31st January 2025 Improvement work progressed with Care Home Consent Processes through Care Home SLWG Vaccine Stock SLWG convened to improve pathways of ordering, delivery, storage & wastage of vaccine stock.		1. Primary and Community Care	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Begin preparation to review the 2022-25 Cancer Framework in NHS Fife to ensure still relevant and up to date	5.1	Refreshed Cancer Framework has been drafted and aligns with the Population and Wellbeing Strategy and 10 year Cancer Strategy.	Finalise refreshed Cancer Framework which will align with the Population and Wellbeing Strategy and 10 year Cancer Strategy.	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Continued development of digital front door for patients	9.5	Digital Letters functionality operational Waiting List Validation extended	Implementation of Digital Letters - TrakCare Extension of Waiting List Validation	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Deliver an effective health protection function, including in- and out-of-hours duty cover to prevent and respond to communicable disease prevention.		Regional service working well in-hours. OOH service remains with individual boards. Ongoing staff development and training. Recruitment progressing to plan.	Provide a 24/7 specialist health protection service for Fife	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivering year on year reductions in waiting times and tackling backlogs focusing on key specialities including cancer, orthopaedics, ophthalmology, and diagnostics.	4.1	Weekly monitoring has improved position from last year with plans in place to further reduce long waits.	Waiting times overall should improve, particularly in >104 and .78 week position.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of Clinical Governance Strategic Framework - Adverse Events		Staff support pathway in place			Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of the Risk Management Framework		The Risk Management Framework was endorsed by the Audit and Risk Committee on the 12 December 2024 and approved by the Board on 28 January 2025.	Completion of the 2024/25 workplan actions		Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Enabling a "hospital within a hospital" approach in order to protect the delivery of planned care.	4.2	Successful utilisation of QMH over winter months, reducing cancellations due to bed capacity limitations. BADS data under review as coding of procedures unable to account for DC activity which has moved	Maximise use of QMH and reduce day surgery within VHK	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Enhance Theatre efficiency	4.10	Successful utilisation of QMH over winter months, reducing cancellations due to bed capacity limitations.	Maintain theatre utilisation above 85% across VHK and QMH sites	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Ensure people have clear information and are sign posted to the HSCP Wells to enable tailored access to support via a 'good conversation', while awaiting a secondary care appointment / treatment.	4.8	Delivery of 'Waiting Well' workshop following a mapping exercise. Waiting Well information forms a part of waiting list letter for patients.	Waiting times letters include signposting for waiting well information. Key engagement with the national waiting well network.	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Ensuring there is a sustainable Out of Hours service, utilising multi-disciplinary teams.	1.3	Integrating a diverse team of healthcare professionals who work with the General Practitioners (GPs) as the Senior Clinical Decision Makers in urgent care settings, significantly enhances patient experience through comprehensive, efficient, and specialised care. Each team member brings unique skills and expertise that contribute to a holistic approach to patient management. Fife Urgent Care (Out of Hours) multi-disciplinary team includes: I. General Practitioners ii. Senior Advanced Nurse Practitioners iii. Advanced Nurse Practitioners iv. Urgent care Practitioners (UCP)s v. Advanced paramedic practitioners (APP)s vi. Health care support workers (HCSW)s vii. Scot Gem Medical Students viii. trainee GPs and medical students ix. student nurses x. student paramedics xi. Foreign exchange students North East Fife Minor Injury Units provide care to those of Fife seeking minor injury care, scheduled via FNC, promoting right care, in the right place, with ongoing collaboration with the local ED to ensure patients are supported by the right clinician, at the right time. This care provided includes rotating urgent care ANPs being trained in minor injury care to support a more sustainable workforce	Introduce integrated roles across In-hours and out of hours Review the role and scope of practice of ENPs Review new dual roles across Injury and Illness clinical skill sets	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Expanding Endoscopy capacity and workforce	5.2	NHS Fife among best performing boards for endoscopy across Scotland.	Reduce waiting times for USC diagnostics and surveillance patients	5. Cancer Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Extending the scope of day surgery and 23-hour surgery to increase activity and maximise single procedure lists.	4.5	Treatment room usage now part of BAU releasing theatre space within QMH.	Increased utilisation of treatment room throughout 24/25	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Implement outcomes of Specialist Delivery Groups including reducing variation.	4.6	Monitored through heatmap presented at IPCPB	Increase in services and conditions covered through ACRT and PIR	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Infection Prevention and Control support for Care Homes Continue to support Fife Care Homes to have a workforce with the necessary knowledge and skills in infection prevention and control to ensure they can practise safely, preventing and minimising the risks of HCAI to their residents, visitors, their co-workers and themselves.		IPC Programme for 2024/25 complete, work progressed for 2025/26 programme and alignment with AMR NAP.	Promote outbreak training sessions to care homes in Fife	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Maximising Scheduled Care capacity	4.3	End of year figures within trajectories identified for 24/25. Full utilisation of Non-recurring funds allocated to manage waiting times	Delivery of TTG and OP targets within DCAQ plan	4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

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Reducing the time people need to spend in hospital by promoting early and effective discharge planning and robust and responsive operational management	2.5	FELS management change process has completed. Drivers have now been upgraded to Technicians and fitting equipment releasing clinician time. Two substantive H@H In-Reach Nurse Practitioners commenced within Acute Services during January 2025.	Fife Rehab Model Undertake required organisational/change management processes	2. Urgent and Unscheduled Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Undertake regular waiting list validation and maximise digital hub solutions	4.7	Exploration of 'overbooking' DC lists at QMH where it is anticipated there will be DNA patients.		4. Planned Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Continue to ensure EiC is represented in all improvement and fundamentals of care delivery groups		This is business as usual across Acute and HSCP. SG reports Bi Annual.				Green - On Track	Green - On Track	Blue - Complete/ Target met
Develop a Nursing and Midwifery Strategic Framework 2023 - 25; establishment of shared governance model Framework based on CNO and NHS Fife priorities, Recover to Rebuild, Courage of Compassion, Three Horizon Model				8. Workforce	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Scoping further areas to support Public Health/ NHS Fife priorities for evaluation and research.				6. Health Inequalities	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Fife Mental Health Service will work alongside partners in acute services, primary care services and third sector agencies to ensure robust and equitable pathways of care are in place for those in police custody and for those transferring into the community from prison.	3.4			3. Mental Health	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Implement national Excellence in Care (EIC) objectives within NHS Fife In line with 3 Year strategy, embed in Fife by 2025.					Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
7 Day Pharmacy Provision. This will focus on provision of clinical and supply services across hospital care settings, reviewing the current position and additional need					Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Ensure the delivery of an effective resilience function for NHS Fife.				6. Health Inequalities	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Digital / Scheduling: create a centre of excellence for scheduling across community services	2.6			2. Urgent and Unscheduled Care	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled

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Set out approach to implement the Scottish Quality Respiratory Prescribing guide across primary care and respiratory specialities to improve patient outcomes and reduce emissions from inhaler propellant	10.6			10. Climate	Green - On Track	Amber - At risk - requires action	Purple - Suspended/ Cancelled	Purple - Suspended/ Cancelled

To Improve Staff Experience and Wellbeing

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
National - eRostering	9.1	Pace of implementation will take longer to conclude the implementation. Focus remains on clinical areas as priority.	Replanning of implementation completed	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025.	8.3	Core wellbeing support provision highlighted through Staff Care rebranding and consideration of Framework and Action Plan for 2025 -2028 underway. Absence trajectory not met to date, so Recovery Plan developed to support improvement.	Review of Action Plan to inform development of 2025/2026 aims.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
We will raise awareness of the challenges faced by carers and provide information and advice to carers on their rights and what supports are available.	6.1	In Quarter 4 we undertook a full review of activity relating to unpaid carers, and consulted with IJB representative and key stakeholders resulting in a refreshed delivery plan for 2025-26 in order to deliver our objectives within the current resource landscape and ensure that our actions are fully aligned to strategic objectives. Three specific actions will be taken forward in relation to this deliverable in 2025-26: 1. Review and update to Carers Information on the HSCP webpage. 2. Development, implementation and evaluation of Carers awareness raising campaign 25-26 3. Explore options for additional staff resource to support delivery of future carers information campaigns.	A revised short-term action plan will be developed to address the challenges of delivering the objectives within the current resource landscape.	6. Health Inequalities	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
We will work collaboratively to design and deliver services to reduce the negative impact of caring and support wellbeing, and promote supportive workforce environments for working carers	6.1	All SLAs have been reviewed as part of the Reimagining the third sector project. End of year reports of performance currently in production. Actions have been agreed to make progress towards our deliverable, in 2025-26 we will: 1. Undertake a review of all commissioned support for adult carers, ensuring a whole system approach to supporting carers 2. Carer provider Forums (x4)- improving cross organisation working 3. Support commissioned partners to achieve carer positive status (level 1 engaged) by March 2026	Work with HSCP Contracts to review the effectiveness of SLA's with partners in meeting the needs of carers, linked to the Reimagining the Third Sector project. Work with CARF and other partners where required to develop an action plan to deliver the income maximisation project.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track
Delivery of the eRostering (eR) Implementation Programme in conjunction with Digital & Information.	8.4	Revised plan and implementation within clinical areas progressing within Acute and HSCP, taking account of deep dive feedback / lessons learned.	Implementation of revised eRostering roll-out plan agreed for clinical areas, alongside SafeCare.	8. Workforce	Green - On Track	Green - On Track	Amber - At risk - requires action	Green - On Track

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We will increase the range of breaks available to carers and ensure that carers have access to information about how to access a break.	6.1	The review of travel requirements will be incorporated into the SLA review in action above, and will be subject to financial assessment of capacity for each organisation. The NCS is still subject to the process of development by ScotGov. This action will remain part of a watching brief to be progressed once further confirmation of the Duties and resources become available. Decision taken to postpone the refresh of the SBSS until after further confirmation of the Duties and Resources that will come through the NCS has been confirmed. Actions agreed for 2025-26 include: 1. Provide 300 carers with a microbreak via Crossroads crisis prevention service 2. Provide 100+ short breaks per year through the Respitality Scheme 3. Work collaboratively to review and assess the implications of recent government decisions around the NCS, and update Short Breaks Service Statement accordingly 4. Ensure that information about how to access a break is available to all carers.	Continue the review of the contractual arrangements with external partners to ensure carers have access to travel support. As part of the short-term action plan development, analyse the impact of the National Care Service changes on our strategy to support the range of short breaks offered to carers. Work with external partners to understand the existing capacity and future potential to develop these offers to carers.	6. Health Inequalities	Green - On Track	Green - On Track	Amber - At risk - requires action	Green - On Track
We will seek the views of carers and involve carers in the planning of our services and supports.	6.1	Two specific actions will be taken forward in 2025-26 to make progress towards our deliverable: 1: The Annual Carers Experience Survey. Planning is already underway and will include Young Carers. 2. Carers Forums (x4)	Previously included above	6. Health Inequalities			Amber - At risk - requires action	Green - On Track
Where carers choose to, we facilitate good conversations with carers about what matters to them and how services and supports could help	6.1	Two specific actions will be taken forward to work towards this deliverable: 1. We will build capacity within system to support completion of carers support plans 2. We will strengthen quality assurance processes to ensure that we can routinely report on the number and quality of Adult Carer Support Plans completed within the HSCP and the impact this is having on quality of life of the carers we support.	Previously included across multiple rows- relating to recruiting social work assistants and completion of ACSPs	6. Health Inequalities			Amber - At risk - requires action	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Develop a Health Visiting workforce model in alignment to the wider Primary Care Nursing with a focus on sustainable and flexible responses to agreed Health Visiting pathways and prioritisation for vulnerable families.	7.1	Workforce Alignment with Primary Care Nursing: - Integrated Health Visiting (HV) Services within primary care, enhancing communication and referral processes for coordinated family care. - Developed clear protocols and SOPs outlining Health Visitors' roles. - Established a flexible workforce model with a mix of experienced practitioners and newer recruits. Enhanced Focus on Vulnerable Families: - Developed targeted interventions for vulnerable families, including prioritised home visits for at-risk groups and community groups/HV clinics. IRD attendance. - Implemented outcome measurement strategies through regular supervision and appraisals. - Established feedback mechanisms via Care Opinion for families to share experiences. Challenges: - Resource constraints have halted HV post advertisements. - Staffing levels have reduced HV pathways due to capacity issues.	Implement identified strategies and evaluate.	7. Women & Children Health	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Green - On Track**	**Green - On Track**
We will build workforce capacity by developing skills and knowledge, and enhancing systems, processes and workflows to ensure that carers are recognised and supported in their role at the earliest possible time.	6.1	The first collaborative session between operational teams has been held. The event was successful and agreed as a starting point for ongoing direct collaboration. Eligibility criteria- supporting carers framework was endorsed by IJB in March, implications for social work practice are being considered by CSWO and operational managers to support practice. The actions which will be taken towards this deliverable in 25-26 are: 1. Develop a suite of learning and development resources for frontline staff 2. Review and enhance the hospital discharge support service	Partnership workshop designed and delivered involving Social Work Assistants and Fife Carers Centre Locality Workers to strengthen collaboration and deliver better support for carers. Post-sign off of the Eligibility Criteria for social work, begin a review of the impact for carers who have an Adult Carer Support Plan (ACSP). Work with colleagues in nursing and Fife Carers Centre to develop a plan to extend the scope of the carers support hospital discharge service to the hospital admissions service, as set out in the carers strategy	6. Health Inequalities	**Amber - At risk - requires action**	**Amber - At risk - requires action**	**Green - On Track**	**Green - On Track**
PPD Succession Planning		Significant increase in number of mandatory resuscitation training places offered and delivered this financial year. Face-to-face clinical skills sessions now re-established. Cohort 3 of Assistant Practitioners (APs) finished in September with a further cohort of 9 Acute Trainee APs commenced in February 2025. 4 Return to Practice students commenced in February 2025. Financial constraints limiting staffing resources has limited our activity, particularly the delivery of leadership training.			**Amber - At risk - requires action**	**Green - On Track**	**Green - On Track**	**Green - On Track**

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Pre Registration Trainee Pharmacy Technicians (PTPT) The development of a pipeline of Pharmacy Technicians is crucial to the sustainability of Pharmacy services and in providing optimal care. Scottish Government funding for this pipeline was withdrawn in Autumn 2022, meaning a local solution is required to cover intakes from April 2023 onwards		PTPT recruitment paused until June Established PTPTs continuing progress through the programme	Ongoing progress through the programme		Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track
Continue to deliver and enlarge on Staff Support/VBRP Project.		Current risk and challenges are around ongoing financial support for this project. However planning is in place to submit an additional bid to the Charity Committee to build upon the positive evaluation which has now been obtained.	Interim evaluation has been completed which shows highly positive quantitative and qualitative information. Plans gong forward are to present these finds to Charity Grants Committee in May 25 to demonstrate value of project with a view to embedding methodology in NHS Fife	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Delivering Anchor Institution workforce aims - Promoting employability priorities.	6.4	Updates to workforce content and metrics submitted to overall Anchors Framework.	Review of programme aims for 2025/2026 identified and progressed in line with Anchors Ambitions, ADP and Workforce Planning priorities.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Development and implementation of the NHS Fife Workforce Plan for 2022-2025.	8.5	Workforce Plan drafted in line with template provided by SG and shared with key stakeholders for comment in preparation for submission to SG.	Develop draft Workforce Plan for 2025/2026 (national direction now received).	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Development of workforce planning for Pharmacy and Medicines, including readiness for pharmacist graduate prescribers from 2026, education and training of staff groups and development of the Pharmacy Technician pipeline.		Recruitment of PGFTPs in progress - challenging to maintain numbers of staff within the system. Work ongoing to finalise identification of DS and DPPs for this group. Skill mix in aseptic has improved following creation of PSW post, releasing Pharmacy Technician and Pharmacist capacity	Recruitment complete for Post Grad Foundation Trainee Pharmacist (PGFTPs) DS and DPP identified for first cohort of PGFTPs that will register as prescribers 2nd cohort of Pharmacy Support Workers complete Modern Apprenticeship Review of IP legacy staff approach/ position Progress on scope of practice and available support for DPPs	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Education reform for Pharmacy -Facilitate local implementation and delivery of revised NES programmes, and more broadly support the development of Pharmacy staff to deliver a modern, patient focussed pharmacy service, across NHS Fife. -Foundation training programmes and embedding the advanced practice framework for Pharmacists -Developing Pharmacy and Support workers through accredited courses and modules. -Collaborative working across the East Region to support simulation training for post graduate foundation trainees -Support for undergraduate experiential learning is also being developed to enhance the quality of education at that level -Work is also ongoing to develop clinical skills and leadership across all roles and increase research capability across the professions		Review of supervisory approach ongoing, incorporating detailed skills and experience mapping exercise. Modelling work on DPP requirements for FTY and post-reg programme for coming years, and progressing plan for identification Submission to NES for FTY programme capacity completed	Identification of DS and DPPs for FTY programme. Holistic review of staff providing support, allowing for identification of best local approach		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Improving support and developing the Mental Health workforce	3.5	Workforce continues to be a central factor as part of the wider Mental Health redesign. Options appraisals in development for Urgent care, Older Adults and Rehab services focussed on alternative to admission, bed reduction and reallocation of workforce to ensure sustainable staffing models are in place.	Establish whole system options; define all options for skill mix and maximised use of available budget.	3. Mental Health	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Medical Workforce Recruitment and Retention Strategic Framework		Medical Workforce Recruitment and Retention Strategic Framework currently being drafted	Present the final draft of the Medical Workforce Recruitment and Retention Strategic Framework to the committees		Green - On Track	Green - On Track	Green - On Track	Green - On Track
Progression with ScotCOM in collaboration with the University of St Andrews		Recruitment underway for hub 1 posts			Green - On Track	Green - On Track	Green - On Track	Green - On Track
We will launch and develop a leadership framework – Our Leadership Way in Fife.		Different forums/settings have engaged in the Leadership framework during this quarter, including; Digital & Information Leaders, Maternity Services, Acute Heads of Nursing/Clinical Nurse Managers, Extended Workforce Leadership Team, Corporate Nursing Directorate, AHP Professional Leadership Council, Area Clinical Forum, Finance & Performance Directorate, Pharmacy Leaders, Respiratory Nursing Leaders, Staff Side - Area Partnership Forum. The design, development and publication of the Leadership Framework has been celebrated, endorsed and approved by EDG, APF, SGC and NHS Fife Board. The framework will be published in April/May 2025.	Publish leadership framework. Celebrate the influences of leaders at all levels in bringing life to the shared leadership ethos that matters to Fife.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
We will plan and deliver a range of services and support to young carers to help them to meet their personal caring, social and learning goals.	6.1	Actions carried over from previous quarter with clear plan for delivery. We have drafted the Carers Strategy delivery plan for 2025-26. The following actions have been agreed: 1. Work with education colleagues to complete an options appraisal for a study support service for young carers, assessing and comparing different delivery models against set criteria to identify and recommend a preferred option. 2. Provision and evaluation of Young carers education support service in all 152 Fife schools 3. Review approach to identifying young carers at school gate 4. Development of a monitoring and evaluation framework to support learning and improvement of young carers support services.	Work with Education colleagues and others to review the Study Support pilot initiative and develop a Plan for 2025-26 and beyond.	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Develop an immunisation workforce model in conjunction with wider Primary Care Nursing structure which is sustainable and flexible to respond an ever evolving immunisation need	1.2			1. Primary and Community Care	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met

To Deliver Value & Sustainability

Deliverable	ADP Reference	2024/25 Q4 Narrative Highlight achievements, reflecting on planned activities and impact on stated outcomes, as well as any associated risks and challenges that impacted delivery	2024/25 Q4 Planned Milestones	Recovery Driver	Deliverable 24/25 Q1 RAG Status	Deliverable 24/25 Q2 RAG Status	Deliverable 24/25 Q3 RAG Status	Deliverable 24/25 Q4 RAG Status
Hospital Pharmacy Redesign Introduction of automation in hospital Pharmacy stores, dispensaries and clinical areas. Centralisation of Pharmacy stores and dispensaries		No direct progress on this area. However, progress noted below on digital medicines programme will serve as an enabler, particularly Pharmacy Stock Control system	-		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Roll out of Digital Pathology	5.1	Caldicott required for validation, achieved Mar-25 and meetings with supplier commenced to increase capacity in test environment to allow validation to commence.	Complete verification of scanner and IMS and validation of Consultant reporting.	5. Cancer Care	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target
Delivery of New Laboratory Information system (LIMS) as part of accelerated implementation followed by implementation of national roll out.	9.1	Final update to resolve agreed issues with local implementation (phase 1) which can't wait until the nation build (phase 2) due to be released to testing environment by end of Q4. Once tested update will be deployed to live, timeframe for this not currently clear but likely to be first month of Q1 25/26. A number of configuration changes have been tested and deployed in Q4. Work to input into National build commenced.	Complete phase one, prepare for national LIMS project.	9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
National - GP IT Reprovisioning - GP Sustainability	9.1	Activities paused following GP IT supplier being in administration.	Complete Docman 10 Upgrade	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Red - Unlikely to complete on time/meet target
Support delivery of Re-form, Transform, Perform (RTP) through supporting service change		Reporting is now established - complete 25/26 programme plans still being developed 25/26 programme plans not complete so not yet agreed	Monthly RTP performance reporting delivered 2024/25 Programme Plan delivery underway 2025/26 Programme plans developed and agreed		Amber - At risk - requires action	Green - On Track	Green - On Track	Red - Unlikely to complete on time/meet target
Business Transformation		Mapping and engagement activities underway Programme Brief and Plan redrafted for presentation to governance	Case for change provided to RTP Exec and Fife NHS Board Staff cohorts identified Supporting Digital Product enhancements confirmed	9. Digital & Innovation	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Surge Capacity - Improve flow within the VHK site, reducing length of stay and number of patients boarding to ensure patients are looked after in the most appropriate setting. Accurate PDD to inform planning for discharge, coordinated with the Discharge Hub.	2.5	No reduction in bed footprint possible due to over capacity. SBAR agreed at SLT in March and to be discussed at EDG - model of care re prioritised with PDD focus, review of criteria and staffing & bed base to flex between 30-44 patients acknowledging seasonal variation/demand.	Reduction of Ward 9 to 11 to 30 beds and associated maintenance of new footprint Continue to monitor Locum Surge Consultant post	2. Urgent and Unscheduled Care	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Amber - At risk - requires action
Delivery of digital medicines programme, including the roll out of HEPMA and progressing commitments to implement automation within the hospital dispensary function		IDL system has been implemented, with support and supplementary development ongoing Final preparation for go-live of pharmacy stock control system, including, UAT training and development of SOPs	Ongoing support of IDL system implementation and learning/ developments as required Stock control system implementation and go live	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action

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Enhanced data availability and sharing		Implementation of GP Data Sharing delayed.	Implementation of GP Data Sharing (early adoption) Assessment of GP Data Sharing - early adoption phase	9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Maximise models of care and pathways to prevent presentations and support more timely discharges from ED using a targeted MDT approach	2.4	ED performance remains off trajectory. Respiratory and Mental health pathways not yet in place. H@H & frailty pathways being developed and optimised further.	ED performance to achieve 77%	2. Urgent and Unscheduled Care	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
National - LIMS Implementation	9.1	Risk continues to be identified with the national LIMS Programme - delays expected.		9. Digital & Innovation	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Set out approach to develop and begin implementation of a building energy transition programme to deliver energy efficiency improvements, increase on-site generation of renewable electricity and decarbonise heat sources.	10.1	In absence of funding to deliver projects, we have been proactively identifying assets and systems for replacement/upgrade to enable net zero progress.		10. Climate	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Work towards mental health services receiving 10% of NHS frontline spend by 2026 and plan to invest 1% of this spend on the mental health of children and young people.	3.4	Finance colleagues have provided financial data and continue to provide support to enable the services to review.	Priority areas identified and improvements costed	3. Mental Health	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action
Develop and Implement the Public Participation and Community Engagement Strategy		NHS Fife has made significant progress in embedding meaningful public participation in service planning and delivery inline with the Scottish Governments Planning with people. The Public Participation and Community Engagement Strategy and operational plan was agreed by EDG and the NHS Fife Board. Key achievements include strengthened collaboration with Fife Health and Social Care Partnership, and the integration of public feedback into service redesign projects. Challenges have included ensuring wide-reaching engagement and managing expectations around service changes, but ongoing efforts in transparency and responsiveness have helped address these issues. Further challenges are associated with no financial or workforce support being allocated to NHS Fife Corporate Communications to fully take forward the aspirations outlined in the strategy and to fully implement the operational plan. This will become particularly problematic as the NHS transformation agenda and financial sustainability targets require service redesign and for NHS Fife to adhere to planning with people best practice and guidance.	• Formalise the established relationship with Fife Health and Social Care Partnership to ensure joint working aligned with delegated NHS Fife services, The transformation agenda and financial sustainability. Align the NHS Fife Public Engagement and Participation Strategy with the new Fife Health and Social Care Partnership strategy being developed in 2025/26 • Continue to develop key mechanisms where public input can directly influence service improvements.		Amber - At risk - requires action	Green - On Track	Green - On Track	Amber - At risk - requires action

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Develop Strategic vision across all of Primary Care	1.2	Data gathered of allocation at individual practice level; KPIs for each service being introduced; Clearer understanding of gaps in delivery, significant challenges in realising revised models for non priority MoU2 services to reach improvement in parity. Local milestone of July 2025 for operational transition of pharmacotherapy; challenges remain, not withstanding national directive. Progression to BAU not started.	Evaluate the effectiveness of delivery in the revised non-priority MoU2 services. Commence progression of Pharmacotherapy to a state of business as usual.	1. Primary and Community Care	Amber - At risk - requires action	Green - On Track	Green - On Track	Amber - At risk - requires action
Achievement of Waste Targets as set out in DL(2021) 38	10.3	We have made great progress with our a 10% reduction in clinical waste target however we are still working towards our 70% reduction target. We are 381 tonnes short but have achieved 790 tones so far.	Achieve a 10% reduction in clinical waste & ensure that 70% of all domestic waste is recycled and composted	10. Climate	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Development and initiation of NHS Fife Innovation Project Review Group (IPRG)	9.5	NHS Fife IPRG to be restructured following review of the content of the meetings. Restructure will separate out initial project screening review, developed project paperwork and oversight and ANIA projects into 3 separate groups to provide better governance.	develop implementation pathway for supported projects to be handed over to appropriate service/ directorate for implementation.	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Outline plans to implement a sustainable travel approach for business, commuter, patient and visitor travel	10.4	Due to publication of new SHTM, we need to re-review our current strategy to ensure it aligns with national guidance.	Publish NHS Fife sustainable travel strategy	10. Climate	Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Delivery of Digital and Information Framework		Work continues to develop the Digital Framework. Consultation is ongoing with key stakeholders	Completion of Digital Framework	9. Digital & Innovation		Green - On Track	Green - On Track	Amber - At risk - requires action
Implement Same Day Emergency Care (SDEC) and rapid assessment pathways	2.2		Effective SDEC in operation	2. Urgent and Unscheduled Care	Green - On Track	Red - Unlikely to complete on time/meet target	Amber - At risk - requires action	Green - On Track
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation.	8.1	Medical locums transferred on 3 February 2025 and next phase of transition is to focus on AHP and Medical Records Banks.	Direct Engagement model in place and work transitioned over. Bank model changes fully in place and operating as Business as Usual.	8. Workforce	Amber - At risk - requires action	Amber - At risk - requires action	Amber - At risk - requires action	Green - On Track

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To achieve additional capacity to meet 6 week target for access to 3 key Radiology diagnostic tests (MR,CT and US)	5.2	Radiology have delivered the projected activity required to ensure that 90% of patients are waiting less than 6 weeks. CT have continued to maintain on target performance by making efficient use of Scottish Government waiting times(SG WT) funding. MRI also have maintained on target performance. Successful trials for "Deep Resolve" software have been successful, and the software will be implemented in Q4. This will reduce the requirement for SG funded mobile scanners in the next financial year. US waiting lists reduced significantly (from 26 weeks to 10 weeks) in Q1 and Q2 using SG WT funding. Following the withdrawal of funding, activity has reduced and further improvements to routine waiting times has been limited.	90% of patients waiting less than 6 weeks for MRI/ CT & US imaging.	5. Cancer Care	Green - On Track	Amber - At risk - requires action	Green - On Track	Green - On Track
Develop and Implement the Corporate Communication Strategy		During Q4, NHS Fife successfully finalised its five-year Corporate Communications Strategy, ensuring a clear, cohesive approach to internal and external communications. Engagement sessions were conducted with key stakeholders, including staff, community partners, and service user feedback, allowing for a more inclusive strategy development process. The strategy aligns with NHS Scotland's wider transformation agenda, supporting efficiency, innovation, and improved access to healthcare services. Key achievements include the development of a refreshed website development plan, improved staff communication channels, and an enhanced approach to public health messaging. Challenges included capacity constraints and balancing communication priorities amidst evolving service demands. However, mitigation strategies ensured continued progress.	Review annually the Corporate Communications Strategy, ensuring alignment with NHS Fife's key priorities and national health strategies. Conduct internal staff survey to refine the strategy and inform a new internal communications plan for 2025/26 inline with the new staff intranet development. Develop individual communications plans, addressing key themes such as workforce health and wellbeing, transformation agenda and digital innovation.		Amber - At risk - requires action	Green - On Track	Green - On Track	Green - On Track
Attracting & Recruiting staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service.		Test of change of two additional functionalities in Job train, add a vacancy and vacancy approval being undertaken.	Continue to review of ERRS model to gain wider service benefits across the model.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
Developing a system wide Prevention and Early intervention strategy which will underpin delivery of the HSCP strategic plan and the NHS Fife Population Health and Wellbeing Strategy	1.4	Delivery groups established and progressing the 10 priority areas in Year 1 Action Plan. Auditing workforce development 2024-2025 and workforce planning for 2025-2026 is being progressed. Dissemination of strategy and comms.	P&EI Oversight Group to meet for the first time. Creation of more detailed action plan to sit below Delivery Plan.	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Green - On Track

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Enhance the capacity and capability across the team		The capacity and capability across the procurement team has greatly improved over the year. An enhanced level of engagement and support has been provided across NHS Fife to increase the benefits derived from procurement.	Develop Learning programme to ensure team remain aware of and comply with extant legislation and SFIs, to provide and develop robust advice and information to services Engage with Finance Business Partners, review compliance of procurement contracts, Explore with services potential value and sustainability opportunities Work with services to scope out and deliver cost improvement opportunities and identify potential future cost pressures Complete review of authorisation limits, updating Financial Operating Procedures and other procurement procedures as required Take forward outcomes of 2024 PCIP to implement best practice across the department.		**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of organisational priorities, including Health and Care Staffing Act and eRostering Programme.		New data capture process introduced for Q3 HCSA reporting, utilising business objects and aligned to ADP format, allowing path to green to be demonstrated and generation of evidence. Workforce modelling data and potential shared with People & Change Board. Proposal for Trainee Workforce Information / Analyst progressing.	On-going production and analysis of workforce information to support workforce planning and service delivery, including HCSA reporting requirements.	8. Workforce	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Further strengthen our business partnering model, supported by a strong management accounting team, to improve business performance and decision making support.		Following protracted significant vacancy levels (c22%) within the FMT, we have filled vacancies through a combination redesign and internal development opportunities. We have reduced our vacancy level to 7% at the end of 24/25. The Financial Management Team has designed and delivered face to face finance training to 161 budget holder colleagues equivalent to 65% of eligible attendees. Candidate feedback has been very positive; demand remains high; and training will be picked up again next financial year.	Make financial reporting more concise, action focused and forward looking Proactive recruitment following service redesign to add capacity and improve support to organisational decision making Increase the use and sharing of available data and information to provide finance business insight e.g. Discovery reporting tool / learning from national Financial Improvement Network Review financial data and reporting to confirm improvements made and identify further opportunities Identify learning needs, consolidate improvements across the FBP team ensuring best practice adopted by all		**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Improve sustainability of Primary Care	1.1	Sustainability loans for 3 of the applications have been progressed and paid out in 2024/25 with 3 applications being carried forward into 2025/26. Contract for x2 of the 2C Practices has been awarded and date to return to independent 17J status is 1 September 2025.	Create tailored support to practices across Fife, dependent on individual need to proactively support sustainability Transfer of 2C practices to stable 17j Independent Practices	1. Primary and Community Care	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**

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Increase capability within the team to deliver service improvement and meet growing service demand		The Financial Services Accountant post has been successfully imbedded within the team during the year, providing enhanced support for corporate reporting and decision making across the organisation. The Direct Engagement Payment Process has been effectively imbedded during the year.	Support the Direct Engagement workstream to a successful conclusion, imbedding new process for the payment of Agency Doctors and AHP's		**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
IPQR Review		Monthly reports continue to be produced accordingly on time. Comments relating to IPQR to be included in report to Board, previously focussed solely on escalations. Collation of trajectories for 2025/26. Work ongoing testing PowerBI for dashboard for IPQR metrics.	Quarterly review of trajectories/targets Monthly reports produced and distributed accordingly Incorporate agreed metrics relation to Primary Care		**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Local - Records Management Plan Implementation	9.2	Records Management Teams continue to work with services to implement		9. Digital & Innovation	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Mental Health Services will have a robust data gathering and analysis system to allow for service planning and development	3.3	MH Data and Information group in place which reviews high-level data requests, system requirements and reporting functions. Input from D&I team and establishment of MH Data hub provides robust analysis function.		3. Mental Health	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Post successful transition to the SE Payroll Consortium arrangement, work with the senior leadership of the consortium to ensure effective continuity of a payroll service for NHS Fife and contribute to service redesign to ensure NHS Fife's needs are addressed.		Continued support to the payroll consortium through constructive discussions whilst attending the payroll quality board meetings. Ensuring NHS fifes needs in relation to payroll are met.	Consult and agree with the consortium service re-design arrangements, ensuring NHS Fife priorities are addressed Develop and agree SLA to ensure a robust and timely payroll service inclusive of all pre transfer needs Agree service monitoring process with consortium including key performance indicators		**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Refreshed Performance Reporting	6.1	Significant progress has now been made. A full suite of power BI reports have now been created and power platform is now being used to develop this further.	Automation of Performance Reporting	6. Health Inequalities	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Support Delivery Strategic Planning function		Public Holiday debrief took place in Jan-25 with output forming basis of introductory presentation at System Flow event in Feb-25. Summary to be presented at IUCPB with relevant actions taken forward. ADP Q3 report produced, presented at Committees and Board, to be submitted to SG following. Draft for ADP 25/26 was presented at FPR Committee as draft. Plan was submitted to SG on time (17 Mar) and approved by Board (24 Mar).	"Hot Debrief" of festive period to take place (Jan-25) Organise Planning/Review Event (Feb-25) ADP24/25 Q3 to be produced Submission of draft and final ADP25/26		**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**
Transfer our referral system and EPR from Tiara to Morse and TrakCare within the Podiatry service		Move to MORSE completed, move to TrakCare deferred to May 25 in order to ensure that TrakCare build meet service needs	Expands digital admin process for example, use of patient hub.	1. Primary and Community Care	**Green - On Track**	**Green - On Track**	**Green - On Track**	**Green - On Track**

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Transformation of HR transactional activity enhancing the HR Operational delivery model through case management and manager support building on manager / employee self-service.		There is a risk the work required to build level 0 and level 1 in the shared service centre is delayed due to other priorities.	Part of Shared Service Centre, work underway to identify transactional activity and volume to build service level 0 and level 1. Continue to embed new service delivery model and review.	8. Workforce	Green - On Track	Green - On Track	Green - On Track	Green - On Track
SLA and External Activity		Agreement made nationally on SLA uplift of 6.64% therefore the NHSF 3% target was not met.	Planned implementation of PLICS locally Meeting scheduled with NHS Tayside to discuss decontamination service Ongoing development of Performance Management dashboard Ongoing discussions with other Boards Chief Executives relating to transition into more formal Performance Management arrangements RTP/SLA Moving towards a business as usual model in 2025/26 - Closing report to be developed		Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Red - Unlikely to complete on time/meet target	Blue - Complete/ Target met
Digital & Information Projects	9.5	The Digital RTP activities have now concluded for 2024/25.	Assess Benefits for Quarter	9. Digital & Innovation	Green - On Track	Amber - At risk - requires action	Amber - At risk - requires action	Blue - Complete/ Target met
Medicines optimisation. Design and support delivery of medicines optimisation work to ensure optimal use of medicines budgets		The revised target for acute medicines efficiencies is likely to be surpassed by the end of financial year. Within the HSCP, delivery is expected to be 91% of target (noting the target was revised upwards, and delivery has surpassed original targets). Medicines waste comms activity has been undertaken, aimed at clinicians and the public.	Monthly monitoring of the Medicines Optimisation plan and continued identification of opportunities. Identification of /and quantification of efficiencies to meet an extended £3M target is ongoing, however it is very unlikely that this target Review of current prescribing guidelines across a number of specialties to more clearly define treatment pathways and access to medicines Comms and engagement plan with all staff. Reducing medicines waste in hospital.	6. Health Inequalities	Green - On Track	Amber - At risk - requires action	Green - On Track	Blue - Complete/ Target met
Procurement Savings within Acute Services		Projecting £456,299 as at end of month 11 for in year impact and recurring saving of £500,000 target.	Ongoing reviews of expenditure and savings opportunities.		Amber - At risk - requires action	Green - On Track	Green - On Track	Blue - Complete/ Target met
Action plan for the National Green Theatres Programme	10.6	Neptune system is installed in theatre 10 phase 3 at Victoria Hospital. We are keeping up to date with the bundles released from CfSD and have achieved all outstanding targets from these bundles.	Create a timeline and plans for achieving remaining targets	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Decarbonisation of Fleet in line with Targets	10.4	We are 80% complete in respect to the 2025 target with clear plans in place to be 100% complete by December 2025.	Have plans in place to replace 12 ICE vehicles to electric	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of ICO and NISD Audit Improvement Plans Architecture and Resilience Developments	9.2	Current Year actions now complete	Key System Architecture and Resilience Documented	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

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Delivery of integrated drug and alcohol education age and stage appropriate throughout the full school life by school-based staff and specialist support from ADP commissioned services	6.2	Completed pilot and roll out of additional and flexible support working well in schools. Alcohol information sessions are being delivered at S2 level by guidance teachers in all schools. Thus creating capacity for tailored support to CYP at their and the schools request. Delivery has also occurred to CYP not in the school environment therefore reaching more CYP at risk. Educational sessions on new emergent drug trends and support on how to have a positive conversations about drugs and alcohol have ben delivered to parents online and in group settings. School nursing now trained in alcohol and drug awareness and progressing to drug brief intervention and alcohol brief intervention training	Further training delivered in pilot schools and outputs/outcomes gathered from training and delivery to students Assessment of workforce development approach between third sector and school nursing	6. Health Inequalities	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Delivery of Property and Asset Management Strategy		Phase 1 target met with submission of the plan in January 25 as agreed.	Submit Phase 1 to SG by end January 2025 or any amended timescale determined by SG	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Development of a delivery plan to embed and deliver the Realistic Medicine Programme in NHS Fife			Ensure Realistic Medicine principles are embedded in Fife To work with colleagues to promote sustainable and greener healthcare to fit in with the greener action plan To encouraging staff to access RM module on Turas To encourage parents and families to ask BRAN questions To Evaluate shared decision making from patients' perspectives		Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Develop plans to make sure CIS delivers on key operational priorities	1.2	Participation in national Task & Finish Group around Childhood schedule changes including 18 month visit. Scottish Government financial return completed for childhood schedule changes including 18 month visit. Maternity immunisation improvements made to the RSV programme - funding for maternity post.	Maternity immunisations Preparation for children's 18 month visit	1. Primary and Community Care	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Digital Enablement Workplan for patients and staff ITIL 4 Improvement	9.3	Work has completed on the necessary ITIL4 changes. Focus turns to the processes being embedded into day to day operations and planning.	Implementation Complete	9. Digital & Innovation	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Estates Rationalisation		24/25 targets met with consolidation of 3 buildings including Hayfield House, Cameron House and Haig House. Sharing of office assets with Fife Council enabled the buildings to be decanted.			Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met

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Implementation of environmental prescribing improvements per the Scottish Government Quality Prescribing for Respiratory guide 2024 while delivering patient level reviews and appropriate clinical guidance to drive high quality clinical care.	10.6	Primary care pharmacy team continue to deliver medication reviews relating to respiratory prescribing, within broader Polypharmacy based approach. Formulary position remains in place. Inhaler technique support work ongoing	Ongoing delivery of review Continued embedding of communication and engagement approaches	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Outline plans to implement an approved Environmental Management System.	10.5	We have made good progress with developing the legal register, we have also set out a SharePoint process for document control. We have carried out 3 audits and have more planned	Have made progress with carrying out a legal review for all sites	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Outline plans to increase biodiversity and improve greenspace across our estate	10.5	We have planted trees and UKHab survey is will be funded by SG. We are engaging with Fife Coast and Countryside Trust (FCCT) who now maintain our grounds and gardens, to improve biodiversity by the regimes of maintenance.	Have made progress with creating biodiversity audits for all key sites	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Reduction of Medical Gas Emissions through implementation of national guidance	10.1	External assessment of Entonox within maternity, demonstrates staff are not being exposed to unsafe levels. This work is now completed. Other areas are working under BAU. The technical update for Entonox migration is ongoing and will conclude Q1 2025/26 The SLWG will be wound up early in 25/26 and work managed through the medical gas committee		10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Set out our approach to adapting to the impacts of climate change and enhancing the resilience of our healthcare assets and services	10.2	NHS Fife have created a Business Continuity Plan dashboard that will link to flood risk. NHS Scotland climate mapping tool has been developed. Initial partnership with Fife Council has been established to develop a climate model, this will identify highest risk sites	Have created a dashboard for climate risk	10. Climate	Green - On Track	Green - On Track	Green - On Track	Blue - Complete/ Target met
Complete NHS Fife's Phase 2 M365 Programme				9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Infrastructure - Workforce	9.3		Decommission Sites Establish other hotdesking locations	9. Digital & Innovation	Green - On Track	Green - On Track	Blue - Complete/ Target met	Blue - Complete/ Target met
Refresh of the Primary Care Improvement Plan	1.1			1. Primary and Community Care	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met
Review existing arrangements which support children with neurodevelopmental differences.				7. Women & Children Health	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met	Blue - Complete/ Target met

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Develop the NHS Fife Organisational Change Model to support delivery of change.		1. Update to NHS Fife Board (March 2025)- update provided to Director of Planning and Transformation. 2. Develop a 'Change Hub' and teaching programme to support organisation (March 2025). Work has commenced on delivery of this. This work will continue into Q1 2025-26. 3. Develop evaluation plan for 2025-26 onwards. This has not started. This work will continue into Q1 2025-26. 4. Completed all-staff survey on the staff experiences of change.	1. Update to NHS Fife Board (March 2025) 2. Develop a 'Change Hub' and teaching programme to support organisation (March 2025). 3. Develop evaluation plan for 2025-26 onwards. This has not started.		Green - On Track	Green - On Track	Green - On Track	Amber - At risk - requires action
Supporting implementation of the Population Health & Wellbeing Strategy		We have commenced drafted the annual report to the NHS Fife Board. A draft is on track to be completed by the end of March 2025.	Commence annual report for 2024-25		Green - On Track	Green - On Track	Green - On Track	Green - On Track

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 13 May 2025**
Title:	**People & Change Programme**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Carol Brown, Programme Manager, Corporate PMO**

Executive Summary:

This report provides assurance on the outline plans for the People & Change programme for 2025/2026 including:

- A summary of the Programme Initiation Document
- High level milestone chart for 2025/2026

1.   Purpose

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

This report relates to:
- Government policy / directive
- NHS Board Strategic Priorities (to deliver value and sustainability)

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

The purpose of this paper is to provide assurance to the Staff Governance Committee on the proposed plans for People & Change programme as part of the RTP portfolio.

2.2 Background

The RTP portfolio savings in 2024/25 reflect the biggest recurring financial improvement of the last five years, at over £25 million. To continue to deliver meaningful, sustainable change whilst protecting service performance and patient care further work is required as part of *RTP – Shaping our future Together – our transformation framework 2025/26*. The People & Change Programme will support delivery of the workforce transformation projects within the RTP portfolio.

2.3 Assessment

The following areas are in scope for the People & Change Programme:

1. Continued Focus on Agency Reduction
2. Absence Management
3. Agenda for Change – Reduced Working Week
4. Workforce Modernisation
5. Workforce Data

1. Continued reduction in supplementary and agency staffing

Supplementary staffing costs remain a significant financial pressure, despite significant improvements being achieved in 2024/2025. We will focus specifically on:

- Continue to review and ensure that agency staffing use is by exception.
- Implement the recommendations of the Scottish Government Supplementary Staffing Implementation Group in relation to Allied Health Profession (AHP) supplementary staffing use.
- Continue to maintain compliance to the Direct Engagement Model and reach 100% compliance.

2. Absence Management

NHS Fife is committed to significantly reducing sickness absence and a target of 6.39% sickness absence rate, or less, has been set for 2025/26. This will be achieved through:

- **Robust Implementation of Policies:** Ensuring rigorous, consistent, and supportive application of the revised Once for Scotland Attendance Management Policy, reinforcing a fair and constructive approach to managing absence.

- **Enhanced Training for Managers:** Revising attendance management training to equip managers with essential skills, promoting supportive leadership styles and behaviours, and embedding a positive attendance culture across the organisation.

- **Targeted Intervention and Deep Dives:** NHS Fife's Attendance Management Oversight Group will continue to analyse absence data meticulously, undertaking deep dives into absence hot spots and exploring correlation with factors such as deprivation indices to target supportive resources effectively.

- **Wellbeing and Preventative Strategies:** Continuing to enhance our multi-disciplinary staff wellbeing services, including Occupational Health, Counselling, Occupational Therapy, Physiotherapy, Spiritual Care, Peer Support, Psychological Therapies, and targeted initiatives addressing specific concerns such as mental health and musculoskeletal issues.

- **Learning from Data and Best Practice:** Regularly sharing insights and best practice examples across NHS Fife services, strengthening our collective organisational learning and capability to reduce absence sustainably.

3. **Workforce Modernisation**

NHS Scotland is undergoing significant workforce transformation, these changes present both opportunities and challenges. We will specifically focus on:

3.1 **Reduced Working Week** – the working week will reduce from 37 hours to 36 hours by April 2026. Robust planning is underway to understand the financial impact this may create for NHS Fife as well as the impact this will have on services. The specific actions are:

- Delivery of reduction in working hours for all Agenda for Change staff groups in a fair and consistent way.
- Develop an outline implementation plan with Area Partnership Forum approval by 1st May 2025 for Scottish Government.
- Have a clear understanding of the anticipated financial impact to NHS Fife.
- Support services to plan rosters and evidence based requirements, ensuring compliance with the Health and Care (Staffing)(Scotland) Act 2019 (HCSA) legislation by 1st April 2026 and on an ongoing basis.

3.2 **Strategic Skills Mix** – At a time when student nurse numbers are below national targets and recruitment remains challenging, the way we structure and deploy our nursing workforce must change. We will focus on:

- Ensuring the Band 5 to 6 nursing review aligns with wider service transformation, creating clearer career pathways while maximising the impact of skilled nursing staff.
- Exploring different skill mixes within Multiprofessional teams, as well as integrating Assistant Practitioners, internationally educated nurses, and advanced practice roles to support a sustainable and flexible clinical workforce.

3.3 **Alignment with Business Transformation** - Our broader Business Transformation agenda seeks to modernise NHS Fife's administrative and support service functions through digital enablement, centralisation, and structural redesign. The initial target for 2025/26 is an efficiency gain of 5% within identified administrative and corporate services, aligning with our overarching organisational sustainability objectives. We will specifically:

- Reduction in Fixed term (FTC) posts – The Business Transformation programme has undertaken a review of FTC posts for the administration job family. The same exercise will be undertaken for all remaining job families.

4. Workforce Data

We will develop a People & Change dashboard to consolidate workforce data, helping to identify key focus areas such as agency usage and sickness absence.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

There are anticipated to be positive consequences as a result of the projects being supported by the Board on workforce changes and improvements and as a result service delivery and patient satisfaction will also see a positive impact.

2.3.2 Workforce

Any changes resulting from the activities of the People & Change programme will be discussed in partnership in an open and transparent manner, representation on each of the working groups supports this, and is in line with NHS Scotland Staff Governance Standard.

2.3.3 Financial

The work of the People & Change programme is to support the people elements of the RTP portfolio. Any financial savings delivered as part of this work will be tracked by the Finance Business Partner assigned to the programme and reported to the Finance, Performance & Resources Committee.

2.3.4 Risk Assessment / Management

A risk register for the programme has been created, risks are logged on Datix and reviewed monthly at the People & Change Programme Board along with mitigations. Any required escalation is through the RTP governance structure.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

An EQIA has not been completed at this time. Any proposals from the People & Change programme or it's workstreams will be considered in terms of Equality & Diversity impacts and individual EQIAs undertaken as required.

2.3.6 Climate Emergency & Sustainability Impact

There is no anticipated impact to the aims and targets outlined by the NHS Scotland Climate Emergency and Sustainability strategy for NHS Fife because of the work of this board.

2.3.7 Communication, involvement, engagement and consultation

There has been no external communication or consultation undertaken to prepare this paper.

2.3.8 Route to the Meeting

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

- Executive Leadership Team – 17 April 2025

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.

3. List of Appendices

Appendix 1: Programme Initiation Document
Appendix 2: Milestone Chart

Report Contact:

Carol Brown
Programme Manager, Corporate PMO
Email carol.brown@nhs.scot

People & Change

Programme Initiation Document

Contents

1   Background

Through the Re-form, Transform, Perform (RTP) framework, NHS Fife delivered an incredible £25 million in savings while protecting patient care and maintaining service performance for 2024/2025. As we move into the next phase of RTP, we must take a longer-term, system-wide approach to transformation. This means not just making necessary efficiencies today but laying the foundations for the future of care in Fife.

The People & Change programme sits as part of the RTP portfolio and will support lasting transformation, improving outcomes, and securing the long-term sustainability of our health and care system.

This programme initiation document aims to create a living document that defines the work and transformation required in the workforce area by capturing programme scope, outline planning, desired outcomes, and benefits. By summarising the thinking in these areas, it is hoped that this will create a common understanding on the programme and will allow investment appraisal/ongoing programme viability decisions to be made.

2   Mandate

The People & Change Board receives a mandate from the Executive Leadership Team and forms one change programme within the Reform, Transform, Perform portfolio.

Figure 1 – Programme Governance

3   Outline Vision

The vision of the People & Change programme is to:

Deliver a sustainable, well-planned workforce which will support delivery of high-quality care, meeting future service demands, and ensure financial stability.

4   Drivers for Change

NHS Fife has demonstrated that financial sustainability and transformation can go hand in hand. As we move into the next phase, we must build on our successes by embedding systematic, data-driven actions that support service redesign, workforce optimisation, and financial efficiency. Now, as we enter the next phase of RTP, our challenge is even greater. With a £39 million financial gap ahead in 2025/26, we must once again come together to rethink, reimagine, and reshape the way we work. Target savings of £28.6 have been set across several programmes detailed below:

Table 1 – FY 2025-26 Savings Target

Programme	Savings Target
Clinical Services	£9.3m
Infrastructure	£3m
People	£8.2m
Business	£2.5m
Supplies	£5.6m

A breakdown of the People & Change target savings identified is contained within the table below:

Table 2 – People & Change Savings Targets

Area	Savings Target

Supplementary staffing
  –   Direct Engagement
  –   AHP agency reduction
  –   Continued grip & control of agency
	£5.2m

Workforce redesign
  –   Absence management
  –   Agenda for change reforms
  –   Workforce modernisation
	£3m

5   Programme Scope

In Scope

The following areas are in scope for the People & Change Programme:

1. **Continued Focus on Agency Reduction**

2. **Absence Management**
3. **Workforce Modernisation**
4. **Workforce Data**

5.1   Continued Focus on Agency Reduction

Supplementary staffing costs remain a significant financial pressure, despite significant improvements being achieved in 2024/25. We will focus specifically on:

- Continue to review and ensure that agency staffing use is by exception.
- Implement the recommendations of the Scottish Government Supplementary Staffing Task and Finish Group in relation to Allied Health Profession (AHP) supplementary staffing use.
- Continue to maintain compliance to the Direct Engagement Model and reach 100% compliance.

5.2   Absence Management

NHS Fife is committed to significantly reducing sickness absence and a target of 6.39% sickness absence rate, or less, has been set for 2025/26. This will be achieved through:

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- **Learning from Data and Best Practice:** Regularly sharing insights and best practice examples across NHS Fife services, strengthening our collective organisational learning and capability to reduce absence sustainably.

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1.1 Reduced Working Week – the working week will reduce from 37 hours to 36 hours by April 2026. Robust planning is underway to understand the financial impact this

may create for NHS Fife as well as the impact this will have on services. The specific actions are:

- Delivery of reduction in working hours for all AfC staff groups in a fair and consistent way.
- Develop an outline implementation plan with Area Partnership Forum approval by 1st May 2025 for Scottish Government.
- Have a clear understanding of the anticipated financial impact to NHS Fife.
- Support services to plan rosters and evidence based requirements, ensuring compliance with the Health and Care (Staffing)(Scotland) Act 2019 (HCSA) by 1st April 2026 and on an ongoing basis.

1.2 Strategic Skills Mix – At a time when student nurse numbers are below national targets and recruitment remains challenging, the way we structure and deploy our nursing workforce must change. We will focus on:

- Ensuring the Band 5 to 6 nursing review aligns with wider service transformation, creating clearer career pathways while maximising the impact of skilled nursing staff.
- Exploring different skill mixes within Multiprofessional teams, as well as integrating Assistant Practitioners, internationally educated nurses, medics and advanced practice roles to support a sustainable and flexible clinical workforce.

1.3 Alignment with Business Transformation - Our broader Business Transformation agenda seeks to modernise NHS Fife's administrative and support service functions through digital enablement, centralisation, and structural redesign. The initial target for 2025/26 is an efficiency gain of 5% within identified administrative and corporate services, aligning with our overarching organisational sustainability objectives. We will:

- Reduction in Fixed term (FTC) posts – The Business Transformation programme has undertaken a review of FTC posts for the administration job family. The same exercise will be undertaken for all remaining job families.

5.4   Workforce Data

We will develop a People & Change dashboard to consolidate workforce data, helping to identify key focus areas such as agency usage and sickness absence.

Out of Scope

Anything that is not highlighted above as in scope, will not be considered as part of this programme of work.

6 Programme Structure
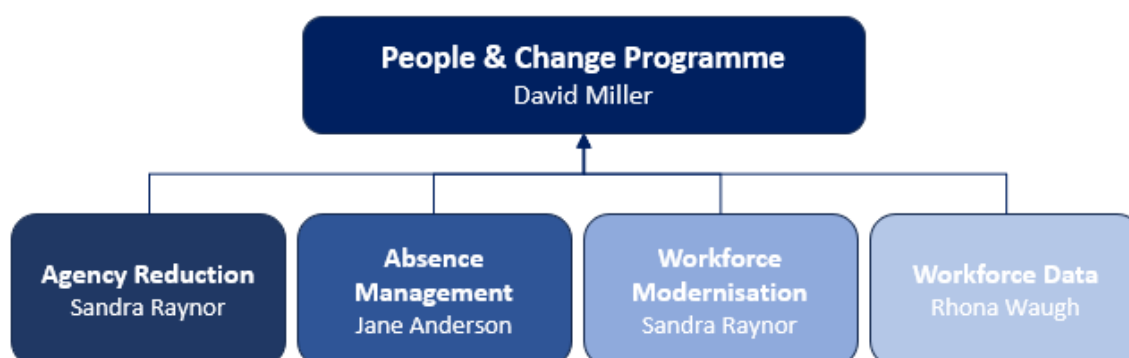
7 Expected Benefits and Dis-Benefits

7.1 Benefits

Financial

For the next phase of RTP, a Finance Business Partner will be allocated to the People & Change Programme to support financial benefits monitoring and reporting.

The People & Change Programme aims to enable £5.2m savings through Supplementary Staffing and £3m through Workforce Redesign.

Non-financial

The anticipated non-financial benefits of the programme are:

- Improved oversight of workforce processes – agency reduction, absence management
- Consistency and equity in application of workforce governance processes - absence management
- Improved staff welfare – absence management, agenda for change reform

7.2 Dis-Benefits

The following dis-benefits may apply to the People & Change Board:

Staff dissatisfaction

Increasing complexities or levels of scrutiny of workforce processes i.e. absence management may increase frustration of staff who are trying to navigate these policies, and in turn lead to dissatisfaction about likely delays introduced and increased challenge and pushback by the controls introduced and have a negative impact on morale, and staff retention. Skill mix review will require a sensitive approach to change and open and

transparent partnership working will be key to successful delivery.

8   Programme Planning

Deliverables	Target Deadline	Notes
Continued Focus on Agency		
– Direct Engagement – AHP agency reduction – Continued grip & control of agency	Ongoing Oct 2025 Ongoing	100% compliance aim No AHP agency
Absence Management	Ongoing	Target 6.39%
– Policies – Training – Deep Dives – Wellbeing strategy		Scoping in May; work starting June
Workforce Modernisation		
Reduction in working week – Outline Implementation plan to SG – Investment prioritisation to be undertaken – Service redesign and recruitment – Full Implementation plan to SG	April 2026 1st May 25 14th June 25 Jul 25 – Mar 26 1st Oct 25	Full implementation
Skill mix review		Scoping May – June Work commence July
Alignment with business transformation		Scoping May – June Work commence July
Workforce Data		Scoping May – June Work commence July

8.1   Approach

The work of this programme will be aligned with NHS Fife's organisational values, which are contained within the RTP2 Framework and the Staff Governance standards.

Project Management will be provided by the Corporate PMO (Programme Management Office). The Programme Plan will be developed including identifying, defining, delivering, and closing stages throughout the programme lifecycle to ensure projects remain within scope and agreed timescale.

8.2   Outline Plan

The work of the People & Change programme will be undertaken by delegated project groups with an initial targeted focus on Agenda for Change reforms, attendance management and skill mix review.

8.3 Assumptions

This programme features as a part of the RTP Portfolio. The following assumptions have been made:

- That there is an appetite within the organisation to undertake the transformative change required to deliver the financial savings and benefits outlined. Also, the Programme will be endorsed at Executive Level and supported by Senior Leadership Teams.
- There is a willingness by all in scope to work collaboratively with the Programme Team in defining, planning and coordinating the programme.
- There is sufficient capacity from the SRO role to work in partnership with the Programme Manager to lead and develop the programme as necessary.
- Adequate funding will be made available as required to progress agreed plans of the programme.
- There is sufficient capacity in key enabling BAU functions (Finance, Workforce) to support the work that will likely be initiated via the programme.

8.4 Dependencies

The following are known dependencies that impact this programme:

Item	Cause and Effect Relationship
D1: Full EDG Support	Requirement for support of all EDG members to ensure the objectives of the programme are achieved. Senior Leadership will need to support engagement efforts of the programme by advocating the case for change in their own Directorates/Services. Without this engagement could be difficult and negatively impact programme timescales.
D2: Services adapting to new ways of working	Staff need to be willing to embrace and adjust their service delivery around potential new ways of working. If Services are not willing to work with the programme on how best to implement change, then programme solutions will not provide full benefits and there will be increasing Service disruption as legacy ways of working are gradually removed.
D3: funding	It is likely some projects will require funding so they can start to deliver cost saving benefits.
D4: Business Transformation Programme	The Business Transformation programme is focussed on reviewing the Administrative job family, there needs to be engagement to ensure that People & Change are engaged in this work in order that this work is replicated for other job families.

8.5 Stakeholders

Stakeholder/Group	Programme Role	Main Interest
Executive Leadership Team members	Senior Suppliers/ Users & Assurance	Work is only possible with collective Executive support. Members hold roles that will enable the work by providing solutions/committing investment in resources and staff time in support of the programme. Members also manage services in receipt of prospective programme outputs. The ELT will also co-ordinate all savings activity and be interested in managing any savings scheme independencies, competing tensions between conflicting saving proposals, and balancing the drive for savings with the delivery of services and meeting the needs of patients and staff.
Directors, General Managers, Service Managers and Heads of Department NHS Fife and HSCP	Senior Suppliers/ Users	Supplier Interest: Will enable the work through access to staff, to help co-produce solutions. Will also hold some responsibility for delivering in line with new ways of working. User Interest: Will be or have staff affected by changes implemented by the programme to the current ways of working. Will also have a role to play in feeding back to the programme on the business readiness to receive a change and providing feedback on how change is being implemented.
HR Manager	Senior Supplier/ User	Supplier Interest: Will provide support on the provision of data required to support decision making and monitoring and tracking of the performance of required projects. User Interest: Will be or have staff affected by changes implemented by the programme to the current ways of working. Will also have a role to play in feeding back to the programme on the business readiness to receive a change and providing feedback on how change is being implemented.
Employee Director	Senior Supplier/ User	Supplier Interest: Will provide the expert knowledge and employee relations resource to support dissemination on aims and delivery of the programme. Provide the direct link between programme work, executive groups and board level decision making. User Interest: Will be or have staff affected by changes implemented by the programme to the current ways of working. Will also have a role to play in feeding back to the programme on the business readiness to receive a

		change and providing feedback on how change is being implemented.
Deputy Director of Finance	Senior Supplier/ User	Supplier Interest: Will provide the financial analysis resource to support aims and delivery of the programme. Provide the direct link between programme work, executive groups and board level decision making.
		User Interest: Will be or have staff affected by changes implemented by the programme to the current ways of working. Will also have a role to play in feeding back to the programme on the business readiness to receive a change and providing feedback on how change is being implemented.
Head of Workforce Resourcing & Relations	Senior Supplier/ Users	Supplier Interest: Will provide the workforce resource to support dissemination on aims and delivery of the programme.
		User Interest: Will be or have staff affected by changes implemented by the programme to the current ways of working. Will also have a role to play in feeding back to the programme on the business readiness to receive a change and providing feedback on how change is being implemented.
Head of Corporate PMO	Senior Supplier/ Users	Supplier Interest: Will provide PMO resources in support of the delivery of the programme. Also has an assurance interest in ensuring the programmes comply with expected programme standards.
		User Interest: Will be or have staff affected by changes implemented by the programme to the current ways of working. Will also have a role to play in feeding back to the programme on the business readiness to receive a change and providing feedback on how change is being implemented.
All staff and managers	Users	Users: Will be potentially impacted by changes implemented by the programme and current ways of working.

9 Programme Risks and Issues

Risk description	Likelihood score (1-5)	Impact score (1-5)	Overall score (probability x impact)
There is a risk that without clear communication and consultation with services programme objectives will not be met and changes required to implement workforce redesign will not be delivered	4	3	12
There is a risk that due to increased demand on individuals and services within the organisation, there will be limited capacity to implement programme objectives	4	3	12
There is a risk that due to lack of grip and control around programme objectives NHS Fife continue to suffer financial loss	3	3	9

10 Document Control Sheet

10.1 Key Information

Title	People & Change Programme
Date Published / Issued	
Date Effective From	
Version / Issue Number	0.5
Document Type	Project Initiation Document
Document Status	Draft
Author	Carol Brown
Owner	David Miller
Approver	Executive Leadership Group / NHS Fife Board
Approved by and Date	
Contact	
File Location	T:\Planning & Performance\3. Corporate PMO\PROGRAMMES & PROJECTS\12. RTP\4. People & Change\1. Documentation\4. PID

10.2 Revision History

Version	Date	Summary of Changes	Name
0.1	02/04/2025	First draft for comment - section 4 and 5. Update WBS chart in section 6.	Fiona McLaren
0.2	03/04/2025	Revised draft	Carol Brown
0.3	08/04/2025	Revised to reflect the RTP2 Framework and to include more detail from the projects identified as part of People & Change	Fiona McLaren
0.4	24/04/2025	Inclusion of financial tables in Section 4	Carol Brown
0.5	25/04/2025	Clarification of HCSA legislation section 1.1, inclusion of diagrams section 2, programme plan section 8	Carol Brown

10.3 Approvals

This document requires the following signed approvals:

Version	Date	Name	Role	Signature
0.4	25/04/2025	David Miller	Senior Responsible Owner	
		Ben Hannan	Director of Planning & Transformation	

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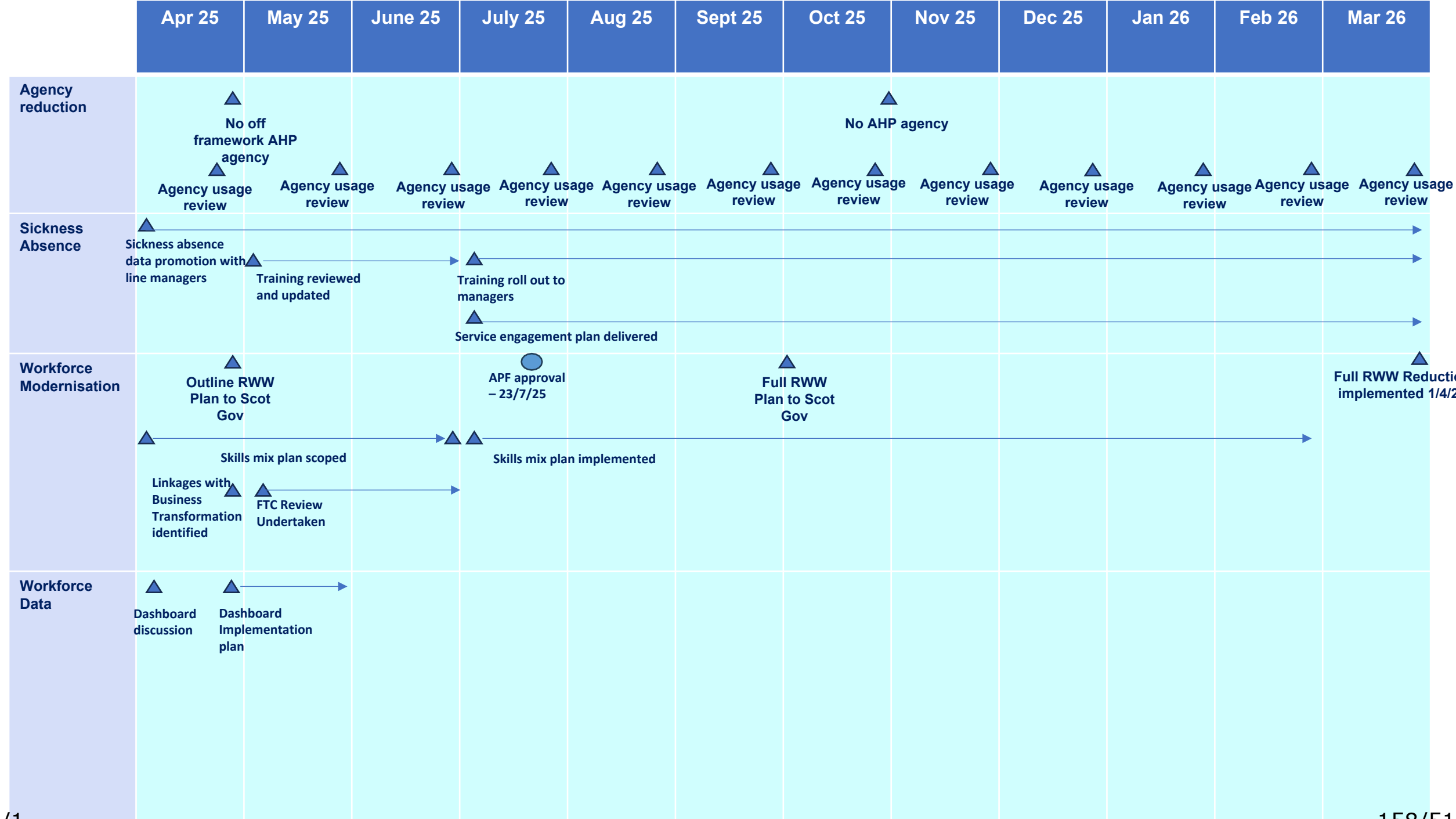
Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Business & Digital Transformation Programme Update**
Responsible Executive:	**Alistair Graham, Director Digital & Information**
Report Author:	**Garry Robertson, Programme Manager**

Executive Summary:

- NHS Fife has made meaningful progress in reshaping the administrative workforce, resulting in a measurable reduction of approximately 65 WTE positions from April 2024 to February 2025. Despite this early progress, reflection has highlighted that the scale and complexity of transformation required is significant.

- A number of projects have been identified, prioritised and established via programme governance. These in-turn are updated on in the Assessment section of this paper.

- Overall project progress has been positive and sustained in several areas. With significant work to commence related to Corporate Functions Administration Review and Shared Service Centres. These are the two main projects that combine to commence delivery on a new operating model around Corporate functions.

- Work is ongoing to better align digital enablers to the core projects being progressed by the Business Transformation Programme.

- Positive sharing of ideas and respective plans will see the Health & Social Care Partnership Administration Review Project undertake complementary activity to the core projects outlined in this paper.

- The report provides a **Limited** Level of Assurance to the Committee.

1. Purpose

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

This report relates to:
- Emerging issue
- NHS Board Strategic Priority

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

The Business Transformation Programme is one of the transformation programmes being progressed across the Fife Health and Care System. The programme was originally part of "Other Initiatives" identified in the Reform, Transform and Perform Framework developed in March 2024.

This phase of the transformation programme outlines priority areas related to the requirements of the medium-term financial plan, which aims to find opportunities to contribute to the £51m financial gap identified for 2025/26.

Developing the Business Transformation Programme continues to ensure that direct savings opportunities related to internal business functional areas are identified and delivered. The Business Transformation Programme aims to enable £2M in savings from the programme's associated change work for each of the next 3 financial years.

The savings targets outlined in the medium term financial plan requires NHS Fife to reform and undertake continual improvement activity at scale, in order to deliver financial stability and a balanced financial operating position. This brings into focus how we can more efficiently conduct our internal business, seek ways to reduce duplication of effort and resources, increase opportunities to gain economies from scale and widespread technology adoption, and ensure equal access to internal resources to directly meet genuine business need. When such factors are combined with a reducing physical office estate and therefore reduced requirement for traditional office management support, this in-turn places an emphasis on exploring alternative delivery models related to NHS Fife's administrative functions. Consequently, such activity forms the primary focus for Business Transformation work.

This paper is provided to the Staff Governance Committee for **assurance**.

2.2 Background

Since establishing the Business Transformation Programme, NHS Fife has made meaningful progress in reshaping the administrative workforce, resulting in a measurable reduction of approximately 65 WTE positions from April 2024 to February 2025. Despite this

early progress, reflection has highlighted that the scale and complexity of transformation required is significant.

Administrative functions remain fragmented, with duplication of effort, varied job roles for similar responsibilities, inconsistent spans of managerial control, and reliance on manual processes and fragmented IT systems.

<u>Transformation Priorities and Approach</u>

As detailed in *RTP - Shaping our future together – Our transformation framework 2025/26* Business Transformation aims to create a sustainable, agile, digitally enabled administrative workforce, capable of supporting modernised, integrated service delivery. Three core transformation priorities frame this vision:

Technology Optimisation and Automation
Embracing digital transformation through greater adoption of enterprise systems and automation technologies is critical. This will reduce manual processes, duplication, and reliance on individual workarounds. Systems such as ServiceNow, Patient Hub, Digital Dictation with integrated speech recognition, and automation tools (e.g. VMF Process Automation) will drive process efficiency, accuracy, and consistency.

Centralisation and Consolidation of Functions
Administrative functions will be consolidated into streamlined, centralised services. Shared service centres will manage high-volume, transactional activities, allowing corporate functions to focus on specialist, higher-value tasks. This service centre model, governed by clear Service Level Agreements (SLAs) and Key Performance Indicators (KPIs), will deliver efficiencies through standardisation, reduced duplication, and optimised workforce distribution. NHS Fife's transformation will also align closely with the national common operating model, facilitating easier implementation of standardised core business systems across NHS Scotland.

Structural Redesign and Workforce Modernisation
A strategic shift is needed towards leaner management structures and broader spans of control, creating agility and responsiveness in service delivery. Administrative roles will be redesigned to provide clear career pathways, offering diverse tasks and greater complexity, helping position administrative roles as attractive and aspirational career choices.

2.3   Assessment

The purpose of this paper is to provide assurance by summarising the progress on the main work active within the Business Transformation Programme. Due to significant uncertainty and a high number of moving variables a stage boundary approach to planning has been adopted. An update and summary of what each of these projects aims to achieve by summer 2025 is outlined below:

BT Prog. Project	Description Outline	Progress Update This Period	Stage Boundary Aim (by Summer 2025)
New Management Support Model	To review current management support arrangements to determine for the new model: 1. What standard services should be provided (and not) from management support roles 2. To what level of management should services be provided 3. On what ratio/WTE basis should support be extended	1. Current ratios of management support mapped. 2. Work progressing on understanding current core activities management support undertake and the key metrics associated (volumes, time typically spent on activities).	An understanding of current support provided and a new recommended standard service offering from management support roles. To drive efficiency, recommendations will also cover adjustments to levels of management in receipt of support.
Digital Dictation Support Review	To review the current medical dictation process and identify opportunities for improvement, further existing technology adoption, and viability of a pilot voice recognition solution.	1. Current process mapped with variation and manual systems identified as being in use. 2. Work being progressed to better understand causes of variation, and to identify likely volumes and duration spent on process activities.	From the mapping and further enquiry on identifying volumes and time spent on activities related to the dictation process, model the impact in efficiency terms of any options identified for improvement, recommending a preferred option. Also plan the pilot of a prospective longer-term solution (Dragon Medical One voice recognition software).
VMF Process Change	To implement the bridging action of a 13 week recruitment pause for the Administration Services Job Family and automate the existing VMF process via further adoption of JobTrain.	1. 13 week pause implemented and regularly monitored. 2. First phase of automation pilot implemented with positive results. One system issue outstanding and a requirement for additional VMF volume to inform further testing. 3. Women, Children and Clinical Services to be onboarded to the pilot. This area is	Pilot concluded with full scale implementation plan developed to roll out for the rest of NHS Fife.

BT Prog. Project	Description Outline	Progress Update This Period	Stage Boundary Aim (by Summer 2025)
		one of the largest recruiters in NHS Fife (last 12 months) which should give sufficient volume. 4. System approval workflows being progressed with Paediatrics, Therapy Services (OT, Physio Orthotics), Radiology (part already on pilot), Obs and Gynae, Labs and Rehab.	
Corporate Functions Admin. Review	Work in partnership with the in-scope areas to consolidate services. The current method of operating 'as is' state will then be defined, along with the aligned resources. This will be reviewed and a new 'to be' state with a new structure proposed that seeks to minimise duplication, maximise digital opportunities, reduce waste, is paper light and that supports more agile/location independent working.	1. 4 priority themes of focus agreed (Health Record Management; Strategic Change; Performance, Data Analysis and Planning; Governance and Assurance) 2. eESS data used to generate NHS Fife staff lists of Administration Job Family roles. 3. Key word searches carried out for each review theme to identify roles and lists of staff. 4. National Job Profiles have been used to map duties to key core competencies for each review area to create staff competencies templates. 5. Competencies templates have been developed to help verify what people spend proportions of their time doing, to inform in-scope decision making. 6. Methodology underpinning this work and engagement approach shared with	Competencies template will have been issued and returned by Services. Returns from services will be analysed with the likely need for follow-up discussions on certain staff groups or completed templates, to clarify information. From there the project will develop consolidation proposals for staff verified as in scope related to the 4 themes of interest to the programme. For this stage to be achieved, it is dependent on Senior Leaders confirming adequate engagement has occurred with Directorate management in the first instance. The next stage implementation of proposals will also likely be dependent on Managing Change processes and HR support.

BT Prog. Project	Description Outline	Progress Update This Period	Stage Boundary Aim (by Summer 2025)
		Senior Leaders and endorsed through governance channels.	
Fixed Term Posts	Bridging action to review Admin. Services Job Family Fixed term roles and develop exit strategies for each. Also to recommend a future process to help manage more closely fixed term arrangements.	1. Feedback on nearly all over 24 months Fixed Term posts in scope has been received. 2. For Directorates that have provided a response on all their Fixed Term posts, reports on the Fixed Term contracts have been drafted containing exit strategies. 3. New process for recording and managing fixed term roles proposed, agreed with stakeholders and being tested using eESS. This aligns with new national policies.	Evaluation of new process for managing fixed term roles in eESS. Communication of new process and drop in support/knowledge bite style sessions extended to managers. All exit strategy reports issued to Directorates. Activity area then closed as complete. Communication and knowledge bite activity timescales are dependent on the timing of national policy guidance.
Shared Service Centre	To identify transactional activity within corporate functions and realign this activity to be managed under a service centre environment. Initial phase is focused on developing a centre around Workforce/HR transactions.	1. Communication issued by Director of Workforce to the HR/Workforce Department and programme engagement meetings held with HR and Workforce teams to inform them of the Shared Service Centre project, its aims and how that impacts HR/Workforce. 2. A lifecycle map of the employee has been developed to detail the range of potential support line managers may require. It categorises the employee lifecycle into pre-employment, contractual changes, in employment processes, supporting work/life balance,	HR/Workforce Service tier model developed with all transactional activity identified and prioritised. Some initial ServiceNow development. This development will be designed around testing a change over to using ServiceNow to meet demand for a subset of HR transactions.

BT Prog. Project	Description Outline	Progress Update This Period	Stage Boundary Aim (by Summer 2025)
		management of employee and ending employment. 3. Work ongoing to map HR/Workforce activity to identify those that are likely to be more transactional in nature and in scope for a Service Centre arrangement. This also involves staff using a query matrix to indicatively identify the type and number of queries received by the team. This will provide an insight into the most popular queries and give a starting point to prioritise services.	
Patient Menus	Identified via RTP staff suggestions and a 'quick win' in BT Programme Leadership Group. To review existing menu process and generate potential options to remove paper from the process.	1. Engagement with catering team 2. Menu creation process mapped with options explored to remove paper. New potential 'to be' process has been created and proposed mindful of operational constraints and concerns raised. 3. Decision required from Service on next steps regards new process proposal.	Test proposed solution (following Service feedback) and develop a full implementation plan to deploy for the whole of NHS Fife if test period successful.

The below are wider key enabling projects that are currently being delivered via other BAU routes/programmes within the Digital and Information Directorate:

Enabling Project	Description Outline
Digital Enablement	Introduction of the Digital and Data Capability Framework to NHS Fife.
Single Point of Contact	Continued development of SPOC for patient engagement and communications. Digital Appointment Letters now active. Virtual and customer agents to be considered.
Reduction in Paper Use	Continued reduction in the use and reliance on paper, print and postal services throughout NHS Fife.
Automation	Automate and improve key processes throughout NHS Fife. Extending the safe use of Co-Pilot through M365 licencing.
Extended use of existing technology	Link to other projects, includes data availability, scanning functions, Sharepoint adoption, current use of clinical and business system, approach to patient information/leaflets etc.

There is a workshop currently being planned this reporting period with D&I colleagues to help clarify enabling project scope, align plans with core Business Transformation activity, integrate projects and their reporting where necessary.

Fife's Health & Social Care Partnership are also undertaking their own Administrative Services Review. Initial work was focused around a staff engagement questionnaire that identified common activities and challenges. This highlighted a number of business-as-usual changes needed centred around exiting technology issues/inconsistencies in existing technology adoption. To structure a response to work through the findings a project has been formed across 3 core workstreams of; People (looks at staff morale and cultural aspects), Processes (looks at opportunities to improve existing ways of working) and Technology (looks at how to best use existing solutions/technology to reduce manual effort in processes).

The main source of overlap between this Administration Review work and the wider Business Transformation Programme is in the process area. Particularly in areas such as management support and digital dictation. Initial discussions have been progressed between respective project teams to agree scope boundaries, share learning and ensure efforts remain complementary. The next step for the Administration Review work is to identify benefits related to their workstream activity and confirm the delivery focus and plans for each of the workstreams.

Levels Of Assurance

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level			X	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The principle of Patient Centred Care is at the heart of Business Transformation Work. A primary focus of the programme is on consolidating internal corporate functions, removing duplication/reprocessing, streamlining processes, developing standard processes, as well as embedding technology to drive efficiency and improvement where possible. This should ultimately present a more consistent and responsive service to patients, regardless of their individual clinical service involvements. The enabling work related to a single point of patient contact will be particularly supportive of this principle.

2.3.2 Workforce

As with any significant change programme uncertainty is often inherent across multiple levels. In the case of Business Transformation this could negatively impact staff as the programme will look at the functions being delivered by internal business / administrative roles, the individual job roles in processes and the very tasks people do. With the work of the programme having strong direct linages to people's jobs, this can make change an emotive issue. When combined with the likely uncertainty and significant wider organisational change, there is potential for staff to view this change in a negative manner.

To help manage this potential negative impact, the work of this programme will be aligned with NHS Fife's organisational values, which are underscored in the overarching approach contained within the RTP Portfolio Framework document and the Staff Governance standards.

Through early consultation, The Business Transformation Programme will also embed the following design principles in its overall approach, which directly align with the Unison 'Admin Charter For Change':
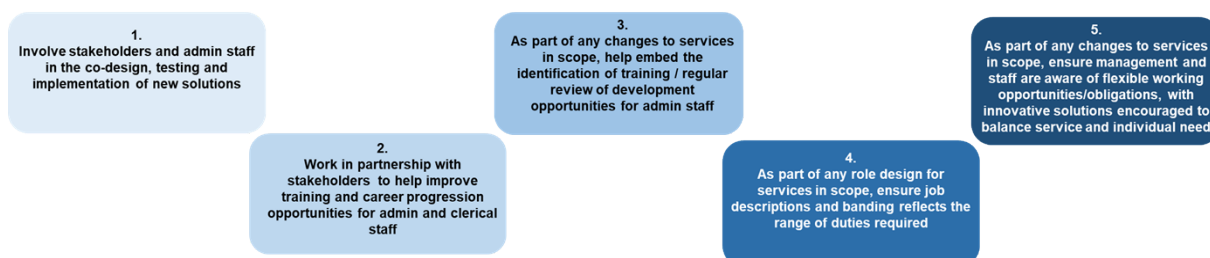
A net effect of activity in the Business Transformation Programme should see a smaller administrative function in terms of WTEs, and flatter governance structures. So a potentially positive impact for those working in such roles is there will likely be wider responsibilities, more variety of work and work at greater levels of complexity. This in-turn could see new career pathways developed in such functions and broader training and development opportunities.

2.3.3 Financial

In order to deliver the Business Transformation Programme some investment will be required. At this stage these are thought to likely fall in the following main areas:

- Digital costs associated with further adoption of digital technology in support of process redesign to deliver process improvement and a shared service model for administration services; and

- Staff costs related to the organisation re-design required to deliver more integrated administration services (although changes to existing role bandings to reflect any additional responsibilities and new roles created, should all be delivered in net reduction terms from the benefits in removing excess capacity enabled by the new model).

For those areas where benefits are still to be identified, key metric will be monitored and actively discussed by the Business Transformation Leadership team. A particular focus will be the trends associated with the Administrative Job Family.

In terms of update and commentary on the verified finance position associated with all RTP programmes, Finance Services will provide this separately.

2.3.4   Risk Assessment / Management

In terms of delivering the Business Transformation Programme aligned to the desired outcomes, benefits and constraints outlined in the programme PID (Appendix 1), the following risks have been identified.

Risk description	Likelihood score	Impact score	Overall score
R1: Double/Multiple Counting Of Savings There is a risk of double/multiple counting of benefits associated with administrative staff aspects, because of Services counting a reduction in these roles within their own proposals/reductions being counted in proposals related to RTP Corporate Directorates, which may result in savings not being delivered to desired target values.	3	4	12
R2: Achievability Of Savings Targets There is a risk that the savings opportunities are not as large in scale or as achievable as first imagined, because of the reliance on staff savings through consensual means, which may result in savings not being delivered to desired target values.	4	4	16
R3: Savings Timing v Change Enablement There is a risk savings cannot be realised aligned to desired timescales, because of the complex change work to enable them having to occur and embed first, which may result in failing to deliver savings targets within optimum timescales.	4	4	16
R4: Poorly Delivered Change There is a risk business change enablement is not given adequate time to complete prior to savings being released, because of an emphasis/focus on achieving financial savings targets, which may result in poorly delivered change and additional operational service pressures.	2	4	8

Risk description	Likelihood score	Impact score	Overall score
R5: Activity Displaced To Managers/Clinical Roles There is a risk that reduction in WTE support roles will displace activity to management/patient facing roles, because of the associated work not being fully eliminated, which may negatively impact service operations and see support functions delivered less well at higher staff hourly pay rates.	2	4	8

The risks identified in this section and all other relevant programme risks will be formally logged, assigned ownership and will be regularly monitored/managed across the life-cycle of the Programme.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

A Stage 1 EQIA has been developed for the programme and will be modified as the scope of activity continues to be understood. From there Stage 2 can be conducted as appropriate, at individual project specific levels depending on the scope of the change being undertaken. All other relevant impact assessments, e.g. DPIA, will be undertaken on a project-to-project basis, using the BAU established organisational governance routes.

2.3.6 Climate Emergency & Sustainability Impact

The work of the Business Transformation Programme could make a positive contribution to the NHS Scotland Climate Emergency & Sustainability Strategy. Part of the NHS Fife response to this strategy is to consolidate our office accommodation and dispose of physical buildings infrastructure / associated administrative assets (via the Infrastructure & Change Programme). The work of Business Transformation should see a reduced staff WTE in such internal administrative functions. Improvement work will try and ensure processes are redesigned in such a way as to be as paper light and location independent as possible, to align with the agile working direction of travel for such roles.

2.3.7 Communication, involvement, engagement and consultation

Several meetings have been held with the following groups to help develop the Business Transformation PID and priority areas contained within this paper:

- EDG
- Senior Management of Administrative Functions
- H&SCP colleagues re their experience and their own administration review activities
- Business Transformation Leadership Group

As the Programme matures and individual projects are initiated, staff impacted by changes will be involved through the process. This will likely take the form of meetings, workshops and specific events ranging in the depth of engagement from informing to the co-production of solutions.

2.3.8 Route to the Meeting

This paper has been developed through the work reported at the Business Transformation Leadership Group.

- Discussed at ELT, 17 April 2025

2.4 Recommendation

This paper is provided to Staff Governance Committee for:

- **Assurance** – This report provides a **Limited** Level of Assurance.

3 List of Appendices

- Appendix 1: Business Transformation Programme PID
- Appendix 2: Business Transformation Stage Milestone Chart

Report Contact:

Alistair Graham
Director Digital & Information
Email alistair.graham1@nhs.scot

Business Transformation

Phase 2 Programme Initiation Document V2.0

1   Background

The Business Transformation Programme is one of the transformation programmes being progressed across the Fife Health and Care System. The programme was originally part of "Other Initiatives" identified in the Reform, Transform and Perform Framework developed in March 2024. (RTP Framework)

This phase of the transformation programme outlines priority areas related to the requirements of the medium-term financial plan, which aims to find opportunities to contribute to the £51m financial gap identified for 2025/26.

Developing the Business Transformation Programme continues to ensure that direct savings opportunities related to internal business functional areas are identified and delivered. The Business Transformation Programme aims to enable £2M in savings from the programme's associated change work for each of the next 3 financial years.

The savings targets outlined in the medium-term financial plan requires NHS Fife to reform and undertake continual improvement activity at scale, in order to deliver financial stability and a balanced financial operating position. This brings into focus how we can more efficiently conduct our internal business, seek ways to reduce duplication of effort and resources, increase opportunities to gain economies from scale and widespread technology adoption, and ensure equal access to internal resources to directly meet genuine business need. When such factors are combined with a reducing physical office estate and therefore reduced requirement for traditional office management support, this in-turn places an emphasis on exploring alternative delivery models related to NHS Fife's administrative functions. Consequently, such activity forms the primary focus for Business Transformation work.

This programme initiation document aims to create a living document that defines the emergent Business Transformation Programme by capturing programme scope, outline planning, desired outcomes and benefits. By summarising the thinking, that has developed through 2024-25, in these areas it is hoped this helps create a common understanding on the programme and allows an investment appraisal/ongoing programme viability decisions to be made.

2   Programme Mandate

The programme receives an overall mandate from the Executive Leadership Team (ELT) and forms one aspect of the overarching Reform, Transform and Perform portfolio. The below diagram outlines the governance arrangements of the programme:
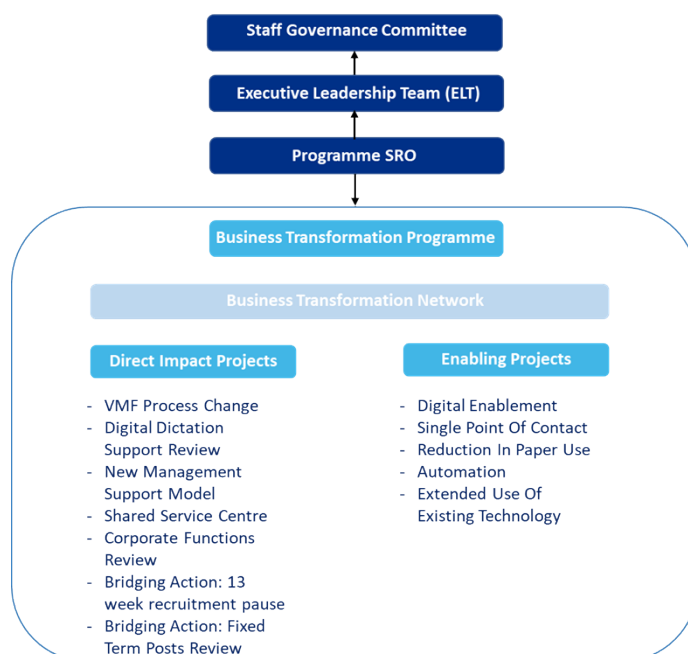
The Business Transformation Programme will not operate in isolation and many of the projects identified provide an enabling capability for other RTP schemes.

3   Programme Vision

The overall vision of the Business Transformation Programme is as follows:

> **To identify and deliver impactful projects that support the modernisation and sustainability of our supporting services and their processes. These projects will seek to understand the core value provided by roles, functions and how they are organised and will establish new models to transform these services. Through these projects we will identify and deliver savings and evidence measures of efficiency gain through the work. This programme will develop a culture of continuous improvement, delivered through a network of people committed to transformation that will embrace technology, streamline processes, and adopt new ways of working to improve the productivity and overall sustainability of the organisations support functions.**

4   Additional Drivers for Change

Board Chief Executives and Scottish Government Officials agreed a 15-box list focussing on ways to improve operational and financial performance, and, in turn, improve sustainability. Opportunities are sectioned into Innovation and Values Based Health and Care, Workforce Optimisation and Service Optimisation. A review of central functions job family reviews was identified as one of the opportunities and will be supported through the enabling work of the Business Transformation Programme. Consideration of effective working will also be extended to all job families as no group works in isolation of others.

Recognising the strategic requirement to unify our activities for the "system", the definition of the role for the permanent recruitment to the Director of Planning and Transformation, to include planning, performance management and corporate governance, the emerging Change Model and the requirement to enable the IJB Recovery Plan.

The benefits from this approach are:

- Better alignment to overarching strategic, organisation and system objectives.
- Simplified management structures for supporting functions that exist in different parts of the organisation.
- Improved prioritisation.
- Improved opportunity for successful change programmes.
- Reduction in effort to co-ordinate service and stakeholder engagement.
- Introduction of best practice, standards and consistent approach.
- Improved resource utilisation and demand and capacity measurement.

The nationally operated Business Systems Transformation Programme requires all 22 Health Boards to transform all related internal processes and ways of working to enable a new common operating model. This programme, as a minimum, will cover the functions and services provided by Workforce and Finance teams. NHS Scotland is developing a Common Operating Model. This model will standardise associated business process across NHS Scotland and is progressing a procurement for award in March 2026. The opportunity to support the development of the Common Operating Model will form part of this programmes consideration.

There is a clear requirement for integrated planning and change functions to operate on behalf of the whole Health and Care system. The areas within the scope of the Business Transformation Programme, will help to ensure unified approaches and functions are developed to prioritise and align to the strategic ambitions and operational priorities of our clinical services.

4.1   Workforce Demographics

The trends show an increase in NHS Fife's workforce of 15.5% over a 5-year period, measured by WTE. *

Employment

8,531.3   **0.5%** Quarter change   **1.1%** 1 year change   **14.6%** 5 years change
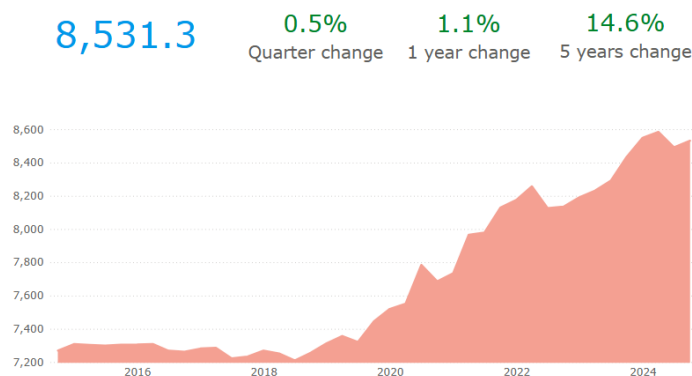
With other key measures showing 23.3% of the workforce aged 55 and over and turnover rate at 8%. Looking at the Administrative Job Family directly the trend shows a 15.1% increase over a 5-yer period, measured by WTE.

* Source TURAS NHS Scotland Workforce Dashboard – September 2024.

Early discovery work associated with administrative services and duties have identified opportunity to support more efficient way of working, reorganisation of services to reduce duplication. These themes are considered in the Programme Scope.

4.2   Administrative Services Demographics

Analysis had been previously mandated to investigate a current position related to the Administrative Services Job Family. Within NHS Fife this job family has increased 22% **

Employment

1,430.0   **-0.2%** Quarter change   **1.9%** 1 year change   **22.0%** 5 years change

This represents an increase of 231.55 WTE, with a WTE increase of 119% for Band 8s.

This job family also experiences a turnover rate of 13% and has 31.7% of its staff aged 55 and over.

The work undertaken by all service areas in 2024-25, has seen a reduction of 4.3% in the Administrative Job Family, from 1,413.06 WTE in April 2024 to 1,351.79 WTE in March 2025.

Workforce Profile - Sum of WTE by Month Beginning

1,413.06

1,351.79

1,165.92

| WTE | 2019 - 04 | 2024 - 04 | 2025 - 03 |

Snapshot Date
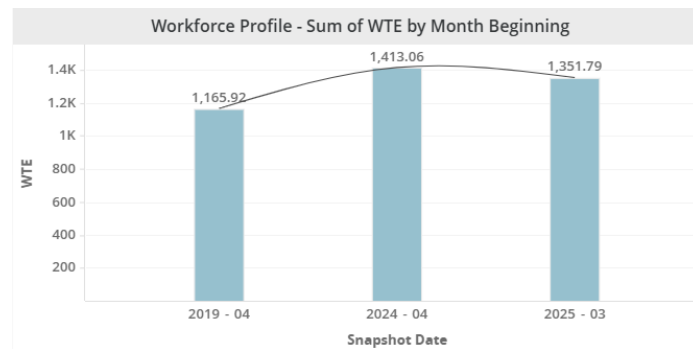
4.3 Programme Blueprint

A clear Programme Blueprint has been developed from the enablement activities conducted in 2024-25. The blueprint seeks to bring a coherent picture of direct and enabling projects that are detailed within the Programme Scope section.

Business Transformation Programme Blueprint: Desired State Summary

Vision

To drive change that supports the modernisation and sustainability of our supporting services

Objectives & Constraints

Understand the core value provided by roles, functions and how they are organised

Enable via transformation an overall 5% reduction in staffing associated with in scope areas

Develop a network of people that will embrace technology, streamline processes, and support the adoption of new ways of working

Organisation	Processes	Technology	Information
1. Services and teams consolidated around core functions	1. Internal business processes are more streamlined and integrated with each other	1. Streamlined Enterprise Architecture in business support areas	1. Rich business intelligence
2. Culture of lifelong learning	2. Reduced operational Silos	2. Greater organisational awareness of technology and its capabilities	2. Business information is readily accessible, and people know how to use it
3. Sustainable internal business support services	3. Business processes are more robust	3. Technology investment prioritised in the right areas	3. Improved information management and governance
		4. More location independent working	

Enablers Digital

Service Now Winscribe Speech Recognition Patient Hub, Waiting List Validation Patient Hub, Print & Post PowerBI Patient Hub, Appointment Booking Patient Hub, Chat Scanning Service TrackCare Integration Automate SharePoint

eESS Job Train WinVoicePro

Enablers HR/Workforce

Mechanism (Policy and clear processes) for voluntary severance / managing workforce change

Workforce Directorate scaled to manage the workforce changes required

Establishment controls embedded around staff turnover and all temporary arrangements (fixed-term posts, secondments etc)

Underpinning Assumptions

Staff side/Unions are appropriately consulted in the process at strategic levels

Top level Executive support and acceptance that the programme will risk some disruption

Understood this is a long-term process, and some cases for change will require investment now to save in future years

The current assessment against the Process, Organisation, Technology and Information model is described as:

Business Transformation Programme Blueprint: Current Position Summary

Organisation

1. **Similar functions are replicated in several places across the organisation dissipating the effort from them:** there is duplication in business support functions, specialised staff spend significant time on routine enquires, variation in job roles and grading for similar responsibilities and activities in roles, inconsistent organisational structure with some very hierarchical structures and narrow spans of control.

2. **Culture of 'always been' is present in some areas:** lack of appetite for change and new ways of working, ideas for improvement based on what has always been opposed to what could be, traditional ways of managing people based on time and presenteeism opposed to output.

3. **Unsustainable services:** workforce at levels the organisation can no longer be sustained, working practices are in need of modernisation, tendency to try and do too much for everyone all at once, inconsistency in how work flows and is allocated to people, viewed as a job not a career, troubleshoot loss of knowledge through leavers/retirals and a just 'muddle through' mentality.

Processes

1. **Processes are disjointed:** duplication, unclear where work should flow between departments, not consistently documented, reliance on manual effort/local systems/re-keying between systems and paper in processes.

2. **Processes are not designed end to end:** work is in silos, significant local process variation and lack of standardisation, workarounds relied upon and usually involve several 'touch points' departmental handoffs.

3. **Business processes are fragile:** overreliance on individuals in processes, processing errors through manual copying and pasting and rework/additional demand generated from processing errors, single points of process failure present.

Technology

1. **Mix of technologies and solutions:** duplication/overlapping functionality between systems, underutilisation of existing technology, perception among Services that some solutions fail to meet base requirements, limited support for certain solutions, reliance on workarounds and manual intervention due to lack of system integration.

2. **Lack of organisational technology awareness and the improvement opportunities this offers:** limited training on systems that is often concentrated at project 'go live' stages and not sustained, technology is not understood in context and people cannot relate how it could apply to their working practice as they do not know what it practically can do, those keen to adopt technology are not clear how to raise this or gain additional access to existing solutions.

3. **Limited investment in business applications:** Unclear what the technology vision is for internal business support functions and what systems will play key enabling roles. National Programme may bring some clarity.

4. **Significant changes to corporate estate:** Corporate estate - office accommodation gradually transitioning to shared agile hot desks and smaller team office spaces. Remains little sharing of assets, resources and business consumables, with this individually service charged/Services are very territorial around their office consumables.

Information

1. **Information and data is disjointed:** information and data is stored in multiple locations, changes need to be made in several places and this can be a source of error, accuracy is often disputed, context to data trends and changes are not fully understood and data often has significant time lags from actions and events.

2. **Information is difficult to access and consume:** there is a lack of awareness on what is available and how to access information, limited support for training on data and systems used to interrogate data, as information is spread and not typically linked or bundled it is hard to know what is relevant for certain topics or themes, information needs are not fully identified related to roles so again new starts have a lack of awareness of what core information they need or should be looking at regularly associated with their core role.

3. **Limited governance and management:** organisational information is often patchy and out of date in places, peoples access to data and management information continues long after their need for it as does their system permissions.

5   Programme Scope

5.1   In Scope

Support Services and Functions

All services and functions that are provided to support to clinical and corporate functions are in scope. In particular, those undertaking internal business functions such as:

- Patient and Records Management
- Appointment Scheduling, Coordination and Waiting List Management
- Patient Communication and Engagement
- Data and Information Management
- Administrative Support for Clinical Teams
- Medical Transcription and Documentation
- Finance and Workforce Administration
- Administration Support for Corporate Teams
- Office Management
- Meeting Management
- Personal Assistant/Executive Assistant duties
- Compliance and Regulatory Reporting
- Alignment of Governance and Compliance functions
- Procurement and Supplies Management
- Other transactional internal business processes that involve data entry, re-keying etc.

The base assumption of the programme is that while focus will be provided to support services and functions, benefits should be evident to clinical and corporate functions. Engagement continues with Services to determine appropriate exclusions. The main interest of the programme can be summarised as:
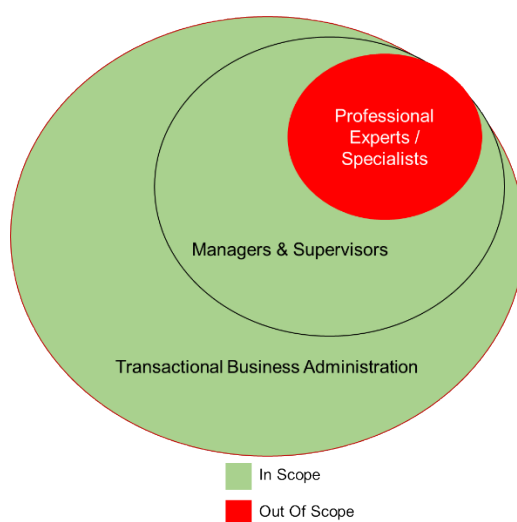
Figure 4: Scope Summary

Those roles that mainly undertake 'transactional type' administrative or business support activity along with those who predominately hold a general supervisor or management role for such staff, are directly impacted as in scope. The primary rationale for this includes:

Savings/Opportunities Via Structural Alignment: Moving transactional activities along with the associated supervisor and management arrangements within a shared service model will likely see changes to roles, responsibilities and management structures. This can create positive opportunities for staff through more diverse work remits, additional responsibilities, and flatter reporting structures with wider spans of control. Ultimately such re-design will present opportunities at the scale needed to help meet desired savings targets.

Scalability: Transactional processes often involve repetitive tasks and standard procedures/work instructions, making them ideal candidates for standardisation within a shared service model. By consolidating transactional activities, this enables greater economies of scale and scalability, through efficient resource allocation and easier expansion or contraction of services as needed.

Automation Opportunities: Transactional functions typically have lower complexity and can usually be automated to a greater extent compared to specialist tasks, resulting in efficiency savings through the elimination of work. By focusing on transactional areas, cost savings can be pursued through leaner more standardised processes, and through streamlined workflows.

Reduced Risk/Complexity: Transactional processes often involve lower levels of risk and complexity compared to specialist functions, making them easier to manage within a shared services model. By starting with transactional areas, this will help minimise implementation risks, demonstrate organisation value and help ensure smoother transitions before considering more complex specialist functions.

Enables Better Focus On Activities that provide value: Repositioning routine administrative activity/responsibilities and transferring the management of transactional functions to a shared service model, allows Directorates to focus their efforts on core business activities that directly contribute to their strategic objectives.

Improved Organisational Service Consistency: Moving transactional activities within a shared service model enables standardisation of processes, implementation of best practices, as well as ensuring service standards and consistency of levels of service are maintained across the organisation. By having full oversight of such resources, a shared service model reduces fragmentation in services/role distribution. Through the use of business partnering arrangements, specialised expertise and dedicated resources can be leveraged to target the business need across all Directorates.

<u>Patients</u>

All patients in NHS Fife could be indirectly impacted and benefit by the work of the programme. However, no patient group is specifically in-scope, as the Business Transformation Programme focuses on change work related to internal organisational functions. Where support services and functions do interact with patients, appropriate risk assessment and governance will be adopted.

<u>Digital Delivery</u>

The programme will seek to work in partnership with Digital & Information colleagues to align relevant savings-based projects, as well as any existing solutions to further enable the change work of the programme. The programme will also seek to integrate any process improvement plans so these compliment pre-existing digital solutions implementation plans as required. The programme may also inform consideration of prospective new/additional solutions, based on any analysis work undertaken with the in scope functions.

The following Digital and Information savings schemes will be realigned for oversight within this programme:

- Device Amnesty
- Printer Rationalisation
- Mobile Phone Reconciliation
- Admin System Review
- Data Availability
- Paperlite – Print and Post Services

5.2 Out Of Scope

The following exclusions apply to the programme:

Clinical Services

Direct consideration of clinical services is out of scope of the programme. While indirect benefit is expected to be delivered to clinical services through the Business Transformation Programme.

Professional Support Services

Subject expert roles found in professional support services such as Workforce/Finance/Digital/Transformation/Performance/Communications/Facilities are out of scope, but may be required through their leadership commitment to provide wider oversight to functional groups in future shared service models.

The shared services model is being designed around transactional internal operations support activity, associated with the functions identified above in section 5.1. This outlines subject expert/specialist knowledge roles are not in scope.

There are 4 Corporate functions (Strategic Change / Project Management, Performance / Data Analysis, Health Record Management & Governance / Assurance) that will be in scope from a structural, organisational and review of specialist/professional service offering perspectives. These all fall under the direct scope of the Corporate Functions Administration Review project specifically. This activity is outlined later in this document, in section 8.2.

Buildings

The Business Transformation Programme is not responsible for the work associated with the physical infrastructure/building arrangement from which Administrative Services are delivered. These are considerations for the RTP Infrastructure Programme.

Validation of Savings

The Business Transformation Programme is not responsible for the work associated with validation the savings identified out of Service areas, this will remain a professional Finance Services role. Instead, the programme will undertake the agreed change work and report on any identified opportunity for savings through the Programme SRO.

Decisions on whether savings are cashable or non-cashable efficiencies, should be re-invested etc will be discussed with impacted Services by Finance Business Partners and agreed by ELT.

6   Programme Structure

Supporting the overall programme progress and SRO with strategic decisions is a Business Transformation Leadership Group. This represents Senior User and Senior Supplier interests. The group also has representatives from other key stakeholders, such as Staff Side and Fife's Health and Social Care Partnership.
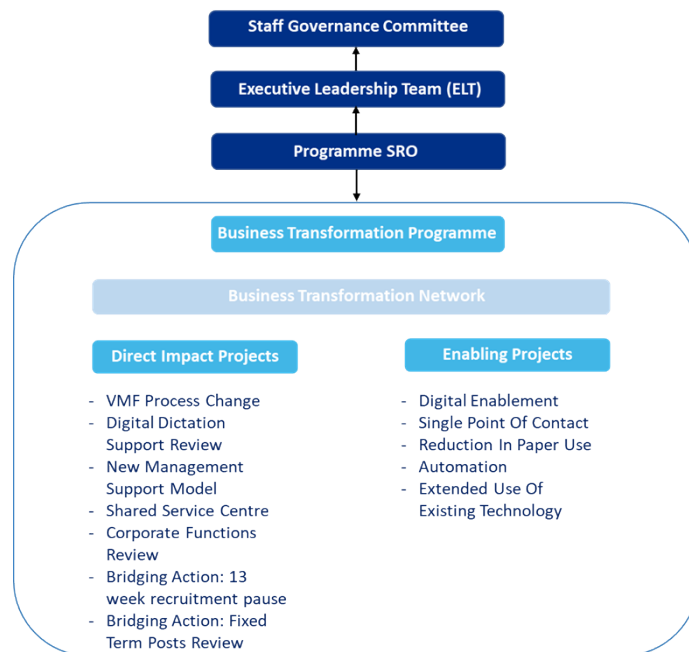
7 Expected Benefits and Dis-Benefits

7.1 Benefits

<u>Financial</u>

Financial Benefits will be monitored, verified and reported on by the Finance Service. The latest verified summary position for RTP as a whole (as of March 2025) is as follows:

Scheme	Target Saving	February 2025 Planned YTD	February 2025 Delivery YTD	Forecast Saving	Recurring Saving	
1. Medicines Optimisation	£2,000,000	£1,454,545	£2,010,139	£2,144,172	£1.573,461	**Target Saving (FY):** £25,000,000
2. Unscheduled Care Bundle	£700,000	£641,667	£621,819	£670,174	£600,000	
3. PFI Contract	£400,000	£600,000	£600,000	£600,000	£0	**Planned Saving (YTD):** £21,237,530
4. Estates Rationalisation	£2,000,000	£1,084,500	£1,641,533	£2,000,000	£500,000	
5. Non-Compliant Rotas	£1,000,000	£875,000	£1,496,833	£1,739,000	£1,982,000	**Linear target (YTD):** £22,916,667 (for 3% schemes **only**)
6. Legacy Covid Costs	£1,000,000	£916,667	£744,143	£821,644	£537,894	
7. Supplementary Staffing	£5,000,000	£4,583,333	£5,411,590	£5,900,000	£5,900,000	
8. Procurement	£500,000	£458,333	£419,727	£456,299	£400,000	
9. Corporate Directorates	£1,500,000	£1,375,000	£1,375,000	£1,500,000	£1,500,000	
10. Business Transformation	£2,400,000	£2,133,333	£1,536,238	£1,650,258	£168,245	**YTD Saving:** £21,924,392
11. Surge Reduction	£1,850,000	£1,681,818	£447,603	£450,000	£450,000	
12. Planned Care	£1,200,000	£1,100,000	£2,482,809	£2,709,000	£2,200,000	**Total Gap:** £NIL
13. SLA & External Activity	£5,000,000	£4,333,333	£1,833,333	£2,000,000	£2,000,000	
14. Bal. Sheet			£1,303,624	£3,170,624	£0	
Total YTD – for 3% savings schemes		£21,237,530	£21,924,392	£25,811,172	£17,811,600	

Key
Significant shortfall on Target of plan
Delivering target but not in full

For the next phase of RTP, a Finance Business Partner will be allocated to the Business Transformation Programme to support financial benefits monitoring and reporting.

As we move into FY 2025/26, the financial challenge remains with a £39m financial gap. Target savings of £28.6m have been set across a number of programmes as detailed below:

Programme	Savings Target
Clinical Services	£9.3m
Infrastructure	£3m
People	£8.2m
Business Transformation	£2.5m
Supplies	£5.6m

As referenced in *RTP - Shaping our future together – Our transformation framework 2025/26*, to realise Business Transformation Programme financial savings an efficiency gain of 5% within identified administrative and corporate services is a key target. These gains continue to be supplemented by the previously established bridging actions.

The following digital areas also have the associated targeted value:

Project	Target Value 2025-26	Full Year Annual Opportunity
Print, Post and Paper Reduction	£200,000	£400,000
Multifunction Device Rationalisation	£57,000	£85,0000
System Review and Convergence	£120,000	£225,000

For those areas where benefits are still to be identified, key metric will be monitored and actively discussed by the Business Transformation Leadership team. A particular focus will be the trends associated with the Administrative Job Family. As the enabling projects outlined in this document mature, there is an expectation this will support a change to the WTE, AFC Grades and structure of the Administrative Services Job Family.

Non-Financial
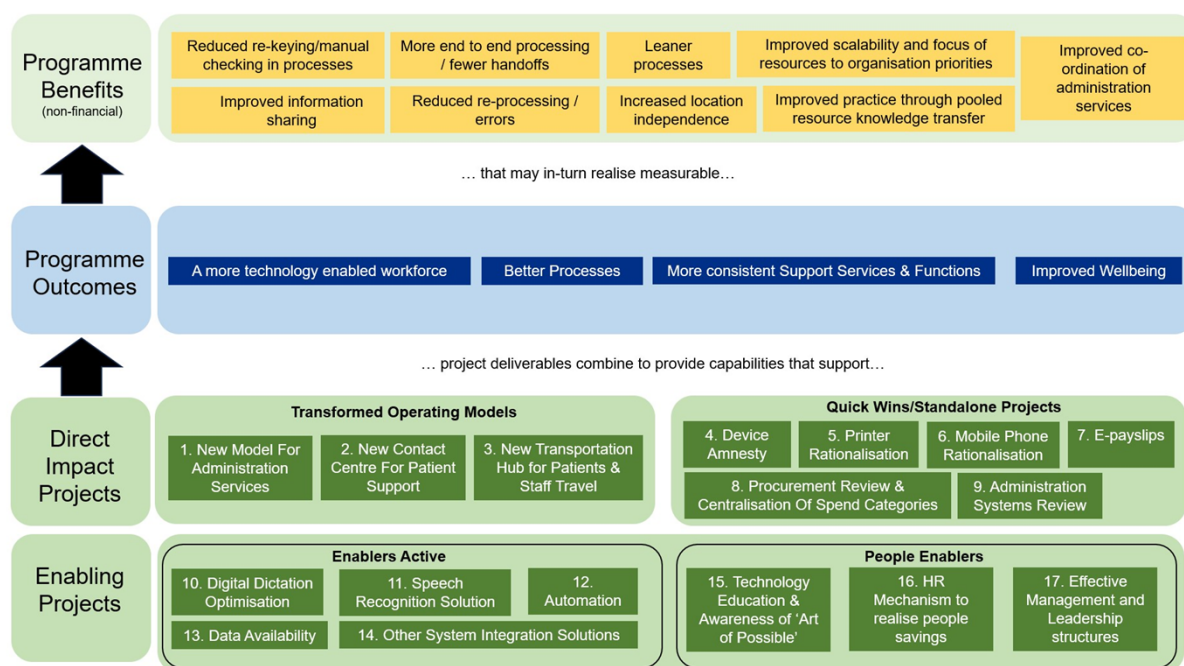
The outcomes and benefits map above shows from the centre the main programme outcomes. How these programme outcomes connect to the main non-financial benefits of the programme to the left and how these enable desired end outcomes to the right. To ensure the impact of change initiatives/projects managed by the programme can be evidenced, each benefit identified above will need to be broken down into key defining indicators, with data sources identified, baselines captured and target improvements per indicator agreed. This work can be undertaken by the programme as delivery plans mature.

7.2 Dis-Benefits

The following disbenefits may apply to the Business Transformation Programme:

Loss of local flexibility

Centralising administrative functional areas can lead to less flexibility/adaptation and responsiveness to local Service needs as the administration service offering and standards are defined at the organisational/corporate level.

Transition anxiety

It can be an unsettling time for staff re-aligned to a new service model and structure. There will also likely be a concentration of big changes experienced by such staff. When combined with uncertainty that is inherent within such activity, this can result in anxiety and have negative impacts on morale.

Client/Provider tension

If the move toward a shared service model or consolidation of function is managed poorly and/or a collective partnership 'spirit' is not adopted, then this may result in an 'us' versus 'them' environment between provider and client services.

8 Programme Planning

8.1 Approach

The work of this programme will be aligned with NHS Fife's organisational values, which are underscored in the overarching approach contained within the RTP Portfolio Framework document and the Staff Governance standards.

The Business Transformation Programme will also embed the following design principles in its overall approach, which directly align with the Unison 'Admin Charter For Change':

1.
Involve stakeholders and admin staff in the co-design, testing and implementation of new solutions

2.
Work in partnership with stakeholders to help improve training and career progression opportunities for admin and clerical staff

3.
As part of any changes to services in scope, help embed the identification of training / regular review of development opportunities for admin staff

4.
As part of any role design for services in scope, ensure job descriptions and banding reflects the range of duties required

5.
As part of any changes to services in scope, ensure management and staff are aware of flexible working opportunities/obligations, with innovative solutions encouraged to balance service and individual need

Administrative review activity is also being progressed by the H&SCP. Therefore, there is benefit in direct alignment for some areas of the programme to unify the approach, to ensure collective plans remain complimentary and the desired benefits are clear and not double counted.

8.2 Outline Plan For Corporate Function Consolidation

The programme work associated with Corporate functions consolidation and review is likely the most transformative element planned within the programme. This potentially sees multiple teams moved from one Directorate to another, staff working within different management structures and new ways and methods of working, as well as new client services and priorities being developed. Ultimately this work seeks to ensure Corporate functions are consolidated and provided from one management location, on behalf of the whole organisation.

Work to date has involved significant data analysis and separate cases for change to determine 4 priority themes of focus; Strategic Change / Project Management, Performance / Data Analysis, Health Record Management & Governance / Assurance.

Related to these themes the following has occurred in the initial phase of the programme:

- eESS data used to generate NHS Fife staff lists of Administration Job Family roles.
- Key word searches carried out for each review theme to identify roles and lists of staff. Some obvious exclusions were removed.

- National Job Profiles have been used to map duties to key core competencies for each review area to create staff competencies templates.
- Competencies templates have been developed to help verify what people spend proportions of their time doing, to inform in-scope decision making.

Next stage of the broad plan can be summarised as:

- **Engagement:** Ensure Directorates understand the approach taken, that the programme will be in touch directly on completing staff competencies templates, as well as the need to identify a single Directorate co-ordinator to support the process in partnership with the programme team.
- **Issue Template:** Template issued and services supported to help provide a data return to staff lists.
- **Template Returns Analysis:** Returns from services will be analysed with the likely need for follow-up discussions on certain staff groups or completed templates, to clarify information.
- **Consolidation Proposals:** Based on the template returns analysis and any follow up discussions, proposals will be developed on what could happen with staff verified as in scope related to the 4 themes of interest to the programme.
- **Consolidation Implemented & Reviews Designed:** Where agreement exists consolidation work can be implemented. Initially it is likely an interim management structure will be developed with little other change to ways of working to ensure business continuity and existing performance levels. With functions brought together under one management view, review work can then be designed and targeted to look at how functions best provide their services, seek opportunities for efficiencies through areas such as standardised processes and adoption of technology in processes.

When undertaking service reviews and the related business analysis work the following is a list of key considerations to capture/identify, as they provide the best opportunities for improvement/efficiencies:

- Duplication of activities
- Methods and systems used in information sharing and the processing of outputs
- Long processes with lots of activities
- Process activities that have significant time commitments
- The roles involved in undertaking activities and also the roles receiving outputs and creating other inputs
- Batching used in processes and reasons why
- Error levels and evidence of corrections/reprocessing or working around issues regularly
- Single points of failure
- Any low and high volumes of process triggering/high and low numbers of process outputs
- Any areas receiving an output that they consider poor/requires re-work for to input into their own process
- Any areas receiving outputs who then do nothing with them
- Excessive checking in processes, re-checking or complex/multiple authorisation chains
- 1-2-1 structural reporting arrangements
- Duplication/lack of clarity on core purposes of staff roles within target functions/Services
- Common issues/challenges staff raise in the processes they work in
- Capture staff ideas on improvements as work is mapped and areas of difficulties/potential competing change ideas are discussed

8.3   Programme Timing

Year 1 (May 2024 to March 2025)

To help meet the desired immediate financial target 24/25 the following has been undertaken year 1:

- Several D&I initiatives implemented such as Device Amnesty.

- Directorates considering savings opportunities via natural reductions (no renewal to administration temporary/fixed-term contracts of less than 2 years, no backfill of standing vacancies etc).
- 13 week vacancy management pause implemented for the Administrative Services Job Family.
- Review of Administration Services Job Family fixed-term roles and exit strategies developed, with a new process also developed to improve the management controls associated with the use of fixed-term contracts and their extensions.
- Approved Project Stage Plans and Project Briefs. Particularly in the areas of; Corporate Function Consolidation and Review, Management Support Models, Digitisation of Dictation Services, and the creation of a Shared Service Centre for transactional internal business processes.
- Service/stakeholder engagement, current state analysis and new target operating model/Programme Blueprint design work undertaken, to prepare for the longer-term vision around the desired shared services approach for administration services/Corporate functions.

Year 2 (March 2025-March 2026)

To help meet further savings targets and to also realise the vision of this programme (in section 3), year 2 will:

- Refine the target operating model for the 4 priority Corporate function themes.
- Seek agreement on related change proposals and develop the associated delivery plans.
- Move into an implementation phase, to realise the new model.

8.4   Programme Assumptions

- Staff (and the associated supervisors/managers) working in support services and functions related to the 4 priority themes identified for the programme are in scope. Separately transactional based roles within Corporate functions and the associated supervisors/managers will be in scope for the creation of a Shared Service Centre. 'In Scope' will be assumed as wide as possible and an engagement process will be undertaken to identify those who primarily provide a specialist professional function, to rule such roles out of scope.
- That there is an appetite within the organisation to undertake a genuinely transformative change in our support services and functions. Also the Programme will be endorsed at Executive Levels and supported by Senior Leadership Teams.
- There is a willingness by all in scope areas to work collaboratively with the Programme Team in defining, planning and co-ordinating the programme.
- There is sufficient capacity available from the SRO role to work in partnership with the Programme Manager to lead and develop the programme as necessary.
- Adequate funding will be made available as required to progress agreed plans of the programme.
- There is sufficient capacity in key enabling BAU functions (Finance & Workforce/HR) to support the work that will likely be initiated via the programme, linked to Managing Change processes.

8.5   Programme Dependencies

The following are known dependencies that impact this programme:

Item	Cause and Effect Relationship
D1: Full ELT Support	Requirement for support of all ELT members to ensure the objectives of the programme are achieved. Particular scrutiny will be expected and required to the projects, as the case for change is made for shared service model for support services and functions and the impact on reduced headcount. The programme cannot deliver an 'in-between' model. Alternatives to the shared service model proposed in this document is a fully decentralised model, where Directorates will need to support the unification of functions.

D2: Availability of workforce data to support the design and modelling for reorganisation	Workforce modelling will be required to be available and analysed to inform the creation of the shared service model and realise targeted savings. These requirements will extended beyond WTE/Headcount into role definition and numbers. Without this opportunities to make savings via the projects delivering alternative capability and capacity to vacancy replacement could be missed, thereby making realising savings targets more challenging.
D3: Mechanism for altering the structure and workforce numbers	Careful consideration of existing and additional policies to support a reorganisation of the workforce is required. At present there is a reliance on turnover and vacancy management to influence workforce numbers. This may be inadequate in both scale and may not occur in the desired areas that excess capacity is created where such savings could be taken within minimal organisational impact.
D4: D&I Solutions	It is likely to eliminate work and improve the efficiency of existing internal processes, some digital enablement using existing solutions (and potentially identifying new capabilities) will be required to realise savings. Therefore, collaborative working with D&I colleagues is required to inform and align delivery plans with any solutions availability.

8.6   Programme Stakeholders

Stakeholder/Group	Programme Role	Main Interest
RTP Leadership Group/ELT as a whole	Senior Suppliers/Users & Assurance	Work is only possible with collective Executive support. Members hold roles that will enable the work by providing solutions/committing investment in resources and staff time in support of the programme. Members also manage services in receipt of prospective programme outputs. The RTP Leadership Group will also co-ordinate all savings activity and be interested in managing any savings scheme independencies, competing tensions between conflicting saving proposals, and balancing the drive for savings with the delivery of services and meeting the needs of patients.
Senior Management within Administrative Services	Senior Suppliers/Users	User Interest: Will be or have staff on the receiving end of changes implemented by the programme to the current ways of working. Will also have a role to play in feeding back to the programme on the business readiness to receive a change and providing feedback on how well change is being implemented. Supplier Interest: Will enable the work through access to staff, to help co-produce solutions. Will also hold some responsibility for delivering a service aligned to a new delivery model.
Benefits Owners (identified in section 7 above)	Assurance / Senior Suppliers	Those who hold a lead responsibility for final benefits realisation will require assurance on change enablement. They will also have a role via their own subject expertise and Service resources to invest staff time in the programme to help progress the change work required.
Trade Union Representatives	Leadership Team Member and General Stakeholder	Interest in any changes that impact staff. Would seek assurance the impact on staff has been assessed and that work is being progressed aligned with organisational values and the principles outlined.

Stakeholder/Group	Programme Role	Main Interest
Head of CPMO	Senior Supplier	Will provide CPMO resources (Programme/Senior Project Management and Project Support Officer roles) in support of the delivery of the programme. Also has an assurance interest in ensuring formalised programmes comply with expected corporate standards.
Chief Finance Officer, H&SCP	General Stakeholder	Current lead progressing an administration services review within H&SCP. May hold a general interest in plans and progress of the programme. Programme will also need to remain connected/updated with plans forming in H&SCP to ensure efforts remain complimentary and that there is clarity on the associated desired benefits.

9   Programme Costs

The investment costs associated with Business Transformation Programme are currently not known. At this stage these are thought to likely fall in the following areas:

- Digital costs associated with service and process redesign to deliver a shared service model for administration services.
- Staff costs related to the organisation re-design required to deliver a shared service model for administration services (although changes to existing role bandings to reflect any additional responsibilities and new roles created, should all be delivered in net reduction terms from the benefits in removing excess capacity enabled by the new model).

10 Programme Risks and Issues

Risk description	Likelihood score	Impact score	Overall score
R1: Double/Multiple Counting Of Savings There is a risk of double/multiple counting of benefits associated with administrative staff aspects, because of Services counting a reduction in these roles within their own proposals/reductions being counted in proposals related to RTP Corporate Directorates, which may result in savings not being delivered to desired target values.	3	4	12
R2: Achievability Of Savings Targets There is a risk that the savings opportunities are not as large in scale or as achievable as first imagined, because of the reliance on staff savings through consensual means, which may result in savings not being delivered to desired target values.	4	4	16
R3: Savings Timing v Change Enablement There is a risk savings cannot be realised aligned to desired timescales, because of the complex change work to enable them having to occur and embed first, which may result in failing to deliver savings targets within optimum timescales.	4	4	16
R4: Poorly Delivered Change There is a risk business change enablement is not given adequate time to complete prior to savings being released, because of an emphasis/focus on achieving financial savings targets, which may result in poorly delivered change and additional operational service pressures.	2	4	8
R5: Activity Displaced To Managers/Clinical Roles There is a risk that reduction in WTE support roles will displace activity to management/patient facing roles, because of the associated work not being fully eliminated, which may negatively impact service operations and see support functions delivered less well at higher staff hourly pay rates.	2	4	8

11 Appendix 1 – Alternative Option To The Business Transformation Programme & Shared Service Model Proposed

The alternative to the Shared Service model and formalised programme proposed in the main body of this business case is a fully decentralised model and approach.

No formalised programme would be initiated. Directorates could instead be provided with a financial reduction target. Then work through staff reductions in the Administration Job Family via their own Service resources. This could be aligned to Corporately agreed design principles that help determine the function and criticality of such roles, to help inform Directorate decision making.

However, this option has **not been recommended** for the following reasons:

Lacks Sustainability: This approach would not create a new platform where such administrative functions could be reviewed at scale system wide. Instead, Directorates would make local Service decisions that tackle the more immediate financial pressures. As other savings requirements emerge in future years Directorates will likely fall into a gradual 'salami slice' situation, where they make regular marginal reductions to administrative functions over a sustained period.

Lack Of Scale & Pace To Savings: Co-ordinating individual Directorate and Service changes to collectively deliver the desired benefits is unlikely to occur. As this approach could see multiple voluntary processes around staff exiting the organisation by consensual means being undertaken at different times across the organisation. This would also likely be for smaller groups of staff than doing so on a more system wide/full functional basis, thereby reducing the savings opportunity from such processes.

Improvement Opportunities Not Fully Leveraged: If Directorates seek to manage a reduction in Administrative Services on an individualised basis, then change and improvement activities will likely not benefit from additional supporting resources. This is because such an approach leads to competing spot/smaller scale requests from multiple points of origin that on their own may not justify the investment in both staff time and digital based solutions. Requests will likely be too dilute and constrain solutions design to much smaller incremental change.

Inconsistency: Even with supporting criteria and design principles defined at a corporate level, it is unlikely individual Directorates will be able to remain consistent with each other in approaches. Inconsistencies are likely in:

- Determining the criticality and justification for roles, job design and banding aspects.
- Some Services will have excess capacity in certain areas whilst others will feel under provided for, and such imbalances in provision would remain.
- Redesign of what is and is not offered from such roles, is likely to vary and there may even be duplication of effort with other Services.

12 Document Control Sheet

12.1 Key Information

Title	Business Transformation Programme Business Case
Date Published / Issued	23/7/2024
Date Effective From	23/7/2024
Version / Issue Number	2.0
Document Type	Programme Business Case
Document Status	Draft PID, for 2nd phase RTP
Author	Garry Robertson, Programme Manager
Owner	Alistair Graham
Approver	Alistair Graham
Approved Date	10/04/2025
Contact	garry.robertson@nhs.scot
File Location	T:\Planning & Performance\3. Corporate PMO\PROGRAMMES & PROJECTS\12. RTP\5. Business Transformation\1. BT Documentation\PID

12.2 Revision History

Version	Date	Summary of Changes	Name
0.1	30/04/2024	First Draft of Full Business Case	Garry Robertson
0.2	03/05/2024	Additional assumption (6.5, last bullet), Inclusion of new timing linked to wider BH discussions (6.4)	Garry Robertson
0.3	14/06/2024	Amendments following discussion with Exec Directors	Alistair Graham
0.4	18/06/2024	Final Draft for issue to EDG	Alistair Graham
1.0	22/7/2024	Version 1 following feedback from EDG members	Alistair Graham
2.0	10/04/2025	Document updated to reflect changes heading into phase 2 of RTP	Alistair Graham & Garry Robertson
2.0	29/04/2025	Updated section 7.1 following ELT feedback	Garry Robertson

12.3 Approvals

This document requires the following signed approvals:

Version	Date	Name	Role	Signature
2.0	TBC	Ben Hannan	Director of Planning & Transformation	TBC
2.0	10/04/2025	Alistair Graham	Director of Digital & Information (Programme SRO)	Alistair Graham

	Apr 25	May 25	June 25	July 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Wider Programme Activity	• EDG decision to support approach to consolidation work contained in Corporate Functions Review Project. • Senior management engagement on staff consolidation work.	• Agree priority running order for functions in scope for consolidation.	• Start engagement and awareness raising to build understanding of technology capabilities across the organisation.									
VMF Process Change	• Pilot of Job Train Automation extended to include additional areas.	• Pilot of Job Train Automation ongoing.	• Pilot of VMF process automation complete.	• Evaluate outcome and commence organisational implementation.	< --Implementation to Services -->							
Digital Dictation Support Review	• Review current dictation processes and establish key process performance metrics/volumes. • Investigate digital solutions to reduce medical secretary manual processes.	• Investigate digital solutions to reduce medical secretary manual processes.	• Develop a future dictation process and model the impact/business benefits • Plan and commence pilot of Dragon Medical One voice recognition software with Acute and HSCP		• Review outcomes from DMO Pilot	• Provide Business Case for consideration						

	Apr 25	May 25	June 25	July 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
New Management Support Model	• Review of current management support position	• Review of current management support position ongoing.	• Explore options to develop a new common model of management support between NHS Fife and HSCP	• Test of Co-Pilot tool.		<------------Implementation of Model ------->						
Corporate Functions Review	• Create template to enable engagement on what individuals (initially identified in scope) concentrate their time on. • Engagement and Directorate data return on how staff initially identified for consolidation concentrate their time to core role competencies.	• Verify Template return data and develop Initial consolidation proposals	• Verify Template return data and develop Initial consolidation proposals • EXTERNAL TO PROGRAMME: Managing change support required to implement agreed proposals	• Prepare Corporate Function Review outcome and present new models and structures		<---Commence consultation--->			<------------------------Implementation of Models --------------------->			

	Apr 25	May 25	June 25	July 25	Aug 25	Sept 25	Oct 25	Nov 25	Dec 25	Jan 26	Feb 26	Mar 26
Shared Service Centre	• Establish project and engage HR/Workforce on project/boundaries with other ongoing Directorate review work.	• Identify the full Service provision of Workforce/Human Resources. • Agree a prioritisation of transactional activity • Develop Workforce/ Human Resources Tier Model and identify 'transactional activity	• Plan implementation of HR/Workforce transactions to a Service Desk environment.	•	Build necessary support mechanisms and hubs within systems		• Implement revised model.			• Conduct evaluation and benefits analysis		
Fixed-term Posts	• Contact line managers of fixed term posts to identify exit strategies/alternatives applicable for the Admin.Serv. Job Family • Identify & test process for monitoring and managing fixed term posts	• Evaluate Project phase 1 and prepare transition outputs and plan • Communicate new Fixed term process throughout organisation & close project.										

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Reduced in Working Week Update – Phase 2**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Carol Brown, Programme Manager**

Executive Summary

- Assurance is provided that additional scoping has taken place to understand how full compliance with the initial 30-minute has been applied; and feedback has been provided to Scottish Government colleagues in line with the 1 April 2025 deadline.

- Assurance is provided that the outline implementation plan has been prepared and approved by ELT and was circulated virtually for APF approval. This plan was then submitted to Scottish Government in line with their 1 May 2025 deadline.

- Assurance is provided that a mechanism for assessing and prioritising investment requirements for implementation of the full 90-minute reduction, including consideration of service redesign as part of planning assumptions, is underway to inform the full Implementation Plan required for submission by 1 October 2025 to Scottish Government.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Government policy/directive

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

- Safe
- Effective
- Person Centred

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

The purpose of this report is to provide SGC with an update on the current progress to support the implementation of the Reduced Working Week (RWW) as part of the Agenda for Change (AfC) non-pay reform elements of the 2023/24 pay deal; to outline planned actions; and to inform on plans for ensuring the first 30-minute reduction has been implemented fully across NHS Fife to comply with directive in Scottish Government letter to NHS Chief Executives from Caroline Lamb, Chief Executive of NHS Scotland requiring assurance this has been achieved by 1st April 2025.

2.2 Background

On 1st March 2024, the Cabinet Secretary for NHS Recovery, Health and Social Care confirmed a series of measures, designed to modernise the NHS Scotland AfC system following significant engagement and corresponding agreement with national Staff Side representatives. This included the introduction of Protected Learning Time, a review of Band 5 nursing roles and the introduction of a RWW. The key principles outlined in NHS Circular PCS (AFC) 2024/2 need to be applied and every effort must be made to minimise unnecessary overtime or other costs.

The RWW component has an overall aim of reducing standard working hours from 37.5 to 36 over a three-year period by 1st April 2026 (pro rata for part-time staff). Phase 1 required full-time AfC staff to reduce their hours from 37.5 to 37 hours, or pro-rata, from 1st April 2024 without loss of earnings.

PCS (AFC) 2025/1 confirmed that the next phase of the RWW is to take place from 1st April 2026; with the remaining 1-hour reduction of working hours to 36 hours. All Boards should begin working towards the effective date with a view to having outline plans (see Appendix 1) for implementation by 1st May 2025 and a full and final implementation plan

by 1st October 2025 at the latest. These plans need to ensure that all AfC staff will be able to transfer to a 36-hour working week on 1st April 2026.

2.3 Assessment

NHS Fife employs 9,331 AfC employees as at 31st March 2025. At the end of March 2025, transitional payments with a value of less than £400,000 had been made to AfC staff employed within services across the Fife Health and Care System.

Business partners have worked with service managers across the system to baseline the position for the initial 30-minute reduction. Several services have been unable to achieve the RWW by the milestone dates set because of risk to service delivery and patient safety. As at 31st March 2025 8,958 employees have adopted the 37-hour working week with a small number of staff who have accumulated Time off in Lieu (TOIL).

Services across the Fife Health and Care system were asked to quantify the extent of the impact for the remaining hour of the reduction, feedback on the levels of backfill required would indicate investment of circa £12m would be required to maintain current productivity and safe staffing levels. This level of investment is substantially more than the £10.2m expected allocation to fund all the AfC reform recommendations.

A Reduction in Working week Implementation group has been established with Executive Leadership representation to prioritise limited investment funding available. They met initially on 22nd April 2025 and approved a plan on how to proceed with assessing and prioritising investment required for the further 60-minute reduction and how to ensure service redesign or consideration of service delivery levels have been considered as part of workforce planning to ensure that investment is directed where it is most needed.

As a minimum, the steps required to implement the reduced working week, and provide required levels of assurance in line with government timelines, should include the following:

- Each service to complete by 20th May 2025 impact assessment for full 90-minute reduction supported by their service business partner and safe staffing and workforce tools. These should be short-listed for prioritisation by Directorate Senior Leadership Teams (SLT) and should outline the impact on service delivery arising from the introduction of the full reduced working week, risks to service delivery of no backfill arrangements and potential service redesign opportunities.

- Prioritisation of short-listed bids to be undertaken by Executive Leadership Team (ELT) RWW sub-group by 30th May 2025 with recommendations for full ELT prioritisation by 12th June 2025.

- Feedback and commencement of any necessary actions as a result of outcome of bids to be undertaken by 21st June 2025.

This report provides the following Level of Assurance: limited level of assurance that systems and processes are in place to support the full implementation of the RWW.

	Significant	Moderate	Limited	None
Level		**X**		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

It will be important that the RWW is implemented in a way that does not impact on patient care and where such an impact is likely a risk / impact assessment will need to be completed for consideration by ELT.

2.3.2 Workforce

It is anticipated that the implementation of all three elements of AfC Reform will have a positive impact on staff experience and wellbeing at work. The RWW will improve the health and wellbeing of staff as they will be working reduced hours. However, as delivery of some services maybe be adversely impacted by the reduction in the working week, some staff may feel increased strain in balancing workload against patient safety and expectation.

Any changes resulting from the actions set out in this paper will be discussed in partnership in an open and transparent manner, in line with the NHS Scotland Staff Governance Standard, ensuring appropriate communications to both staff and managers.

2.3.3 Financial

All costs are being set against the £10M allocation from Scottish Government for all the elements of AfC reform. Early feedback from services would indicate a backfill requirement of circa £12m to move to the full 1.5-hour reduction which is a non-viable option in the current landscape of cost reduction, transformation, efficiency and sustainability.

2.3.4 Risk Assessment / Management

At this stage of implementation, the key risk is the absence of a decision on investment and the absence of a full and final implementation plan by 1st October 2025 to reduce to 36-hours for all AfC staff. This will be developed once all services have submitted their impact assessment bids and prioritisation of these have taken place.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

As the AfC Reform relates to specific contractual changes no EQIA is required.

2.3.6 Climate Emergency & Sustainability Impact

No known / anticipated impact.

2.3.7 Communication, involvement, engagement and consultation

The approach to this paper has been informed by the Chair of the People and Change Board, NHS Fife's Workforce Leads, HSCP and NHS Fife Senior Leadership Teams and the Reduction in Working Week Implementation group.

2.3.8 Route to the Meeting

The approach to this paper has been informed by the Chair of the People and Change Board, NHS Fife and has been approved at

- Executive Leadership Team – 1st May 2025

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.

3. List of Appendices

- Appendix 1 – Reduced Working Week Outline Implementation Plan

Report Contact(s):

Carol Brown
Programme Manager
Email carol.brown@nhs.scot

Reduction in Working Week – Outline Implementation Plan
(target activities and dates – may be subject to change)

NHS Fife

- Business partners and services to scope where transitionary payments, TOIL, supplementary staffing, extra hours or overtime are being utilised to backfill the initial 30-minute reduction.
- Agree sustainable consistent solution for embedding initial 30-minute in areas still facing challenge.
- Feedback to Scottish Government on initial 30-minute reduction by 1st April 2025.
- Business partners and services to scope investment required for remaining 60-minute reduction.

- Agree principles for ELT prioritisation of investment bids.
- Services to prepare investment bids for directorate SLT prioritisation and shortlisting by 20th May 2025.
- Prioritisation of short list of bids by ELT RWW sub-group by 30th May 2025.

- Full implementation plan to be submitted to Scottish Government by 1st October 2025.
- Prepare rosters for adjusted working patterns ready to implement.
- Update workforce and rostering systems to reflect reduced working hours from 1st April 2026.
- Review and update any relevant processes to reflect additional 60-minute reduction from 1st April 2026.

March 2025	April 2025	May 2025	June-July 2025	August 2025 – March 2026	April 2026

- Financial analysis on impact of changes.
- Draft Implementation plan to be developed and agreed at RWW Implementation Group on 22nd April.
- Agree template for service completion on investment requirement for remaining 60-min reduction.
- Final draft implementation plan to be shared with APF for virtual approval (next meeting 21st May).
- Outline implementation plan to be submitted to Scottish Government by 1st May 2025.

- Full ELT prioritisation of short-listed bids by 12th June 2025.
- Provide feedback to services on outcome of investment bids so any necessary actions can be commenced. i.e. recruitment, service redesign, test of change.
- Develop final implementation plan with input and approval from APF by 1st July 2025; for approval at meeting on 23rd July 2025.

- All AfC staff work 36 hours (pro rata) from 1st April 2026.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Attendance Management Update & Recovery Plan for 2025/2026**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jane Anderson, General Manager &** **Sandra Raynor, Head of Workforce Resourcing & Relations**

Executive Summary

- The report describes the absence trajectory for the current financial year and details the sickness absence rate of 6.47% as at March 2025.

- Sets out the current absence rates, reasons for absence and details of areas classified as 'high priority' based on aggregated absence rates in last three months.

- The paper also includes a high-level longer-term sustainability plan to reduce sickness absence into 2025/2026.

1.   Purpose

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

This report relates to:
- Annual Delivery Plan
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community.

2. Report Summary

2.1 Situation

NHS Fife shows a sickness absence rate of 6.47% as at March 2025. The locally set target was to achieve 6.5% and to sustain this by 31 March 2025.

2.2 Background

As previously discussed, it is recognised that there requires to be a change in emphasis to secure a longer term, sustainable improvement in absence rates, taking account of existing managerial, occupational health, workforce, and organisational inputs. Our promoting attendance activity is complemented by the core staff wellbeing provision, recognising that several other factors contribute to staff health and wellbeing.

Appendix 1 sets out the current absence rates, reasons for absence and details of areas classified as 'high priority' based on aggregated absence rates in last three months.

2.3 Assessment

Achieving lower absence rates and sustaining this is proving to be a complex task and necessitates commitment from every manager, every employee and an understanding on the need to ensure policy is complied with consistently and fairly for all.

The lowest we saw our rate fall over 2024/2025 to date was 6.47% in March 2025.

NHS Fife Sickness Absence
2020/2021, 2021/2022, 2022/2023, 2023/2024 and 2024/2025

	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Yearly Ave
2021/2022	5.07%	5.31%	6.17%	6.03%	5.95%	6.42%	6.34%	6.79%	6.98%	5.93%	5.63%	5.59%	6.02%
2022/2023	5.14%	5.63%	6.25%	5.88%	6.50%	7.07%	6.63%	7.31%	7.85%	7.06%	6.95%	6.76%	6.59%
2023/2024	6.18%	6.83%	6.61%	6.63%	6.91%	6.93%	7.39%	7.64%	7.80%	8.27%	7.64%	6.62%	7.12%
2024/2025	7.35%	7.11%	7.17%	7.47%	6.51%	7.07%	7.36%	6.91%	7.80%	7.99%	6.84%	6.47%	7.17%
Target	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%	6.50%

The progress made to date in relation to the actions in 2024 / 2025 that are either concluded or currently progressing include: -

- A refresh and consistent approach to Promoting Attendance Panels which has been welcomed by service leads and staff side colleagues.

- Multifactorial review in H&SCP with further analysis of review to implement recommendations and consider applying across the Board.

- Identification of an area of good practice who shared their learning.

- Three teams identified that fall within the high priority areas identified and engaged to be part of a future test of change.

- Overview of the use of code 99 for absence reporting with a desktop graphic campaign and regular reporting to reduce the usage of the code.

- Initial developments of attendance data with postcodes heat map.

As we enter a new financial year, the Attendance Management Oversight Group have been working on developing a recovery plan for 2025 / 2026. Appendix 2 illustrates high level activity to secure sustainable improvements into 2025 / 2026 and achieve the new local target of 6.39%, which is the SSTS National Average.

By taking a proactive and transparent approach our internal communications will play a critical role in supporting the success of our Attendance Management Recovery Plan, fostering engagement, and sustaining improvements in attendance across NHS Fife.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care Workforce

Supporting high attendance at work and staff wellbeing will have a positive impact on both staff and service delivery, improving both the patient care and staff experience.

Good staff engagement and managers who are empowered to have supportive and sometimes challenging discussions are key to achieving this. Initiatives targeted at preventing absence should be embedded within all of these discussions.

2.3.3 Financial

The financial impact for improvement work to generate a saving in terms of staffing costs, where this is a double or greater cost to cover the absence is detailed / costed within the Supplementary Staff programme. Any additional support in line with the suggestions above, will have resource implications.

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. Support from both the Workforce Directorate and management capacity given current service challenges may pose a further risk.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

One of the Anchor Institution ambitions is around widening access to quality work. This includes a focus on staff wellbeing; good staff experience which, in turn, will help to retain staff.

2.3.6 Climate Emergency & Sustainability Impact

No impact has been identified.

2.3.7 Communication, involvement, engagement and consultation

Actions for the recovery plan remain under discussion with the Attendance Management Oversight Group, linked to the NHS Fife Staff Health and Wellbeing Group, with regular updates provided to the RTP People and Change Board, APF and SGC.

2.3.8 Route to the Meeting

This paper has been previously considered by the Co-Chairs of the Attendance Management Oversight Group, HR Team Leader, Workforce Directorate and service leads, who have either supported the content, or their feedback has informed the development of the content presented in this report.

2.4 Recommendation

This paper is provided to Staff Governance Committee for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.

3. List of Appendices

The following appendix is included with this report:

- Appendix 1: NHS Fife Sickness Absence Tableau Reports – March 2025
- Appendix 2: Attendance Management Recovery Plan for 2025/2026

Report Contacts:

Jane Anderson
Interim General Manager
Email: jane.anderson2@nhs.scot

Sandra Raynor
Head of Workforce Resourcing & Relations
Email: sandra.raynor@nhs.scot

NHS FIFE

TABLEAU REPORTS AS AT MARCH 2025

NHS Fife Absence Rates – April 2023 to March 2025

Sickness Absence Rate

March 2025
6.47%

Show trend by
◉ Month
◯ Quarter

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
2023/24	6.18	6.83	6.61	6.63	6.91	6.93	7.39	7.64	7.80	8.27	7.64	6.62
2024/25	7.35	7.11	7.17	7.47	6.51	7.07	7.36	6.91	7.80	7.99	6.84	6.47
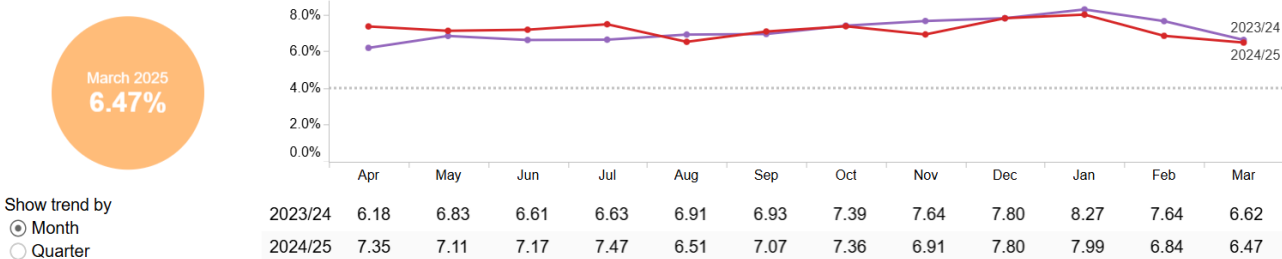
NHS Fife Staff in Post, Supplementary Staffing (WTE), Staff Leave, Age Profile, Leavers and New Starts and Establishment Gap – March 2025

Staff in Post	Supplementary Staffing (WTE)	Staff Leave
8,244 WTE	**62.48** Excess **11.33** Agency	Annual Leave, Maternity Leave, Sick Leave, Study Leave, Other Leave, COVID-19 Related…
10,024 Headcount	**47.72** Overtime **331.2** Bank	**23.94 %** Hours Absence Rate

Age Profile	Leavers & New Starts	Establishment Gap
WTE (Staff in Post)	Leavers 906	**3.63%**
5, 266, 717, 980, 1,076, 1,038, 1,033, 1,130, 1,177, 678, 142	Starters 847	Average
	For the last 12 months.	

NHS Fife Absence Rates by Financial Structure – April 2024 to March 2025

Absence Rate by Financial Structure

Hover over column titles and click [-] or [+] to contract or expand the financial structure
Select the measure you would like to view the table by from the list to the right

- ● Absence Rate
- ○ Short Term Absence Rate
- ○ Long Term Absence Rate
- ○ Hours Lost

Export	Health Board	Division	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sep 24	Oct 24	Nov 24	Dec 24	Jan 25	Feb 25	Mar 25	Total
Click here to select all data for export into Excel	NHS Fife	Acute Nursing Directorate	7.49	9.19	10.45	9.46	0.00	0.00	0.53	0.89	0.86	0.00	0.00	0.00	3.33
		Community Care Services	9.21	9.04	9.30	9.52	8.42	9.17	8.42	7.63	10.33	10.62	9.12	8.74	9.13
		Complex And Critical Services	7.82	7.34	8.03	8.72	7.49	8.30	8.92	8.02	8.17	9.31	7.74	6.75	8.05
		Corporate Services	5.29	5.44	4.44	5.01	4.64	4.80	5.00	4.49	4.93	5.93	3.72	3.89	4.81
		Director Of Acute Services	0.00	0.00	0.00	1.87	0.00	0.00	0.00	0.00	0.00	2.28	0.00	0.00	0.36
		Estates Directorate	4.40	4.83	7.04	7.57	3.03	4.03	4.95	6.68	8.18	7.09	4.91	5.55	5.69
		Facilities Directorate	9.93	9.89	10.14	10.45	8.82	9.11	9.47	8.91	9.42	9.36	8.06	7.08	9.23
		Fe Health And Safety	2.23	1.07	1.86	1.46	5.25	6.40	7.39	0.41	0.00	0.00	4.58	11.18	3.42
		Health And Social Care Other	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	11.50	7.79	0.00	1.59
		Medical Directorate	9.23	8.69	8.06	8.11	7.90	8.63	8.37	7.69	8.68	8.91	8.36	8.05	8.39
		Primary Care + Prevention Serv	5.66	5.65	5.49	5.37	5.10	5.58	6.51	6.10	5.74	5.49	5.40	5.12	5.60
		Professional/business Enabling	6.05	5.84	6.46	5.02	4.57	4.37	3.53	6.78	6.90	5.10	1.26	2.51	4.90
		Surgical Directorate	6.95	6.67	6.39	7.23	5.56	5.70	6.99	6.67	7.92	7.67	6.71	6.44	6.75
		Women, Children + Clinical Ser	5.52	4.97	6.48	6.33	5.27	6.44	6.18	6.48	7.92	7.56	6.34	5.99	6.30
	Total		7.35	7.11	7.17	7.47	6.51	7.07	7.36	6.91	7.80	7.99	6.84	6.47	7.17

NHS Fife Absence Rates and Hours Lost by Job Family – March 2025

Absence Rates and Hours Lost by [Job Family ▼] and Month [March 2025 ▼]

Staff in post (WTE)

	Absence Rate %	Hours Lost
ADMINISTRATIVE SERVICES	4.93%	10,894
ALLIED HEALTH PROFESSION	3.78%	4,495
DENTAL SUPPORT	2.81%	320
HEALTHCARE SCIENCES	4.51%	1,241
MEDICAL AND DENTAL	2.30%	1,893
MEDICAL SUPPORT	12.32%	1,076
NURSING/MIDWIFERY 1-4	11.02%	21,585
NURSING/MIDWIFERY 5+	7.09%	34,199
OTHER THERAPEUTIC	3.60%	2,623
PERSONAL AND SOCIAL CARE	3.50%	269
SENIOR MANAGERS	0.82%	15
SUPPORT SERVICES	7.23%	9,198

■ Meeting target
■ Not meeting target

■ 2023/24   ■ 2024/25

NHS Fife Absence Rates Short Term v Long Term – March 2025

Sickness Absence Rate Short Term vs. Long Term

■ 2023/24   ■ 2024/25
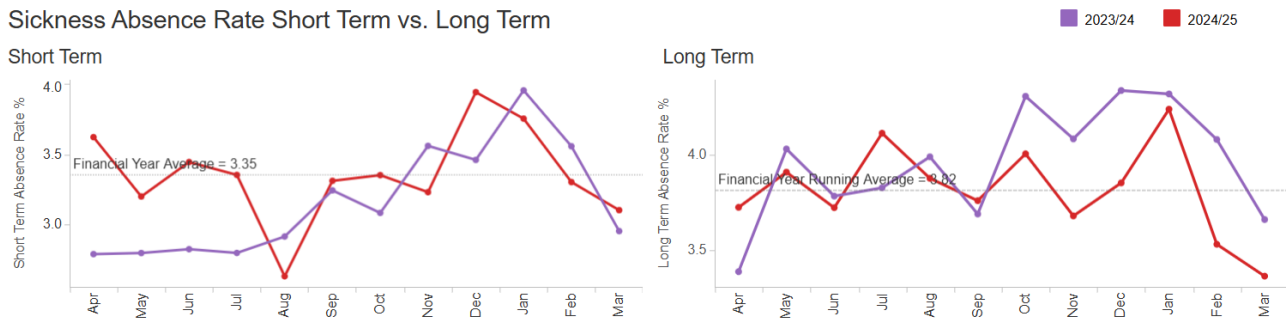
NHS Fife Division Absence Rates and Hours Lost by Age Group – March 2025

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

Choose Short Term / Long Term	Select Month(s)
Overall ▼	March 2025 ▼

Age Group — Absence Rate % | Head Count

Age Group	Absence Rate %	Head Count
16-19	16.6	27
20-24	6.0	362
25-29	6.2	893
30-34	6.5	1,308
35-39	5.7	1,436
40-44	6.2	1,367
45-49	6.3	1,313
50-54	5.7	1,407
55-59	6.9	1,535
60-64	8.4	1,012
65+	11.5	273

■ Not Meeting Target
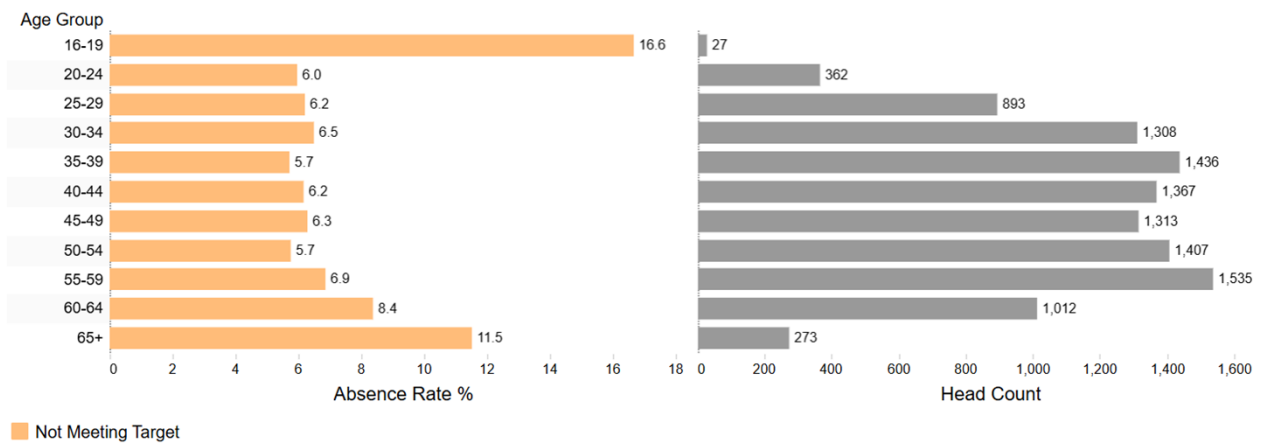
NHS Fife Absence Episodes and Hours Lost by Reason – March 2025

EPISODES AND HOURS LOST by Reasons for Overall Absence
The visualisation excludes any absence reason which has less than 5 episodes recorded for the 12 months prior to the time period selected, this is to protect confidentiality. This data is available to Directorate level.

Reason	Hours Lost	Episodes
Anxiety/stress/depression/other psychiatric illnesses	24,617	302
Gastro-intestinal problems	8,579	318
Other musculoskeletal problems	6,917	99
Cold, cough, flu - influenza	6,860	281
Injury, fracture	5,837	78
Other known causes - not otherwise classified	4,694	113
Back problems	3,985	62
Chest & respiratory problems	3,012	61
Genitourinary & gynaecological disorders - exclude pregnancy related disorders	2,480	57
Unknown causes/not specified	2,024	53
Heart, cardiac & circulatory problems	1,713	22
Headache/migraine	1,623	99
Nervous system disorders - exclude headache, migraine	1,527	16
Benign and malignant tumours, cancers	1,512	14
Ear, nose, throat (ENT)	1,373	41
Pregnancy related disorders	1,341	42
Dental & oral problems	648	28
Skin disorders	603	13
Eye problems	514	11

NHS Fife Hot Spot Areas – January 2025 to March 2025

High Priority Departments - Latest Three Months
Filter Department by Priority

High Priority	▼

Department ⊞	WTE (Current)	Absence Rate	
Addictions Service Nhs Funding	6.5	29.2	
Senior Manager Child Services	6.9	26.1	
Ict Kirkcaldy Physio	7.6	24.6	
Glenmar	9.4	23.0	
Fe Vhk Est Engineering	16.6	21.1	
S'eden Day Nurse Lomond	26.5	20.6	
School Nurses In Training	10.2	20.6	
Qmh Mh Day Nursing Ward 2	23.9	19.4	
Icass Dunfermline Admin	10.3	18.6	
Qmh Antenatal Clinic	9.6	18.3	
Qmh Mh Day Nursing Ward 4	23.8	18.2	
Integrated Sexual Hlth Nursing	17.6	17.6	
Cmht Adult West Fife	18.4	17.5	
Hs - Frs Ward Nurses	20.3	17.2	
Qmh Community Paediatrics Med	13.4	16.9	
Ict Dunfermline Physio	7.5	16.8	
Qmh Ward 8	22.9	16.5	
Switchboard	9.7	16.4	
Addictions Drugs Mission Fund	16.9	16.3	
Workforce Oh Nhs Fife Staff	17.6	16.2	
Wbh Ooh Unscheduled Care	10.9	16.0	
Vhk Induction Of Labour	11.7	15.9	
Vhk Ward 34 Haematology	26.9	15.4	
Vhk Maternity Ward	29.6	15.1	
Qmh Theatres	56.4	14.9	
Hs - Glen Hosp Wd 3 Nurs	24.3	14.9	
Vhk Ward 6 Supported Discharge	51.0	14.6	
Vhk Dermatology	12.4	14.6	
Vhk Endoscopy Booking Unit	8.1	14.5	
Paediatric Occ Therapy	13.8	14.5	
Qmh Outpatients	16.2	14.3	
Community Respiratory Team	8.6	14.3	
Au1 Nurse Practitioners	8.3	14.3	
Vhk Icu	68.4	14.0	
Ward 44 Gi Unit	53.0	14.0	
Ward Clerks	7.4	13.8	
Cs - Ict Lmouth Cameron Ot	7.7	13.8	
Ntc Sg Addnl - Radiology	7.4	13.8	
Qmh Dermatology	11.9	13.7	
Cmht Adult Nef + Glenrothes	26.2	13.1	
Ff Qmh Fac Cleaning Wkly	6.9	13.0	
Cs - Ict St Andrews Physio	8.5	13.0	
Infection Control	8.8	13.0	
Pall Care Medical Staff	9.7	12.9	
Ff Vhk Cleaning Ph 3	36.8	12.8	
Community Nursing Out Of Hours	20.7	12.7	
Vhk Ward 41 Moe	40.3	12.7	
Ff Wbrae Cleaning	12.4	12.6	
Ntc Core - Vhk Ward 10 - Orthopaedics	26.9	12.4	
Vhk Midwife Led Unit	19.1	12.3	
Qmh Ward 6	35.2	12.2	
Wbh Day Nursing Ravenscraig	23.3	12.0	
Vhk Admissions Unit 1	96.9	11.9	
Hs - Cam Hosp Balgonie Nurs	27.2	11.7	
Vhk Ward 32 Endocrine/general Medicine	34.2	11.7	
Cpn Old Age Central Fife	21.9	11.5	
Vhk Endoscopy	43.0	11.5	
Qmh Ward 7 Stroke	29.0	11.3	
Vhk Theatre General - Phase 3	59.6	11.2	
Camhs Demand And Wait List	29.6	11.1	

Priority
Definitions

High Priority Departments - Latest Three Months
Filter Department by Priority

High Priority	▼

Export

Department ⊞	WTE (Current)	Absence Rate	
Vhk Ward 23 Cardiology	51.5	10.8	■
Kirkcaldy Hospital At Home	16.2	10.8	■
Qmh Ward 5	37.7	10.8	■
Pall Care Hospice	25.1	10.8	■
Dunfermline Hospital At Home	18.5	10.6	■
Gnef Hospital At Home	20.4	10.6	■
Vhk Labs Haematology	23.5	10.6	■
Hs - Adamson Hosp Tarvit Nurs	28.4	10.6	■
Vhk Ward 53 Respiratory	42.2	10.5	■
Vhk Recovery	30.3	10.3	■
Ff Vhk Cleaning	114.9	10.2	■
Cowdenbeath Team District Nrs	22.4	10.1	■
S'eden Day Nurse Dunino	20.1	10.0	■
Vhk Haem/onc Day Unit	21.9	10.0	■
Ff Vhk Catering Pat	44.5	10.0	■
Vhk Neonatal Unit	39.5	10.0	■
Vhk Gynae Ward 24	23.3	9.8	■
Vhk Ward 51 Respiratory	17.9	9.8	■
Gp Mental Health Triage Pcif	19.0	9.7	■
Vhk Discharge Hub	16.9	9.6	■
Hollyview Ipcu Day Nursing	19.6	9.6	■
Vhk Labs Microbiology	36.0	9.5	■
Hs - Glen Hosp Wd 2 Nurs	24.6	9.4	■
Vhk Ward 22 Renal	39.0	9.3	■
Vhk Ward 43 Moe	40.7	9.3	■
Kirkcaldy Team District Nrs	32.2	9.2	■
School Nursing Team	21.0	9.1	■
Vhk Odp	35.4	9.1	■
Ff Vhk Portering	47.5	8.9	■
Vhk Consultant Led Unit	43.2	8.9	■
Dunfermline Team District Nrs	28.8	8.8	■
Cpn Old Age West Fife	25.2	8.8	■
Qmh Day Surgery Unit	23.5	8.7	■
Ff Qmh Fac Cleaning	49.6	8.7	■
Hs - St Andrews Hosp Wd 1 Nurs	28.0	8.6	■
Vhk Ward 52 - General Surgery	37.3	8.6	■
Hs - Cam Hosp Letham Nurs	24.2	8.5	■
Vhk Ward 54 - Urology	36.5	8.5	■
Acute Pharmacy Technical Servs	57.3	8.4	■
Pcif Ctac	80.7	8.1	■
Qmh Opthalmology Opd	30.8	8.1	■
Medical Secretaries	55.1	8.0	■
Comm Alcohol & Drug Service	55.4	7.7	■
Vhk Emergency Department	83.0	7.1	■

NHS FIFE ATTENDANCE MANAGEMENT RECOVERY PLAN 2025-26

Mission
WHAT IS OUR ROLE AS AN NHS BOARD?

Vision
WHAT DOES OUR CORE PURPOSE NEED TO BE?

Strategic Outcomes
WHAT ARE THE BIGGEST FACTORS THAT WILL HELP TO ACHIEVE OUR MISSION?

Specific Outcomes
WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?

Expected Outcomes
WHAT WILL BE DIFFERENT AS A RESULT?

Mission: To achieve a longer term, sustainable improvement in absence rates to 6.39% by 31st March 2026.

Vision: To foster a culture where every employee feels valued, engaged and supported with their health and wellbeing to remain in the workplace. High attendance at work has both a positive impact on staff and our aspiration to be an employer of choice and therefore also on patient care. Supporting managers to nurture a positive workforce culture and signposting to the resources available will contribute to staff health and wellbeing and the organisations wellbeing.

ANALYTICS / DATA AVAILABILITY

We will ensure accurate and reportable attendance data sources are available to enable analysis of data and generate actionable insights.

Actively promote the reporting capabilities and analysis of attendance data to enable managers to identify trends, patterns and potential issues.

Improved accuracy in absence data fosters trust in managers, facilitates informed decision-making, and supports the development and implementation of effective strategies to improve attendance.

TRAINING RESOURCES

We will ensure that all training programs align with the organisation's standards and expectations. We will also provide managers with the necessary tools and resources to effectively support the health and wellbeing of their teams.

- Attendance management training will be updated to take account of reviewed OfS implementation and to incorporate NHS Fife's Leadership Framework.
- Revised Attendance Management training will be implemented system-wide for individuals responsible for managing staff equipping them with essential skills, leadership styles, and behaviours that align with the organisation's culture while reinforcing the principles of Managing Attendance
- Promote awareness amongst managers about the available resources for fostering and maintaining the

Working in partnership review the implementation of OfS policy to ensure a robust application of the OfS Attendance policy.

Strengthen expertise and confidence in Attendance Management through the development of enhanced resources and greater accessibility to information.

Early signposting by managers enhances their awareness of employee wellbeing support

SERVICE ENGAGEMENT

We will ensure managers continue to provide opportunities and support staff's health and wellbeing in the workplace and support good conversations.

We will ensure that each Directorate hold a quarterly PAAW panel, providing highlight reports to the Attendance Management Oversight Group for assurance purposes.

- Continue to identify areas of good practice to develop shared learning. Continue to identify priority areas and carry out a deep dive with a solutions-based focus.
- We will ensure managers continue to provide opportunities and monitor staff's health and wellbeing and support good conversations.
- Support managers in using the NHS Fife Leadership Framework when engaging in attendance conversations.
- Directly engage with teams / services where absence figures are higher than 10% and support managers to develop recovery plans.

Create Team Building, Trust, and Wellbeing by building positive relationships and authenticity to support best practice and shared learning in a safe space, encourage networking and supportive platforms for discussion.

Encourage growth within leaders by incorporating NHS Fife's Leadership Framework.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Workforce Plan for 2025/2026**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Brian McKenna, Workforce Planning Lead /** **Rhona Waugh, Head of Workforce Planning & Staff Wellbeing**

Executive Summary

- Revised Workforce Planning guidance was received in December 2024, which superseded the previous "Three Year Workforce Plans" and streamlined the key information to be included and analysis to be undertaken by Boards and HSCPs.

- The attached draft template has been completed to satisfy the requirement for Boards to submit Workforce Planning information for 2025. It sets out the main aspects of our workforce challenges, taking account of the current financial climate and aligned to our financial plan and the Annual Delivery Plan (ADP). Staff Governance Committee members' feedback is sought on the detail contained within the draft submission.

- The draft NHS Fife Workforce Plan template has been completed taking account of feedback from all services within the Board and in conjunction with HSCP colleagues.

1. Purpose

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

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

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Appropriately trained & developed
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

As previously reported, revised Workforce Planning Guidance was published on 17 December 2024, requiring NHS Boards and HSCPs to return to Scottish Government (SG) by 17 March 2025. The draft template report has been submitted to SG, subject to approval by the Staff Governance Committee and Fife NHS Board. The completed draft template for NHS Fife is attached at **Appendix 1** of this report. The HSCP template is also attached at **Appendix 2,** for information.

2.2 Background

Following the previous requirement for Boards to produce three year workforce plans, the revised guidance (DL(2024)33) was designed to minimise the additional burden on NHS Boards and HSCPs at a time of significant change and as we progress with our respective Transform, Perform and Reform agenda. It should be noted that the current SG guidance outlines a caveat that advises NHS Boards and HSCPs to continue to plan for their workforces using a methodology, timeframe and structure that best meets their organisational needs. There is no requirement to publish the final template for 2025/2026.

2.3 Assessment

The pre-determined template detailed a series of questions NHS Boards and HSCPs are required to respond to. The content of the NHS Fife draft is significantly influenced by the Reform, Transform & Perform programme and related work-streams, alongside details collated and analysed from service returns, which takes account of service based workforce planning priorities focused on the next twelve months. It also acknowledges that the shape and composition of our workforce will need to evolve to ensure the continued delivery of high-quality, affordable health and care services.

There is a recognition that it is inevitable that the shape of our workforce may need to evolve to deliver affordable health and care services. This evolution may result in a more streamlined workforce, optimised to meet the needs of our population while maintaining the highest standards of care. Efforts to improve the sustainability of our workforce and maximise efficiencies within our corporate functions are therefore key to the delivery of the plan in 2025/2026 and thereafter.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The intent of the Workforce Plan is to highlight the factors which will shape the future staffing required to enable safe, high-quality care to the population of Fife in an affordable and sustainable manner. There will be synergies between mapping future staffing requirements for the Workforce Plan, with the Common Staffing Method reviews embedded within the Health and Care (Staffing) (Scotland) Act 2019, and the objectives of the Re-form, Transform and Perform (RTP) agenda.

2.3.2 Workforce

It is recognised the size of the NHS Fife workforce has grown significantly in recent years, alongside the costs of supplementary staffing. Various work-streams within the RTP programme are reviewing this growth with the aim of identifying the levels of staffing that is both affordable and sustainable.

This Workforce Plan will detail the various methods NHS Fife will adopt to introduce revised workforce models, outlines some of the steps to be taken for transforming the delivery of health and care services, and highlights the workforce skills required to support any future models of care.

2.3.3 Financial

The draft Workforce Plan has been triangulated with Financial Planning and Service Planning colleagues to ensure the details and staffing models are both affordable and sustainable.

2.3.4 Risk Assessment / Management

Workforce Planning and Delivery is currently identified as a high risk within the Corporate Risk Register. There are multifactorial reasons for this level, ranging from the affordability and sustainability of the current service models to an imbalance between the anticipated supply of and demand for the future workforce. The Workforce Plan has summarised a series of measures being progressed to mitigate this risk, which will be further developed with SGC Committee members at a future SGC Development session.

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

Consideration will be given as to whether an impact assessment is required for the Workforce Plan in its entirety, or whether individual impact assessments should be undertaken whilst progressing the various outputs.

2.3.6 Climate Emergency & Sustainability Impact

No known impact at this time.

2.3.7 Communication, Involvement, Engagement and Consultation

The draft Workforce Plan for 2025/2026 has been developed taking account of feedback from a range of key stakeholders.

2.3.8 Route to the Meeting

This paper has been discussed with the Employee Director, Planning & Performance and Finance Team colleagues, the Director of Workforce, Workforce Senior Leadership Team, and Executive Leadership Team whose comments and feedback have informed the content.

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a **Moderate** Level of Assurance and confirmation that the Workforce Plan submission for 2025/2026 has been developed in accordance with the revised guidance.

- **Decision** – to proceed with submission of the finalised template (subject to any amendments suggested by Committee Members) to NHS Fife Board for approval and then to Scottish Government by the end of May 20

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Draft NHS Fife Workforce Plan for 2025/2026
- Appendix 2: HSCP Workforce Plan for 2025/2026

Report Contacts:

Brian McKenna
Board Workforce Planning Lead
E-mail: brian.mckenna@nhs.scot

Rhona Waugh
Head of Workforce Planning & Staff Wellbeing
E-mail: rhona.waugh2@nhs.scot

Workforce Plan 2025/2026 Annex A

March 2025

In answering the questions below, respondents should set out as far as possible how they plan to achieve what is being asked, when they plan to achieve it and what are the expected results of the action(s) taken.

1. What would you like to feedback to the Scottish Government with regards to the workforce you plan for?

This could be sharing best practice or areas of concern that you have.

NHS Fife's Workforce Plan over the next year and beyond will be aligned to, and will complement, the Annual Delivery Plan 2025/2026 and our Medium Term Financial Plan 2025-2028. The triangulation of these documents focuses on the significant financial challenge as set out in the letter from the Scottish Government, Director of Health & Social Care Finance on 28 November 2024 and the forthcoming Improvement Plan about improving public services and NHS renewal announced by the First Minister on 27 January 2025.

Workforce Planning considerations continue to be closely aligned to and inform our overarching Transformation Portfolio. Our aim is to achieve longer term balance and sustainability in our health and care system, ultimately leading to improvements in patient care and system efficiency, whilst recognising that the scale of the financial challenge will require a more streamlined workforce, optimised to meet the needs of our population whilst maintaining the highest standards of care.

Workforce Planning assumptions sit within our wider planning assumptions, incorporating the following key priorities and strategies:

1. **Strategic Context**: The plan aligns with the First Minister's vision for Scotland, focusing on "Equality, Opportunity, Community: New Leadership - A fresh start" and aims to achieve specific outcomes by 2026.

2. **Efficiency and Productivity through Transformation**: We will continue to make improvements through our RTP transformation work and Transformation Portfolio.

3. **Access to Care**: Priority will be given to reducing elective care waiting times, emergency access waiting times and enhancing access to general practice.

4. **Innovation and Reform**: Continued focus on innovation, reform, and investment in technology, data, and new capacity to improve services.

5. **Workforce**: Improve the sustainability of workforce as part of the on-going transformation portfolio, including the externally commissioned whole system bed model review, to support staff to deliver quality health and care in appropriate settings.

Medium Term Financial Plan 2025-2028

NHS Fife has made good progress in reducing aspects of our costs during 2024/2025, but significant residual pressure remains in the system. We continue to respond to that through active management in all areas to make further reductions as part of our sustainability and value work in 2025/2026. Taking account of the financial planning assumptions and assessment of financial commitments anticipated in 2025/2026, the indicative financial gap before any mitigating actions is £53m. To mitigate the deficit, we have identified savings of

£28m and early indication would suggest £15m is potentially deliverable on a recurring basis, with the balance on a non-recurring basis. The remaining gap of £25m remains outwith the expectations of Scottish Government, although a non-recurring funding increase of £17m decreases the short-term financial gap to £8m. The Transformation Portfolio will be focused on identifying mitigating actions to meet the anticipated financial gap, as NHS Fife looks to break even in 2025/2026 and return to financial balance.

The medium-term financial plan sets out a number of areas where work is underway to redesign services, rationalise our estate and transform the way we conduct our business.

Re-form, Transform and Perform Framework

The evolving healthcare landscape and increasing financial pressures has necessitated a structured and long-term approach to transformation. Our Re-form, Transform, Perform programme was established in March 2024 and laid the groundwork for strategic transformation within Fife's healthcare system. The initial 13 schemes have successfully been implemented, driving forward key improvements and efficiencies. NHS Fife has now established a strategic Transformation Portfolio with a co-ordinated collection of initiatives, programmes and projects which align with our Population Health and Wellbeing Strategy and long-term corporate objectives.

The Transformation Portfolio will ensure continued balance between quality and safety of care, strategic delivery, staff experience, and financial improvement, value and sustainability.

Through **People and Change**, NHS Fife will drive workforce transformation to ensure long-term sustainability while maintaining high-quality care. Priorities for 2025/2026 include quantifying the WTE impact of our streamlined workforce against the competing challenges of the reduced working week and Protected Learning Time and implementing a strategic shift from vacancy management to a "request to recruit" approach, leveraging natural workforce turnover for system redesign. Key actions will focus on continuing to reduce supplementary staffing, managing vacancies more effectively and implementing a structured approach to workforce transitions, particularly in response to national financial and workforce planning assumptions.

Changes to **Infrastructure** will continue to optimise NHS Fife's estate and ensure its alignment with future service needs. 2025/2026 will see the completion of a whole-system bed modelling exercise, supporting site consolidation and long-term estate planning. The Business Continuity and Essential Infrastructure Investment Plan will further enable strategic reductions in in-patient sites, while ensuring facilities are fit for purpose. These actions will contribute to a more sustainable and integrated service model.

Across our **Service Redesign**, NHS Fife will implement whole-system improvements to enhance quality, efficiency, and patient outcomes. Key areas of focus include expanding Same-Day Emergency Care, reviewing Surgical and Minor Injuries pathways, and advancing Frailty Assessment services. Additionally, the review of Haematology and Oncology services will address workforce and cost pressures, while continued integration with the Integration Joint Board (IJB) will drive further efficiencies in health and social care.

Our **Business Transformation** agenda will modernise NHS Fife's administrative functions, streamlining processes through digital enablement, centralisation, and structural redesign. With a significant proportion of the workforce aged 55 or over (circa 34%) and an annual turnover of 10%, there is a clear opportunity to reshape roles and enhance efficiencies, while

maintaining service quality. The focus will be on leveraging technology, optimising resources, and delivering long-term financial sustainability while ensuring a future-ready workforce.

Population Based Planning

Collaborative Planning and Regional Delivery in NHS Scotland East

The three NHS Boards in the East of Scotland: NHS Fife, NHS Lothian and NHS Borders, are committed to a collaborative, population-based approach to regional planning and service delivery. Our collective aim is to maintain and enhance quality, efficiency and sustainability across the region, while ensuring equitable access to high-quality care. This partnership will drive transformational change, aligning with the Scottish Government's renewed approach to regional and national service planning, ensuring a cohesive strategy that supports system-wide resilience rather than creating individual Board pressures.

Recognising the dual responsibilities of each NHS Board to maintain financial balance and deliver the highest quality care to those in greatest need, we will establish a joint planning process for 2025/2026 and beyond. This will identify and assess opportunities where regional service models could improve outcomes, optimise resources and enhance long-term sustainability. This approach will integrate with national approaches to non-sustainable services, ensuring alignment with emerging single national service plans, where appropriate. Through our NHS Scotland East Core Group, we will provide strategic leadership, developing business cases for service transformation in areas of mutual benefit across the region.

Positioning the National Treatment Centre – Fife Orthopaedics as a Centre of Excellence

The National Treatment Centre (NTC) – Fife Orthopaedics, as part of the national network of NTCs, presents a significant opportunity to improve orthopaedic access and outcomes across the East of Scotland. With its state-of-the-art facilities and dedicated orthopaedic expertise, the NTC is uniquely positioned to become a national centre of excellence, reducing waiting times and increasing surgical capacity for hip, knee, and other musculoskeletal procedures. By leveraging its high-volume, high-efficiency model, the centre can play a pivotal role in regional and national service planning, offering a sustainable solution to the growing demand for elective orthopaedic care. A co-ordinated approach across Scotland will ensure that the full potential of this investment is realised, providing equitable access to advanced Orthopaedic treatments, while reducing the reliance on short-term external capacity solutions.

Maximising Cataract Surgical Capacity at Queen Margaret Hospital

Alongside developments in Orthopaedics, NHS Scotland has an opportunity to significantly enhance ophthalmology capacity through the expansion of cataract services at Queen Margaret Hospital, Dunfermline. With a well-established theatre infrastructure and an experienced Ophthalmology team, Queen Margaret Hospital has the potential to become a regional hub for Cataract Surgery, increasing access for patients regionally and nationally.

Additional investment in theatre sessions and workforce expansion could more than double surgical output, drastically reducing waiting times while improving patient experience. This approach aligns with the regional planning ethos, ensuring that all Boards benefit from increased elective capacity, particularly in specialties where demand is high and service fragility is a recognised challenge.

2.   Hard to Fill Posts

Please use the table below to outline posts that have been, or continue to be, difficult to permanently recruit to. Please also provide detail on what action you have taken to attract staff to this post. The roles detailed should be as specific as possible, breaking it down by sub-job family where appropriate.

Hard to fill role	Is the difficulty in filling this location specific? (i.e. is it specific to the local area your plan covers or difficult because it is located in a rural setting?)	How long has this issue persisted?	How many roles within this job family are affected (WTE)?	What service is at risk as a result of this (if applicable)?	What have you done and what are you doing to address this issue?
Medical and Dental Consultant level roles in specialism including:					
Clinical Laboratory Specialties	Potentially	3 years +	6 WTE	Microbiology Pathology Radiology Haematology	Various in-sourcing / outsourcing options, regional working and on-going recruitment efforts.
Medical Specialties	Potentially	3 years +	8 WTE	Various	
Psychiatric Specialties	No	3 years +	Circa 15 WTE	Mental Health	
Nursing and Midwifery Registered roles in the following specialisms:					
Adult Nursing	No	3 years +	Circa 50 WTE	Adult Nursing	On-going recruitment efforts, as outlined throughout return.
Mental Health	No	3 years +	Circa 30 WTE	Mental Health	
Learning Disabilities	No	3 years +	Circa 15 WTE	Learning Disabilities	
In addition to the roles outlined above, there are a number of positions across NHS Fife where services have experienced challenges in recruitment. This can be due to the number of registrants choosing to move into private practice (e.g. Physiotherapy & Podiatry) or instances where posts require additional experience or special interests (e.g. Neonatal & Paediatrics, Infection Prevention & Control and AHPs specialising in Mental Health / Learning Disabilities). Although the overall WTE involved in these vacancies is small, they will have a disproportionate impact in NHS Fife due to the relative size of the services and workforce involved.					

3. Please outline how you are managing vacancies and your plans on how to fill them?

In the context of reducing supplementary staffing spend, for example high-cost agency usage, please advise how you plan to reduce the number of vacancies you have and ensure that you maintain adequate staffing levels to meet service demand?

Within the context of our financial challenges, and the implications this has on NHS Fife's need to transition towards a more streamlined workforce, enhanced controls have been applied to our vacancy authorisation process, consistent with a 'request to recruit' approach described above.

Key Executive Director Leads participate in control panels reviewing the case supporting recruitment to all posts, consider alternatives to recruitment and ensure any positions advertised are aligned to the stated NHS Fife priorities or are required to maintain clinical activity at adequate staffing levels, meeting service need.

In tandem with this, a dual approach has been taken to target escalating supplementary staffing expenditure. NHS Fife has successfully supported the delivery of the Scottish Government Supplementary Staffing Task and Finish Group recommendations; ensuring current agency usage is by exception only. In addition, a Direct Engagement Model was introduced as part of the Transformation Portfolio in August 2024. The cumulative impact of these measures has been a reduction in supplementary spend, noting activity remains outstanding within certain Health Board delegated services, specifically Psychiatry and Mental Health Nursing, due to national recruitment challenges across these specialisms.

Supporting recruitment to those positions required to ensure adequate staffing levels, and the cyclical nature of 'Newly Qualified' graduate recruitment, NHS Fife has started to progress plans for the 2025 intake. This includes attendance at recruitment fairs with, for example, Abertay, Napier and Stirling Universities to highlight NHS Fife as an employer of choice; scheduling the recruitment and interview arrangements for all applicants from March 2025, and where relevant, co-ordinating job offers with final academic placements. The latter has proved popular with students consolidating their learning experience.

Despite these efforts, there remains concern that the supply of registrants in the labour market will fall short of requirements to maintain our current service delivery model, a position which will be compounded by the next phase of the Reduction in Working Week scheduled for April 2026. This concern and given the need to transition to a more streamlined workforce in response to our financial challenges, will result in a number of programmes progressing during 2025/2026 and beyond, overseen by the Transformation Portfolio. These programmes include:

- The outcome of a commissioned review of In-patient and Care Home beds across the Fife Health and Care System will be received in Quarter 1 of 2025/2026.   It is envisaged that proposals will focus on maximising opportunities to reduce both current and future pressure on Fife's in-patient bed footprint and ultimately transfer a greater proportion of Fife's capacity away from in-patient beds and into community settings. The findings of this review will be progressed within the current Transformation Portfolio, with Fife's workforce plan being embedded to respond to the impact this transformation will have on workforce resources, competencies and deployment.

- Responding to the benefits realised from the redesign of Older Adult Community Mental Health provision, which has supported people to remain at home or within community settings for longer, there was an evidenced based reduction on the overall in-patient footprint within Mental Health Services. The reduction in in-patient beds resulted in efficiencies linked to minimising supplementary medical and nursing staffing spend, in addition to mitigating escalating estate management costs. This redesign will continue across In-patient Services during 2025/2026, with a similar review to be undertaken of Rehabilitation Services, as Mental Health and Learning Disability Services look to transition a greater proportion of care services from in-patient to community settings.

- A review of our administrative functions as part of the Business Transformation process will aim to streamline processes and resources through digital enablement, centralisation and restructuring. Initial activity has focused on identifying enablers to facilitate change across corporate functions such as programme management; health records and secretarial roles. The core planning assumption is that efficiencies of 5% can be delivered in 2025/2026 within in-scope services.

4. Please provide detail on the sickness absence rate of the workforce.

What is the sickness absence rate of the workforce you plan for currently? Are you taking any steps to reduce this or are you taking steps to sustain this rate? Please detail how you are doing this. Are there any specific areas of concern for you with regard to sickness absence? This could be a reason or a service at risk as a result of absence.

Workforce information in NHS Fife is extracted from a variety of sources, including national ISD dashboards, regional solutions supported on Tableau, to bespoke local dashboards supported on MicroStrategy and Power BI. Sickness Absence details are sourced from the Regional Workforce Information System, a solution brought in across the territorial boards in the East of Scotland to report on standardised workforce matrix indicators.

The Regional Dashboard indicates that our sickness absence level was 6.84% in February 2025. In response, NHS Fife will:

- Work in partnership to review the implementation of the Once for Scotland Policy, ensuing a more robust application of the Absence Policy.

- Revise attendance management training, updating the materials to take account of Once for Scotland policy changes and the NHS Fife's Leadership Framework.

- Deliver revised attendance management training across the system to those managing staff, promoting the skills, leadership styles and management behaviours which support cultural change and embed principles of managing attendance.

- Continue to identify areas of good practice to develop shared learning, and target high priority absence areas, undertaking deep dives with a solutions based focus and referencing the shared learning.

The Attendance Management Oversight Group has also started to review sickness absence data against the Scottish Index of Multiple Deprivation (2020) in an attempt to extract any learning and determine how organisational resources could be targeted more appropriately. Initial observations from this work indicates a correlation between absence rates and deprivation scores, with a noticeable trend across certain SSTS absence descriptions where absence rates increase as the Multiple Deprivation score deteriorates.
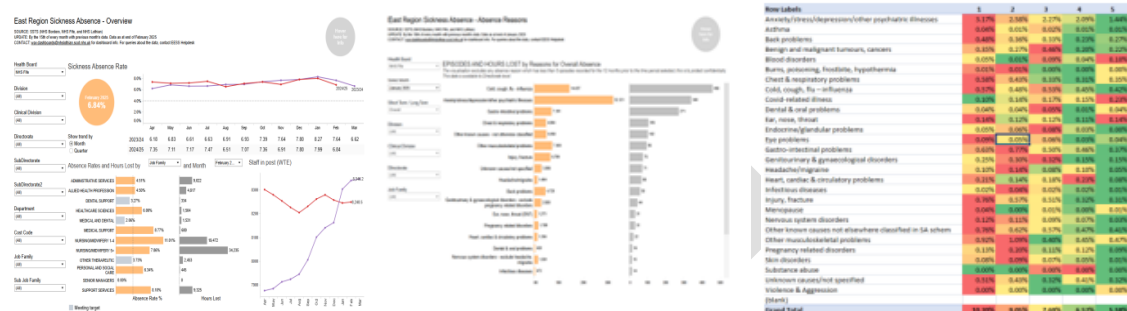
In addition, what are the main reasons for long-term sickness absence in the workforce you plan for and is this driven by a particular job family?

Measured as days or hours lost, the main reason for long-term sickness absence against the SSTS categories is identified as "Anxiety / Stress / Depression / Other Psychiatric Illness". This is consistent across all job families represented, although "Other Musculoskeletal problems" features more prevalently within the absence statistics for Support Services and the non-registered Nursing & Midwifery Job Families.

As referenced above, although mental health related absence is the largest cause of long-term absence across all job families, there does appear to be some correlation between this category of absence and the Scottish Index of Multiple Deprivation Score for where staff members live. The Attendance Management Oversight Group is reviewing this information to determine if organisational resources can be directed more effectively to target this absence category.

Finally, please provide detail on how you support staff wellbeing as a preventative measure to sickness absence.

NHS Fife continues to build on its wide range of health and wellbeing support, with the multi-disciplinary approach aimed at building resilience and enhancing wellbeing across mental, emotional, spiritual and physical health needs.

Our comprehensive Occupational Health Service, which also incorporates Counselling, Occupational Therapy, Physiotherapy and Occupational Health Mental Health nursing input, has been supplemented by the following core services:

- Spiritual Care
- Peer Support
- Staff Psychological Therapies Service
- Wellbeing Workshops and Events

A recent review of the Occupational Health Service provision within the North East of Fife has resulted in an increase in the provision of Physiotherapy services and additional support targeting Musculoskeletal related conditions, in response to the reasons for long-term sickness absence described above.

Additional support introduced as a preventative measure to sickness absence, and introduced through the staff wellbeing forum, include:

- Targeted support in respect of Bereavement, including new on line resources and a support group.
- The introduction of self help resources for staff and managers around Menopause and on-site staff support sessions.
- Active sign posting relating to financial wellbeing.
- The introduction of resources supporting Life Style Medicine.

5. What are you doing in terms of role diversification and role reform to meet supply challenges?

Given the challenges facing the workforce with regard to hard to fill roles (this may be in terms of labour / skills gap or skills shortage), it may not be possible to recruit for every role and therefore the gap might need to be filled by another means. Are there any local initiatives you are taking with regard to role diversification to address gaps or shortages? In addition, could you provide feedback on any national initiatives of role diversification where this is applicable?

This might include development and implementation of Earn While You Learn programmes to develop skills within the existing workforce.

Fife is located between Edinburgh and Dundee, and the attractiveness of these cities in respect of the social and academic opportunities means that NHS Fife can be at a disadvantage when attracting candidates for certain positions, particularly those requiring initial graduate or post graduate qualifications. Consequently, there are a number of initiatives, built around career pathways, which target local candidates to provide them with a means to join or workforce and continue to develop in order to meet the requirements for our future requirements. These include:

- In partnership with the University of St Andrews, an annual programme has been introduced targeting school aged students to provide them with an understanding of a role within medicine, before offering the opportunity to progress onto structured Summer Programmes and finally into the Gateway to Medicine initiative in the equivalent of their S6 year.

- In collaboration with Fife College, and supported by National Education Scotland, opportunities are offered to school leavers (14–16 year old) as part of our EMERGE programme. This programme targets candidates from local areas of deprivation, with an interest in a career in health, to obtain practical expose to healthcare roles whilst achieving an academic or vocational qualification in a health and care related subject.

- In conjunction with the Fife Health and Social Care Partnership, Fife Social Work and Social Care partners, attendance at Health and Social Care Careers Events aimed at S2 and S3 school pupils to aid subject selection; and an event aimed at S4 to S6 pupils leaving school and choosing careers.

Locally, a range of initiatives and programmes aimed at supporting the development of a talented workforce capable of meeting existing and future demands include:

- The Health Care Support Worker Framework has been embedded into practice by the Practice and Professional Development function. This framework builds on the widening access programmes, in partnership with local Fife Colleges and the Open University, to provide a pathway for support workers or former registrants to further their development, whilst in employment, and achieve recognised and approved qualifications. This Framework will support Health Care Support workers to progress into Assistant Practitioner roles, or alternatively to become registered with the appropriate registration body.

- 'Earn and Learn' opportunities were introduced within the Podiatry Service, in partnership with Glasgow Caledonia University, allowing trainees to undertake undergraduate studies whilst in employment. The success of this scheme has attracted further interest across a range of Job Families, including within the Mental Health Services.

- Targeted Modern Apprenticeship recruitment is being progressed at part of the vacancy authorisation process to identify suitable positions with established career pathways which would allow for on-going training and development opportunities. This builds on the success of such schemes in recent years in Pharmacy Services, Healthcare Science and other areas.

Similarly, there are a number of initiatives and programmes focusing on graduate and post graduate level studies or equivalent. These focus on expanding the scope of practice for many professions, either in response to supply challenges or the difficulties to recruit to positions in supporting job families. These initiatives include:

- Continued investment within the Advanced Practice workforce within Nursing and Midwifery and Allied Health Professions. This can involve the application of Annex 21 of the Agenda for Change Terms and Conditions of Service and involve employees undertaking structured postgraduate level development programmes to safely deliver the expanded scope of practice.

- Introduction of extended roles in areas such as Healthcare Science in response to labour market challenges, and specifically challenges recruiting to Consultant positions within certain Laboratory Medicine specialisms.

- Graduate apprenticeships are undertaken by a number of staff within NHS Fife during employment, support the staff member's career aspirations and continuous professional development. This is offered as requested and as funding permits, with one possible funding stream being the Consort / NHS Fife Employee Development Fund which offers funding for learning opportunities not otherwise available.

- Support of the Gateway Programme, offering the opportunity for International Medical graduates of all grades and experience levels, who wish to gain clinical experience within the NHS.

6. How are you using technology / IT to improve performance?

How are you using technology to improve performance within the services that you plan for? What examples of innovation are you exploring for implementation to help reduce pressures on workforce and improve outcomes?

NHS Fife is currently rolling out the Allocate Optima (eRostering) and SafeCare solutions, with the intention of these solutions being operational across the majority of rosters by March 2026. This is in accordance with the national policy, with the stated benefits of these solutions including an enhanced roster experience, real-time staffing decisions that improve patient care and financial savings derived from improved management of the supplementary workforce. SafeCare will also enhance our ability to report on NHS Fife's compliance with the Health and Care (Staffing) (Scotland) Act 2019. Current considerations include how the output of these solutions can be embedded in current OPEL processes ensuring that clinical areas are Safe to Start.

Other examples of our use of technology within the Workforce Directorate aimed at improving performance include the increased use of dashboards supported on Tableau, MicroStrategy and Power BI. The East Region Workforce Dashboard provides certain standardisation in a range of workforce matrix reporting between NHS Borders, NHS Fife and NHS Lothian. Additional bespoke dashboards established locally include reports on Employee Appraisal update, Supplementary Staffing overview, and Nursing & Midwifery NP510 Framework compliance focused on future bookings.

More generally, there are a number of technology / IT initiatives being rolled-out across NHS Fife with the expectations that they return dividends in respect to workforce efficiencies. These include:

- Continued promotion of the "Near Me" functionality, particularly in rural settings, to enable patients to attend pre-arranged appointments using a video call, rather than attending in person.

- To facilitate the increase in self-referrals across a range of disciplines, particularly where the first step in treatment is focused on self-management (e.g. Allied Health Professions), or where there is an increasing range of digital interventions (e.g. Psychological Therapies, Occupational Therapy).

- The implementation of the Laboratory Information Management System (LIMS) used to result and report all primary, secondary and tertiary laboratory tests received by Laboratory Medicine. Along with other national systems, the 10 year partnership with the system supplier has aspirations to enhance productivity, in this case enhancing diagnostic capabilities through collaboration, standardisation and improved systems.

- Consideration of e-Trauma or similar digital solutions to support the management of trauma lists by replacing legacy based patient management tools such as whiteboards, notebooks and paper lists within digital pathways.

- The Digital and Information function, including Health Records, is working to deliver digitalised Electronic Health Records which are available in all community and mental health areas by mid-2025.

- Using solutions such as Trakcare to enhanced analysis and reporting of Health Board activity to support the identification of demand / capacity points, ensuring services are appropriately mobilised in response.

The Digital and Information function continues to work cohesively with services to review and progress new projects which support operational delivery, such as the Welch Allyn initiative which focuses on capturing electronic observations to release nursing time to care or the electronic surveillance system being progressed by Infection Prevention and Control.

7. What is being done to retain current workforce and attract staff into the workforce you plan for?

This could be, but is not limited to, opportunities for career progression, training, or support offered to staff.

Initiatives aimed at improving recruitment and retention of staff to the workforce NHS Fife are planning for are referenced throughout this submission. These include working with local Schools and Universities to promote health and care as a favourable career choice, to the roll-out of employability initiatives which underline our Anchor commitments, through to enhancing the career pathways to provide staff with options to progress their careers within NHS Fife.

In addition to this, other initiatives being introduced aimed at promoting staff retention, and making NHS Fife an employer of choice, include:

- We will publish a Leadership Framework in April 2025, "Our Leadership Way" which illustrates the shared leadership philosophy we believe matters in bringing forwards excellent quality care, transformation, and sustainability. This framework requires leaders at every level to recognise and reflect on their own leadership practices and has been co-created by colleagues from across the diverse spectrum of health and care system in Fife. It builds on the commitment to prioritise our people and workplace cultures, setting in motion and serving us in our efforts to being recognised as an "employer of choice".

- Enhancing the visibility of leaders, promoting regular drop-in sessions for staff which ensure managers are accessible and engaged, whilst promoting staff wellbeing and high-quality person-centred care.

- Role reform, and where possible, introducing diversification within roles through the roll-out of Protected Learning Time or other related conditions of service, allowing staff to focus on career development and personal growth. In certain instances, this has included promoting special interests, or input to Research and Development, and where relevant, facilitated through the Employee Development Fund.

- The NHS Fife annual Staff Awards recognise the hard work and dedication of staff from all job disciplines across Fife. With applications welcomed across ten categories, recognising individual and team contributions, the awards showcase the countless examples of healthcare staff in Fife going above and beyond to ensure we offer the best and most effective care for patients.

Please advise of any local initiatives you are taking to attract staff such as working with partners to establish supply routes.

As referenced in Section 5, there are a number of programmes being introduced and / or progressed in 2025/2026, in collaboration with local academic partners, which aim to make it easier for candidates in the local labour market to access a role within health and care. This includes programmes with partners from St Andrews University and Fife College, both of which offer candidates exposure to various healthcare roles and functions.

The EMERGE programme, for example, targets school leavers from deprived areas within Levenmouth, Glenrothes and Dunfermline. Participants will undertake a 12-month qualification through Fife College, which alongside the educational components, will involve a placement within NHS Fife and related site visits, with the aim to support personal and professional growth and prepare them with real-world work experience. There are pathways from this entry level programme into the Health Care Support Worker Framework, for example.

Similarly, the on-going partnership with St Andrews University has seen the development of Summer Programmes and Gateway to Medicine within Fife, viewed as a stepping stone for School aged candidates to develop an interest in medicine, prior to progressing into Academic Study and benefiting from the structures arrangements that have been established for ScotGEM and ScotCOM courses to be run in conjunction with St Andrews and NHS Fife.

In addition to this, between 2022 and 2024, NHS Fife operated a successful programme of International Recruitment for the Nursing and Midwifery and Allied Health Professions Job Families. This programme, funded by national monies, resulted in the recruitment of nearly 100 internationally educated Nurses and AHPs. Our exemplar status on this was recognised by the award of the NHS Scotland Pastoral Care Quality Award in April 2024. The removal of this funding has had a detrimental impact on the supply routes we were fostering.

In respect to our commitment to Employability and or Anchor responsibilities, we are a member of the Care Academy within Fife, along with the Fife Health & Social Care Partnership, Fife College and representatives from the independent and voluntary care sectors. The aim of the Academy is to work together to promote and support recruitment, retention and retraining of staff within the Health and Care Sector. Some of the initiatives progressed as part of the Care Academy include:

- Life Chances which provides a 13-week placement for young people where they will get experience within a specific field and be provided with support from a mentor. The young people will be employed by Fife Council during the placement and NHS Fife and the Fife Health and Social Care Partnership providing them with a permanent post at the end of their placement.

- Foundation Apprenticeships helping young people gain valuable, real work experience as well as access to vocational training whilst they are still at school. S5 and S6 pupils can take a Foundation Apprenticeship as one of their senior subject choices. Whilst undertaking this subject choice, pupils are offered a placement within the workplace. Currently Foundation Apprenticeships are only offered within Allied Health Professions careers. The aim is to broaden it to other NHS professions from 2025 and beyond.

- Modern Apprenticeships and Technical Apprenticeships are being utilised within Nursing and Midwifery, Pharmacy and Laboratories within NHS Fife as a means to up-skill existing staff.

- NHS Fife is part of the national Armed Forces Talent Programme. We work with representatives of the programme and local Armed Forces Ambassadors employed within NHS Fife. The programme aims to support veterans, together with their partners and dependents in applying for NHS jobs.

- Participation in the King's Trust, aimed at young people aged 16-30 who are looking to understand the wide range of careers available within NHS Fife & Fife Health and Social Care Partnership and want the opportunity to explore those careers. Throughout the course, each week participants receive two days of employability training from the King's Trust and three days of work experience.

- In collaboration with the Department of Work and Pensions and other community groups, e.g. BAME Community Group, continued support for job seekers of all ages specifically interested in a career in Healthcare. We also provide advice and guidance around job applications and interview skills via targeted training events and webinars.

- NHS Fife have partnered with Motivation, Commitment and Resilience Pathways, a high school mentoring and talent development programme which supports over 3,000 care experienced and other vulnerable young people experiencing disadvantage across Scotland to realise their full potential through education. Currently in 4 High Schools across Fife, MCR Pathways are seeking mentors to work with young people from 3rd year upwards for one hour per week on a weekly basis for one academic year.

In addition, please give analysis of turnover in your services, with a turnover rate and the actions you are taking to understand the reasons that staff are leaving the workforce as well as the reasons for leaving where available.

The latest turnover rate published on TURAS Data Intelligence for NHS Fife was 8.6% (headcount) / 8.0% (whole time equivalent) for the 2023/2024 financial year. The expectation is that the rate for the 2024/2025 financial year will remain below 10%. NHS Fife continues to track consistently within Boards within the East Region, although slightly higher than Boards in the North and West Regions. Based on the comparative data available, it appears that this difference is not solely limited to age demographics.

The reasons for turnover can be categorised as Retirement (circa 30%), Voluntary Resignation (circa 25%) and New Employment within NHS Scotland (circa 17%).

To obtain an improved understanding of the reasons why employees are leaving employment, including the internal movement of staff within the NHS Fife system, renewed emphasis has been placed on capturing and analysing exit interview details. A pilot is being finalised which will see a structured and proactive approach to exit interviews, ensuring departing employees are encouraged to participate. The feedback of these interviews will be analysed to obtain organisational learning via the Workforce Wellbeing Group.

8. Are there any location specific challenges that are affecting the sustainability of the workforce you plan for?

This could be, but is not limited to, challenges due to the unique nature of your population demographic, infrastructure issues, transport issues etc. Could you also detail any issues here that may be specific to your local area? For example, perhaps there is a specialist service offered in your area that is challenging to deliver or sustain?

As set out within Section 5, Fife is located between Edinburgh and Dundee. Not only is Fife bordered by two larger cities, but as a District General Hospital, we are also bordered by two 'Teaching Hospitals'. This can result in challenges with retention of medical staff, and in particular consultant level staff, who wish to be more involved in the teaching and research opportunities which are more readily available within teaching hospitals. This challenge is reported across all specialisms.

In addition, although Fife would not be classified as remote, there are multifaceted challenges encountered within the North East of Fife relating to staffing. This includes factors such as the physical geography of the area requiring travel between sites in situations where technology / IT does not offer solutions to the price of housing, meaning it is difficult for staff to work in close proximity to where they live. This last point is more acutely felt for roles as Healthcare Support Workers or positions within the Support Services Job Family. The labour market within North East Fife also means that we compete against the Tourist industry, which has more flexibility relating to the terms and conditions they can offer.

In addition, and where applicable, please advise of actions you are taking to attract, recruit and retain staff in your rural and island areas. This could be, but is not limited to, role diversification, reform, bespoke contracts, pastoral care, training and career progression opportunities, wellbeing initiatives etc.

In March 2024, NHS Fife signed a major new partnership agreement with the University of St Andrews to benefit patient care and medical research in Fife, whilst boosting Scotland's overall training provision for new doctors. Starting from the 2025/2026 academic year, students choosing to study medicine in St Andrews will be able to undertake all of their clinical training and complete their primary medical qualification in Fife, working closely with clinical teams across a wider range of NHS Fife services. NHS Fife is currently in the process of applying for formal Teaching Board status, to recognise the Board's role in the education of the next generation of clinicians, which is expected to be granted by the Scottish Parliament by summer 2025.

A less heralded development, but important to mitigate the multifaceted challenges within the North East of Fife, is our collaboration with the Department of Work and Pensions and Fife Council to increase pathways into Health Care Support Worker roles and specifically Support Service functions. An output of this has seen the recruitment of newly qualified catering staff from Fife Council being placed within NHS Fife.

9. Are there any areas where you feel Scottish Government could provide support or do more of?

Appreciating that we are working under tight fiscal constraints, are there any areas where you feel that the Scottish Government could provide more support?

The largest workforce challenge within NHS Fife is relieving the service pressure on our Mental Health Services. High vacancy rates across Allied Health Professions, Medical and Dental, and Nursing and Midwifery job families is placing pressure on existing staff, and financial pressures resulting from the high use of bank and high cost agency solutions is testing the sustainability of the current service model. As referenced above, to transition the service model onto a sustainable footing will require changes to the Estate and the provision of in-patient beds. A greater proportion of care needs to be delivered in community settings. To realign the scale of the change required will involve capital investment, and NHS Fife requires assistance from the Scottish Government to navigate the current restriction associated with Capital spend.

In addition, with the current workforce resourcing challenges being amplified with the next phase of the reduction in working week scheduled for April 2026, there is a belief that there are insufficient students undertaking undergraduate and postgraduate training courses to meet future workforce requirements across NHS Scotland. Increasing the number of places on these courses is insufficient, and a national programme is required to increase uptake and retention of students in order to mitigate significant workforce pressures in the medium to long term. A similar cohesive approach is required in both the funding of, and maintaining access to, other training courses such as the Clinical Physiology degree, to prevent future workforce shortages. It is noted that Boards and the Scottish Government have collective responsibilities to ensure safe staffing numbers under current legislation.

A further challenge is associated with our supply route for a registered workforce. NHS Fife made significant advances with International Recruitment when this was being supported by the Scottish Government. We would welcome a renewed effort to harmonise the collective efforts to attract candidates to NHS Scotland, with particular focus on the identification of funding, prioritising healthcare within the UK Government Certificate of Sponsorship and Visa Regulations, through to streamlining the Regulatory Body processes for their overseas registration examinations.

Finally, for NHS Boards and NHS Scotland to return to financial balance, there needs to be changes to wider service provision, which in turn can be delivered by a more streamlined workforce model. Such changes may result in a growing misalignment of the services which can be delivered by the NHS on a sustainable basis versus public expectations of the NHS. The Scottish Government will be instrumental in managing public expectations in order to support changes to the wider service provision across Scotland, and in supporting NHS Fife within its Transformation Portfolio.

We provide accessible communication on request in a variety of formats including for people who are speakers of community languages, who need Easy Read versions, who speak BSL, read Braille or use Audio formats.

Our SMS text service number **07805800005** is available for people who have a hearing or speech impairment.

To find out more about accessible formats contact:
fife.EqualityandHumanRights@nhs.scot or phone **01592 729130**

Workforce Strategy Annex A

Interim Report 2025/26

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

NHS Fife | Fife COUNCIL

Contents

To deliver reform, transformation, and sustainability, Fife Health and Social Care Partnership was restructured in 2021 to create clearer, more service-user-aligned care pathways, that enable the people who need to work together to be a team together. This seeks to create the conditions for a collaborative, systems approach to service design and delivery through operational delivery, professional standards, and business enabling and support services. These portfolios include:

Community Care Service: a range of services across community hospitals, care homes and people's own homes, promoting people's independence and enabling people to stay well at home and in a homely setting.

Complex and Critical Care Service: including the delivery of mental health, learning disability and adult and older peoples social work services.

Primary and Preventative Care: service delivery across primary care and early intervention and prevention.

Professional Quality Standards and Regulation: this is integrated professional leadership in support of the delivery of nursing, medicine and social work working collaboratively with leads in allied health professions, pharmacy, and psychology.

Business Enabling: services that support our delivery including finance, strategic planning, performance, commissioning, organisational development, and culture.

Re-form, Transform and Perform Framework

The evolving healthcare landscape and increasing financial pressures has necessitated a structured and long-term approach to transformation. Our Re-form, Transform, Perform programme was established in March 2024 and laid the groundwork for strategic transformation within Fife's healthcare system. The initial 13 schemes have successfully been implemented, driving forward key improvements and efficiencies. NHS Fife has now established a strategic Transformation Portfolio with a co-ordinated collection of initiatives, programmes and projects that align with our Population Health and Wellbeing Strategy and long-term corporate objectives.

The Transformation Portfolio will ensure continued balance between quality and safety of care, strategic delivery, staff experience, and financial improvement, value and sustainability.

Through People and Change, NHS Fife will drive workforce transformation to ensure long-term sustainability while maintaining high-quality care. Priorities for 2025/26 include quantifying the WTE impact of our streamlined workforce against the competing challenges of the reduced working week and protected learning time, and making a strategic shift from vacancy management to a "request to recruit" approach, leveraging natural workforce turnover for system redesign. Key actions will focus on, reducing supplementary staffing, managing vacancies more effectively, and implementing a structured approach to workforce transitions, particularly in response to national financial and workforce planning assumptions

Across our Service Redesign, NHS Fife will implement whole-system improvements to enhance quality, efficiency, and patient outcomes. Key areas of focus include expanding Same-Day Emergency Care, reviewing surgical and minor injuries pathways, and advancing frailty assessment services. Additionally, the review of haematology and oncology services will address workforce and cost pressures, while continued integration with the Integration Joint Board (IJB) will drive further efficiencies in health and social care.

Our Business Transformation agenda will modernise NHS Fife's administrative functions, streamlining processes through digital enablement, centralisation, and structural redesign. With a significant proportion of the workforce aged 55 or over (circa 34%) and an annual turnover of 10%, there is a clear opportunity to reshape roles and enhance efficiencies while maintaining service quality. The focus will be on leveraging technology, optimising resources, and delivering long-term financial sustainability while ensuring a future-ready workforce.

General Feedback

The consistent theme drawn from across the Partnership which is causing an impact on recruitment to professional roles across all disciplines is the reduction in places for UK and Fife residents to access affordable courses at university. This is increased the reliance on international recruitment which also has an impact on affordability, and compliance to meet UK registration expectations and requirements. International recruitment has a positive impact through creating a more diverse workforce, which is important for people wishing to migrate to Scotland.

Following changes implemented in 2023, specifically the immigration rules impacting on Health and Social Care visas, people holding a Health and Social Care visa for social care roles being unable to bring dependents to the UK has created disparity in the system as these rules only apply to social care and have the potential to make social care careers less attractive as a result, thus compounding existing workforce challenges in the sector further. Noticeably, our international workforce which provides a vital recruitment source for our independent and voluntary sector, are ineligible to access affordable qualifications and training which is required to comply with the regulatory functions.

Our Urgent Care Services Fife (Primary Care Out of Hours) is aligned with the principles of transforming urgent care and have over a period of 9 years developed our Multi-Disciplinary Team in line with transforming nursing roles and the nursing vision for 2030 to support effective succession planning, supervision and support and resilience and future proofing models of care for the future.

We are engaged with the development of the National Induction Framework (NIF) in partnership with National Education Scotland and the Scottish Social Services Council which seeks to increase pace for recruitment and reduce duplication costs when onboarding new staff in their roles with our Fife Council Care at Home and some Independent Care at Home providers to test the effectiveness of the standards framework.

In addition, we are piloting a new systemic approach to collecting feedback from departing employees so we can take informed steps to enhance staff wellbeing, refine supervision and induction processes, and address any issues related to leadership, work environment, pay, and professional development.

In Fife, we have maintained our efforts to engage with local schools to attract young individuals to careers in health and social care, additionally, we ensure our presence at career events to promote opportunities. We also continue to collaborate with our anchor institutions to develop clear access pathways and leverage alternative recruitment programs, such as the Fife Council Life Chances Alternative Recruitment model and the King's Trust Get into Health and Social Care programme.

A programme to develop the NHS Business Administration Staff within the HSCP is underway, and seeks to review and identify barriers to efficiency, to improve technological capacity and monitor the effectiveness of technology and Implementation of digital enablers. The programme aims to provide synergy to improve people management support, define job roles, and improve career pathways.

A change programme to support our leaders is planned throughout 2025 which focusses on bridging the gap with transformational change. The programme includes formal workshops and informal lunchtime sessions to deliver an Action Learning Set format.

There are formal ways to **Attract Back** in Social Care, Social Work, Nursing and Allied health Professions for example:

- A flexible approach to registrable qualifications to enable social care staff to move from childrens services to social care without having to gain two different qualifications.

- Introduction of return to practice requirements for social workers who have been out of practice and off the SSSC Register for more than two years.

- In October, the NES Return to Practice (RTP) for Nursing contract was secured by Glasgow Caledonian University for all Boards. There are 2 intakes per year with Fife.

- Former Allied Health Professionals returning to practice are guided by national protocols developed by NES and followed in Fife, including a return to practice placement.

Medium-Term Financial Strategy

Fife Integration Joint Board continues to operate in uncertain times, facing significant budget challenges and pressures. Our Medium-Term Financial Strategy (MTFS) sets out the resources available and ensures they are directed effectively to help deliver the outcomes of our Strategic Plan. The strategy will inform decision making and actions required to support financial sustainability in the medium-term detailing plans to bridge the budget gap, including proposals for achieving efficiency and redesign savings, and it sets out the medium-term transformational change required to allow us to work closely with partners to deliver services in the most effective way whilst balancing the budget. Demand for health and social care services continues to increase, an ageing population, and rising costs, mean our finances are under significant pressure. One approach we are taking to address this is to redesign our services and do things differently. For example, increased use of digital solutions such as technology enabled care, and new delivery models which enable individuals to stay healthy and well at home for longer.

Significant programmes of transformational change are underway which will improve outcomes and quality of service for the people of Fife, utilising our resources effectively and delivering financial benefits such as cost avoidance through prevention and early intervention, efficiency savings from providing more cost-effective services, and cashable savings from completely transforming services.

Location Specific Challenges

Fife is a fantastic place to live and work, with an identity and a character all of its own. The cost of living here is lower than the national Scottish average and house prices offer superb value for money, providing a high standard of living and quality of life, however it faces challenges because of the proximity to Dundee and Edinburgh. We continue to experience challenges to recruitment across all our localities, however the most challenging is Northeast Fife, partly because of its location and other possible factors is the cost of property and the lack of transport infrastructure because there is no rail service.

Absence Management

Fife Council

The Fife Council Attendance Support Unit (ASU) assists services in addressing challenges, removing barriers, and finding solutions to manage absences effectively. Monthly senior reviews of absence levels, action plans, and mitigations help staff return to work are some of the proactive initiatives to reduce absence rates. We offer a variety of support services available to employees, including wellbeing support, mental health first aiders, counselling, physiotherapy, and external services and supports. Training for managers and employees on fostering a mentally healthy workplace and managing attendance is provided. Enhanced one to one support includes personal health and wellbeing catch-ups, toolkits to identify and support employees experiencing stress in the workplace and regular team discussions where staff are encouraged to share challenging or interesting cases, and professional or academic success stories. Senior reviews of absence levels are conducted monthly.

In the HSCP (Fife Council) absence over the rolling year January to December 2024, had an absence level of 27.42 Working Days Lost (WDL). This was predominantly due to long term absence, accounting for 21.92 WDL. The top three reasons for long term absence include mental health, stress – non work related and musculoskeletal. There has been a steady decline month on month during 2024 for WDL due to musculoskeletal absence. WDL due to mental health and stress has remained reasonably static over 2024.

Whole System

We have conducted multi-factorial reviews in areas with high absence levels and continue to support our workforce through individual supervision, staff support services, and wellbeing hubs. We widely promote IMatter and workforce surveys and align responses that influence our Workforce and Wellbeing strategic plans. The Health Promotion Service produce the annual Prevention and Early Intervention Training programme as part of Fife's Health and Social Care Partnership to provide our workforce with the skills and knowledge to improve their health and wellbeing. The Training Programme features a wide range of free courses to support opportunity for our workforce to up-skill and provides a space to share, reflect on and develop best practice. Fife Council Workforce Development team, similarly provide a range of learning opportunities that compliment or align to the annual training programme. Content is developed in collaboration with the workforce and is reactive to workforce pressures and absence themes.

Collating absence figures for the third and independent sector remains challenging due to the disparate nature of the partnership arrangements.

NHS Fife

The work of the NHS Attendance Management Oversight group continues with a priority action to develop a 2025/26 plan for recovery. The draft recovery plan will be discussed at the Attendance Management Oversight group in March and shared with Executive Director Group (EDG) for awareness and discussion and will also come to a culture committee and Area Partnership Forum (APF) following further evaluation of absence data, and the wellbeing support offered to staff. NHS Fife continues to build on its wide range of health and wellbeing support, with the multi-discipline approach aimed at building resilience and enhancing wellbeing across mental, emotional, spiritual and physical health needs

The NHS absence from April 2024 saw a rise to 7.35%, with a reduction in May to 7.11% with increases in absence in both June and July to 7.17% and 7.47%. August fell to 6.51%, however there was a slight increase in September to 7.07% and a further increase in October to 7.36%, however there has been a fall in November to 6.91%. This improvement has not been sustained with an increase in absence in both December and January to 7.8% and 7.99%. The Regional Dashboard indicates that our sickness absence level reduced to 7.22% in the HSCP in February 2025.

Benchmarking work with other NHS boards has highlighted differences in the application of the Once for Scotland (OfS) attendance management policy. Whilst all boards operate within the framework of OfS there are small variation in application, this process has highlighted several suggested changes to consider including using triggers and not targets in the management of short term absence, consistently apply the three formal stages in the management of long term absence, taking action at the 29-day trigger to ensure timely conversations and support for staff, and updating the attendance management training to reflect the consistent application of OfS policy and consider various options for delivery and cascade of training to reach target audience.

Five Pillars of the Workforce Journey

The National Workforce Strategy for Health and Social Care in Scotland published in March 2022 outlined our shared vision for the workforce: 'a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do'.

Plan   Attract   Train   Employ   Nurture
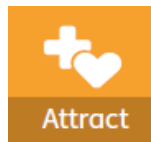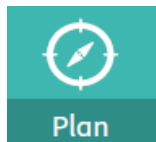
1.0 Community Care Services

1.1 Hard to Fill posts

1.1.1 There is a national shortage of qualified Occupational Therapists, and opportunities to train to degree level are not as widely available via Higher Education Institutes (HEI) in this field. Community Occupational Therapy will continue using professional networks and social media to promote Fife as a place to live and work.

1.1.2 Our Fife-wide Intermediate Care Teams face ongoing challenges in recruiting across all Allied Health Professionals in Northeast Fife, so we provide opportunity for therapy students who are enrolled onto our bank service, where we ensure safe staffing to deliver effective and safe care to promote Fife as an employer of choice.

1.2 Vacancy management

We monitor the workforce demand using appropriate workforce tools, and manage vacancies in line with the Health, Care Staffing Act 2019. We have introduced dedicated recruitment staff across our social care services, which is proved successful, enabling good connections with external recruitment agencies and attendance at career events. We continue to monitor and evaluate services effectiveness and in line with our medium-term financial strategy we are considering a range of transformation objectives across 2025. **(Plan)**

1.3 Role Diversification and Reform

1.3.1 Our Reform Transform and Perform (RTP) initiative aims to ensure patient safety and quality care while addressing our financial challenges. Practical solutions include:

Within the Fife Council Care at Home service, we are initiating a review of social care staffing scheduling to enhance working patterns that offer greater flexibility for the workforce, thereby increasing capacity in accordance with the Health, Care Staffing Act 2019 requirements. Similarly, within the Older People residential service, a review of the operating model is under consideration, which will include an evaluation of the staffing structure to build resilience in response to high demand. **(Plan)**

1.3.2   Within the Community Occupational Therapy service we are creating a new Postural Management Therapist role for Occupational Therapists and Physiotherapists. In our Fife Wide Intermediate Care Team, a review resulted in upskilling Band 3 staff to Band 4, and we will continue to provide more development opportunities throughout 2025. **(Train)**

1.4 Technology / IT innovation

In alignment with the HSCP Digital Strategy 2024/27, we are fostering a digitally empowered workforce with timely information as we seek to enhance systems access across NHS Fife and Fife Council workforce.

1.4.1   In our Community Occupational Therapy service, we are evaluating new digital and IT solutions to support both staff and service users. This includes re-branding and promoting the Self-Assessment platform to enhance visibility, public awareness, and usage. Additionally, an IT Digital Learning Library is being established at the Independent Living Advice Hub (ILAH) to assist staff and service users in exploring potential Technology Enabled Care solutions. Efforts are also being made to streamline documentation. **(Plan)**

1.4.2   We continue to review the effectiveness of the Total Mobile scheduling tool to ensure we maximise its potential to deploy our workforce in ways that support the wellbeing of staff and deliver care in a person-centred and flexible way. **(Plan)**

1.5 Workforce Retention / Attraction

Recruitment and retention of our workforce remain challenging, and the use of local and national initiatives to promote and develop the sector continues to be a high priority.

1.5.1   We have co-produced the Earn and Learn college placement blueprint with the Joint Social Services Taskforce (JSST) to address recruitment issues in Adult Social Care. This initiative provides a supported entry route into social care careers while students earn relevant qualifications. Drawing on best practices, it details how employers can partner with local colleges to establish paid placements, allowing students to complete their course hours through employment. **(Attract)**

1.5.2 Our Community Occupational Therapy service collaborates with education institutions, the Royal College of Occupational Therapy, and the Scottish Government to develop apprenticeships for career progression. Initiatives include developing flexible learning and career pathways, promoting Occupational Therapy in Fife through networks and events and encouraging the profession with school and further education students. Using national OT networks for job postings has increased interest, but Fife's geography brings additional challenges. **(Attract)**

1.5.3 To retain staff in our Intermediate Care team across Fife, we provide mandatory and relevant external training aligned with personal development plans and our wellbeing champions support health and wellbeing initiatives. We plan to introduce Band 7 "clinical specialist roles" alongside Band 7 team leads in integrated teams. To attract staff, we continue to leverage university partnerships, open days, and therapy promotional events and we support return-to-work practices and use NHS Fife vacancy spotlights and social media to promote recruitment. **(Train)**

1.5.4 The dedicated recruitment lead person, titled Opportunities for All Coordinator, introduced in our Older People Residential services has been fundamental in reducing the vacancies across the service by enabling a strategic approach to recruitment, utilising staffing analysis data to ensure there is the right skill mix allocation. The role includes effective oversight of the staffing budget management, advertising vacancies, interviewing, and onboarding high quality staffing for the 8 residential care homes. **(Employ)**

1.5.5 The creation of a Lead Advanced Nurse Practitioner post to ensure consistent clinical leadership and support across the Hospital at Home service ensures there are career development opportunities for nurse practitioners. Although the funding is temporary, we are evaluating the impact to consider permanent funding models, building on the success of our in-reach Nurse Practitioners recruited to permanent roles. We ensure regular attendance at career events and utilise job spotlights via our web and social media platforms. **(Train)**

2.0 Complex and Critical Care Services

2.1 Hard to Fill posts

2.1.1 Recruiting for social workers remains challenging due to unsuitable and fewer applicants, in particular we have an increase in applications from newly qualified candidates applying for roles which require experience and is impacting on our ability to have a balanced skill mix. We maintain strong university connections to attract applicants to Fife HSCP and continue enhancing our online resources. We also engage with education and we attend career events to promote social work as a career of choice.

2.1.2 We have faced challenges recruiting occupational therapists, especially in mental health. This shortage of 16 WTEs has affected clinical delivery, recovery, rehabilitation, length of stay, and readmission risk. The issue is widespread nationally and compounded by insufficient new graduates taking NHS vacancies.

2.2 Vacancy management

We are actively engaged in regular recruitment processes with Higher Education Institutions (HEIs) and national nursing forums to support vacancy management. Additionally, we have implemented the earn-as-you-learn initiative in learning disabilities healthcare services. We are reviewing clinical service models, bed numbers, and alternatives to inpatient care, and we continue to redesign establishment and re-evaluate the roles of Occupational Therapy Health Care Support Workers (HCSWs) and Physiotherapy HCSWs. NHS Fife has successfully supported the delivery of the Scottish Government Supplementary Staffing Task and Finish Group recommendations; ensuring current agency usage is by exception only. In addition, a Direct Engagement Model was introduced as part of the Transformation Portfolio in August 2024. The cumulative impact of these measures has been a reduction in supplementary spend, noting activity remains outstanding within certain Health Board delegated services, specifically Psychiatry and Mental Health Nursing due to national recruitment challenges across these specialisms. **(Attract)**

2.3 Role Diversification and Reform

2.3.1 A SMART objective in our Workforce Year 3 Action Plan is to design work patterns that improve planning capabilities and offer increased flexibility and capacity, aligning with the Health Care Staffing Act 2019 by considering workforce scheduling changes in Fife Council Adults Support and Accommodation service. **(Plan)**

2.3.2 Our year 3 plan includes launching the Fife Council pilot 'Aspiring Social Worker' programme, which aims to encourage and support the development of future social workers from within our workforce. This initiative seeks to address our workforce needs and establish a model for career progression. We will continue to evaluate new roles to ensure that reforms provide the intended benefits, including the recruitment of subject expert social work practitioners to enhance knowledge, skills, and service delivery across our adult Social Work teams. **(Train)**

2.3.3 Several reforms are planned or underway, including developing advanced nurse practitioners and advanced practice roles to address medical workforce shortages and introducing the Certificate of Eligibility for Specialist Registration (CESR) training programme for medical staff. Services have also introduced the Band 4 Assistant Practitioner role in wards, although its definition is still ongoing. Specialist areas have diversified roles by recruiting mental health practitioners, making positions more accessible to various professional groups. **(Train)**

2.4 Technology / IT innovation

2.4.1 Our Workforce Strategy Year 3 Action Plan 2024/25, seeks to introduce a digital staffing rota system in our adult's support and accommodation service to support improved data management on staff allocation and ensure that suitably qualified and competent individuals scheduled effectively. This includes aligning the scheduling team already in place in homecare to the adult support and accommodation service to deliver the operation of the electronic rota system to ensure cost effective and efficient use of resources to avoid duplication of resource. **(Plan)**

2.4.2 Using improved data to drive forward strategic improvement planning, creating targeted actions to supporting practitioners in assessing and managing performance supported via the Professional Standards Framework, launched as a key priority in our Workforce Strategy Year 3 Action Plan for 2024/25. **(Plan)**

2.4.3 The Electronic patient records are in place and e-rostering is being rolled out across service to ensure that best use of technology is applied to create capacity for delivery of direct care and to ensure that staffing establishments meet need and is utilised on service wide basis. **(Plan)**

2.5 Workforce Retention / Attraction

2.5.1 Throughout 2025/26, our Year 3 workforce action plan has several priorities for social work, including introduction of protected learning days to support workforce learning and development. The introduction of a supervision framework and maximisation of staff opportunities for post graduate training in practice learning, adult support and protection and mental health officer certificates is made available. To improve workforce capacity, a review of the mental health officer (MHO) service agreement is underway to create a balanced workload for MHOs in our locality teams. Other recruitment and retention activity includes working towards the recommendations of Setting the Bar and Social Work Weekly newsletter to ensure people feel connected and up to date on events with a focus on workforce recognition. **(Employ)**

2.5.2 Engagement with Fife Schools to engage and attract young people to a career in health and social care continues to be a focus, aligning our workforce data to mitigate an aging workforce in partnership with Developing the Young Workforce (DYW) a range of career engagement events are scheduled from March 2025 to share information on the range of vacancies, what it's like to work here and the application process to follow. **(Attract)**

2.5.3 In our mental health and learning disability clinical settings, there is ongoing engagement with our staff groups to ensure individual support needs and professional development needs are being met. We are also engaging in plans that will provide pathways for role progression. Supervision and reflective practices within working roles are promoted across all clinical settings. We have a limited turnover rate, however most often staff have left for progression or for the ability to work closer to home. **(Nurture)**

3.0 Primary and Preventative Care

3.1 Hard to Fill posts

Recruitment to assorted disciplines remains challenging in part due to the lack of applicants via the higher education routes and the demand on international places being filled with graduates not remaining in the UK. Some examples of the impact of this are:

3.1.1 In Podiatry, the recruitment issue continues to be challenging, affecting 54 WTE of the workforce, with 9.97 WTE set to retire within the next five years. To mitigate for these recruitment challenges for band 5 posts, we developed the PREPARE earn-and-learn program with Glasgow Caledonian University to upskill to band 6 successfully recruiting two individuals with plans in scope to increase this by one more post. This approach is a long process and does not improve the short-term recruitment challenges we continue to face in the sector. **(Attract)**

3.1.2 At a national level the introduction of the General Dental reform in November 2024 continues to be assessed in terms of positive impact on NHS dental workforce. Hospital Orthodontic Service and Oral Maxillo-Facial Surgery are part of the wider dental and medical workforce and are managed under Acute Services. Primary care dentistry comprises of independent dental practices known as General Dental Services (GDS) and the Board Managed Public Dental Service (PDS), there continues to be challenges with the recruitment of GDS dentists and dental care professionals leading to the de-registration of NHS patients and added pressure to the PDS. There remain significant challenges to recruit with adverts achieving an average of 3 responses. Most applications are ineligible because of because of non-registration with the GDC and the backlogged Overseas Registration Examination. The continuing trend of limited numbers of UK dental students securing university places in Scotland, means most trainees return to country of origin. **(Attract)**

3.1.3 Our Dietetics and Nutrition services are currently undergoing a period of transformation and redesign to ensure that service remains resilient and sustainable for the future, and it continues to deliver high quality care with the resources available. This transformation is being delivered in partnership with staff side, trade unions and the workforce and is in year one of implementation. Highly specialist post continues to be challenging to recruit to because of the national shortage of Speech and Language Therapists. We have broadened the scope of the role by introducing increased flexibility in working hours and we are combining vacant part time posts to create WTE as they become available, and we are exploring fixed term contracts for people to build skills alongside specialist therapists for succession planning purposes. **(Attract)**

3.1.4 Recruiting trained roles continues to be challenging, with examples including qualified health visitors taking prominence now. Another area is recruitment of nursing provision to children's residential services. To improve activity, initiatives have been introduced including, recruitment of newly qualified nurses and trainee health visitors, promoting flexible working arrangements, training and development opportunities and dedicated mentorship / coaching and support. We plan to ensure there is prominent attendance at career events, using targeted national recruitment of health visitor posts, considering alternative posts to enhance current workforce and development pathways which consider rotational posts to improve job satisfaction. **(Employ)**

3.2 Vacancy management

3.2.1 We have actively worked to reduce the dependency on supplementary staffing and in line with our RTP ambitions, we are conducting a whole system review including our administrative process and procedures to improve synergy across the portfolio at all levels to deliver best value. **(Plan)**

3.2.2 There is high staff turnover which is monitored through the General Medical Services (GMS) implementation group and following a deep dive exercise, concluded this is primarily due to financial resource available which requires the staff to work off site because it offers increased flexibility as opposed to be in a fixed permanent base. This can lead to feelings of isolation and lack of team support, so we are working through an options appraisal to understand to improve the staff experience and deliver the high-quality services with the resource available to us. **(Nurture)**

3.3 Role Diversification and Reform
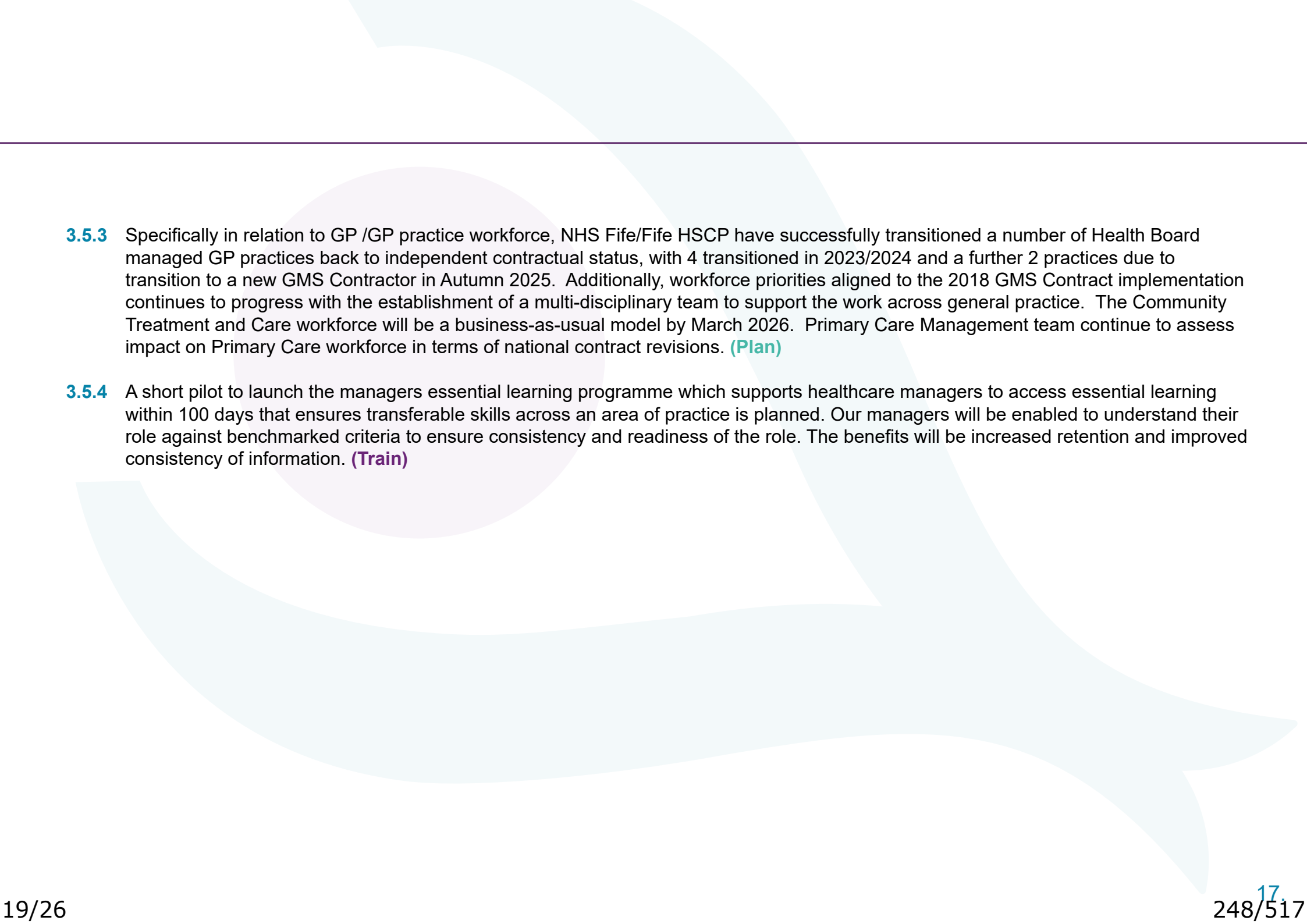
3.3.1 Exploratory discussions to develop a Podiatry surgery post with orthopaedics, mirroring similar initiatives in Lothian and Tayside boards with focus on minor procedures with success in reducing waiting times and offering career progression is being considered. **(Plan)**

3.3.2 Our Community Treatment and Care service (CTAC) are limited in the ability to skill mix as roles must be carried out by a Registered Nurse, so we have a 10/2 model with Band 3 staff from Immunisation which supports CTAC with long term screening of patients and Immunisations with the Winter Flu and Covid campaign. There has been innovation displayed in how we synergised our CTAC and immunisation healthcare support worker workforce in line with guidance from GMS contract implementation. **(Employ)**

3.4 Technology / IT innovation

3.4.1 Increased use of technological engagement for patients to access prioritised self-management information to supplement in person appointment has seen a marked increase in new patient appointment slots and reduced return appointments. In addition, there the upskilling of healthcare support workers to link to a qualified Podiatrist via MS teams whilst on home visit consultations, is reducing the travel, and increasing the workload capacity. Other innovations utilising Near Me video consultations are actively promoted, and staff can access digital learning to enhance their digital competence skills. **(Train)**

3.5 Workforce Retention / Attraction

3.5.1 In line with the principles of reform transform perform (RTP), the Primary and Preventative Care senior management team are actively working across all services to ensure we deliver services for the people of Fife within the resources available to us. This has included directly commissioned service reviews and redesign (e.g. as advised within 3.1.4) to ensure best value while maintaining delivery of high-quality care by the right person at the right time. Ensuring our workforce tools are deployed to advise us of any need for review and improvement while delivering efficient and effective services. This includes a review of our workforce roles and responsibilities, synergising workload across the management infrastructure and releasing time to care ensuring staff are working at the top of their skills, knowledge and experience. **(Plan)**

3.5.2 In Podiatry, we provided opportunities for those wishing to 'Return to Practice' to train with us. To date we have had one person successfully re-registering and employed by the service and we are seeking to build on this through 2025, additional, consideration is being given to develop band 4 posts as entry level for students which will improve career pathways, supporting opportunity. We directly engage with students on placement to have career discussions before they graduate, particularly Fife based students which informed our new Physiotherapy Education & Development manifesto to be implemented in 2025. In our Children's services, internal workforce mobilisation has enabled us to build resilience and capacity over whole system as opposed to single team or service. The creation of safe staffing huddle across all children's services has mitigated risk across the whole system, and enhanced relationships with leaders and increased leadership visibility. **(Employ)**

3.5.3 Specifically in relation to GP /GP practice workforce, NHS Fife/Fife HSCP have successfully transitioned a number of Health Board managed GP practices back to independent contractual status, with 4 transitioned in 2023/2024 and a further 2 practices due to transition to a new GMS Contractor in Autumn 2025. Additionally, workforce priorities aligned to the 2018 GMS Contract implementation continues to progress with the establishment of a multi-disciplinary team to support the work across general practice. The Community Treatment and Care workforce will be a business-as-usual model by March 2026. Primary Care Management team continue to assess impact on Primary Care workforce in terms of national contract revisions. **(Plan)**

3.5.4 A short pilot to launch the managers essential learning programme which supports healthcare managers to access essential learning within 100 days that ensures transferable skills across an area of practice is planned. Our managers will be enabled to understand their role against benchmarked criteria to ensure consistency and readiness of the role. The benefits will be increased retention and improved consistency of information. **(Train)**

4.0 Medical

4.1 Hard to Fill posts

4.1.1 We continue to experience challenges with recruitment and retention at all stages from medical student to consultant, additionally, there is a limited exposure to psychiatry at university and students encounter negative attitudes about psychiatry from other specialties. For consultant posts, we do have vacancy rates, and we recognise that job plans in Scotland are viewed as unattractive compared to England. We understand that more consultants seeking less than full time (LTFT), compressed/flexible working arrangements is the most attractive option. With 42% of consultants in Scotland over 50, and nearly half intend to retire before normal retirement age, i.e. over 55 cohort intimidating intention to retire within next 3 years, and others age 50-54 plan to retire at 60 the impact of them scaling down of work commitments prior to retiring leads to a lack of vacancy opportunities which presents challenges to recruit until the post is fully vacant.

4.1.2 Specialist neurorehab (SGSU) is a small specialism and as such hard to recruit despite trying to recruit domestically and internationally without success. We continue to rely on locum consultant cover whilst we consider a redesign and co- location of specialist neurorehab within our existing stroke rehabilitation services to increase joined up working, resilience and opportunities for recruitment. In our Rheumatology services, we continue to experience challenge to recruit due to loss of skilled staff. We are exploring Service Level Agreements (SLA) with other boards, in addition to developing specialty doctors to progress through the portfolio pathway as a career progression pathway. Combining the two options would maximise the design and deployment of the multidisciplinary teams.

4.1.3 In Fife, we have consultant vacancies for Forensic, Older Adult and GAP services, and our most recent calculation of % vacancies is 51% consultant sessions. Our specialty doctor vacancies are 42% and our resident doctor vacancies (as of Feb 2025) is 16% of posts and all are dependent on external allocation of placements. We recognise that recruitment to posts using the current configuration will remain challenging, for example we have had no applicants for posts for last several rounds of advertising for GAP and Older Adult services, compared to the Forensic post which is configured differently so we are committed to review this to improve the configuration.

4.2 Vacancy management

Reducing the reliance on locums is a key priority for 2025 and a range of measures are being introduced including:

4.2.1 We have commenced an extensive programme for the Certificate of Eligibility for Specialist Registration (CESR) for vacant consultant posts in our Mental Health and Learning Disability service and are recruiting Internationally to substantive posts for consultant and specialty doctor roles.

4.2.2 The international recruitment for Psychiatry and development of portfolio opportunities for General Practice is being developed to increase the retention of the GP workforce and decrease the use of locum contingency model. NHS Fife is heavily involved in training doctors, and we continue to advocate to increase the number of training practices in NHS Fife, making the case for Fife only rotations which encompass all Fife training practices, including those in Northeast Fife which is a location challenge.

4.2.3 We continue to develop our workforce mapping capacity to incorporate clarity on direct clinical care (DCC) and supporting professional activities (SPA) split, funding of clinical leadership posts with clinical leads, clinical service managers and finance business partners to understand the establishment numbers. This work aligns to the job planning exercise to be completed across the service.

4.3 Role Diversification and Reform

4.3.1 We have a Portfolio Pathway programme which uses vacant specialty doctor posts as a 'grow your own' model in Fife which offers a fixed term contract with support to attain competencies for specialist registration.

4.3.2 We are reviewing our future medical workforce requirements with our Mental Health Redesign Programme Board, and early ideas include consideration for wider use of new Specialist Doctor grade to improve attractiveness of posts.

4.4 Technology / IT innovation

4.4.1 The Fife Psychology Service Digital Therapies Team are increasing a range of digital psychological therapies and interventions and their access routes, including expansion of self-referral options to therapies which are less staff intensive, and promotes an evaluating innovative model of supporting people to utilise digital therapy options. Initial results indicate improved completion rates and patient satisfaction plus increased efficiency of staff resource. In addition, we are reviewing staff training needs so staff can utilise all available technological options to support their work.

4.5 Workforce Retention / Attraction

4.5.1 We are planning to increase the number of GP Clinical Fellows to provide newly qualified GPs with a diverse and supportive first step into their GP career, whereby Clinical Fellows work between In Hours and Out of Hours GP services, with dedicated time for research/ project work. We have a strong commitment to fostering the next generation of General Practitioners by supporting and expanding educational efforts that supports retention and makes Fife a place to train and work, where currently, 78% of practices in Fife are actively involved in some form of General Practice education and 23 practices are General Practitioner postgraduate training practices.

4.5.2 We have implemented a range of opportunity to support workforce retention and increase recruitment in our Research and Development roles include providing access to Principal and Associate Investigator schemes, delivering training and teaching and honorary appointments with the School of Medicine at University of St Andrews, in addition to the support for flexible working where appropriate. Turnover in R&D roles is approximately 10%, primarily staff leaving to retirement and more junior staff moving for promotion. Due to the low turnover of more senior staff, it can create a challenge to offer promotional opportunities which we continue to monitor.

5.0 Nursing

5.1 Hard to Fill posts

5.1.1 Recruiting Learning Disability nurses continues to be challenging, affecting 15 WTE in addition, we have 24.9 WTE and 2.2 WTE OA vacancies to our Mental Health registered nursing workforce, affecting our adult and older adult inpatient settings. We have ongoing engagement with Higher Education Institutes (HEI), and the national nursing forum. We plan to roll out a 'Earn as You Learn' initiative in our Learning Disability service.

5.2 Vacancy management

In line with the recommendations from the Ministerial Nursing and Midwifery Taskforce and will continue to work implement the recommendations for health and social care services as we strive to make Fife the best place for nursing staff to work. The Newly Qualified Practitioners recruitment for Adult Nursing, Mental Health (MH) and Learning Disabilities (LD) specialties, with capacity to interview 300 applicants is planned for Spring 2025.

The staff attending recruitment fairs includes Senior Nursing staff and Newly Qualified Practitioners who will promote the wide range of services available and the benefits of working in Fife (Attract). The three recruitment fairs are:

- Napier University (main recruitment for Learning Disabilities speciality),
- University of Dundee and Abertay University (main recruitment for Mental Health and Adult nursing)
- Stirling University (recruitment into Mental Health and Adult for Queen Margaret Hospital and West Fife).

We continue to provide ongoing review of clinical service models, bed numbers and alternatives to inpatient care to maximize our capacity to manage vacancies. **(Plan)**

5.3 Role Diversification and Reform

5.3.1 Our Reform, Transform and Perform (RTP) agenda to enable improved financial capacity in line with our medium-term financial planning involves workforce reviews to see current position, whilst increasing the recruitment of Band 4 Health Care Support Worker roles to mitigate the reduction in band 5 and above workforce following a gap analysis exercise and regular service reviews. We plan throughout 2025 to a review of whole workforce and interdependencies and continue service reviews at regular intervals. Our workforce strategy and action plan 2022/25 for year 3 includes specific priority SMART actions linked to the Five Pillars, they are:

5.3.2 Plans in scope include extending the Objective Structured Clinical Examination (OSCE) programme for nurses recruited internationally in Fife's independent nursing homes. **(Train)**

5.3.3 Implementation of a hybrid medical nursing model utilising Advanced Nurse Practitioners to fit the future of care delivery for elderly and frailty which will increase the skills and competency of the hybrid model and support retention, with support / oversight from the medical workforce. The benefits will see a reduction in the reliance of the medical model care delivery which is currently being supported by agency and gateway doctors. **(Employ)**

5.3.4 The mobilisation detailed work set out in our financial recovery plan is being carried out at pace to compile consistent, up to date information and data on rotas, rostering and ward establishments as well as having open lines of communication – through our Workforce Hub, weekly open professional forum for all staff and ward visits. The transformative arrangements will be reviewed, and some arrangements will be further adapted or adopted to improve financial capacity from April 2025. **(Plan)**

5.4 Technology / IT innovation

5.4.1 Work to scope and refocus on our digital approach is ongoing, although we continue to experience Issues with synergies of digital and IT with multi agency partners (national issue). We have instructed a short life working group to lead on progressing this work to optimise a digital first approach at local and national level. **(Plan)**

5.4.2 We continue to implement the national rostering and e-rostering guidance and training to ensure it promotes a culture of flexibility and shared decision making, including team-based rostering to improve the work life balance of nursing staff. **(Employ)**

5.5 Workforce Retention / Attraction

We continue to promote and monitor a range of staff wellbeing and retention initiatives with examples including flexible working arrangements and regular supportive supervision meetings with leads. Some initiatives we introduced as part of our key priorities set out in our Workforce Strategy 2022/25 Year 3 SMART action plan include:

5.5.1 Enhancing the visibility of leaders include regular drop-in session for staff which ensure managers are accessible to listen to staff and are engaged in the setting of staffing levels and skill mix to enable the consistent delivery of high-quality person-centred care in an environment that promotes the wellbeing of staff includes 'Releasing time to care', an example is the transformation of administration services programmes with a focus on reduction the duplication of paperwork and data entry required to support clinical care are time-consuming and affect the amount of time staff spend away from direct patient care. **(Nurture)**

5.5.2 We are updating the job pack for Newly Qualified Practitioners onboarding in 2025 to ensure currency of information and we have agreed an implementation arrangement with Abertay and the University of Dundee for our Adult and Mental Health Year 3 students to ensure the pace of sign off for placement allocations is aligned with workforce capacity. **(Employ)**

5.5.3 We are actively promoting alternative sustainable pre-registration degree education delivery and funding models that will lead to NMC approved programmes for nursing that are structured in a more contemporary and progressive way including advanced entry to year 2 to the Nursing degree for Band 4 staff, by mapping the Professional Development Award studied. **(Train)**

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**The Report and Recommended Actions of the Scottish Ministerial Nursing and Midwifery Taskforce**
Responsible Executive:	**Janette Keenan, Executive Director of Nursing**
Report Author:	**Nicola Robertson, Director of Nursing, Corporate Services**

Executive Summary

- The Scottish Ministerial Nursing and Midwifery Taskforce has published its Phase 1 report, "Delivering Together for a Stronger Nursing and Midwifery Workforce", with 44 recommended actions.

- The Taskforce was created to address workforce recruitment, retention, and wellbeing concerns.

- Key focus areas include working conditions, flexible policies, career progression, workload management, leadership, and education.

- Staff Governance Committee members are asked to note the recommendations and planned implementation efforts.

1. Purpose

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

This report relates to:
- Government policy / directive
- National Health & Wellbeing Outcomes
- NHS Board Strategic Priorities:
  - To Improve Quality of Health & Care Services
  - To Improve Staff Experience & Wellbeing
  - To Deliver Value & Sustainability

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

The Taskforce was established to address recruitment and retention challenges within the Nursing and Midwifery professions. The report provides strategic recommendations to improve retention, recruitment, and working conditions.

Staff Governance Committee members are asked to note the recommendations outlined in the report.

2.2 Background

The Scottish Government established a Ministerial Nursing and Midwifery Taskforce in February 2023, chaired by the Cabinet Secretary. The Taskforce originated following requests from the Royal College of Nursing (RCN) and Royal College of Midwives (RCM) as part of the 2023 pay negotiations to address challenges with attracting and retaining nurses and midwives in Scotland.

The aim of the Taskforce was to work collaboratively, to listen to Nursing and Midwifery staff to identify what was important for them, and to develop a workplan of recommended actions to deliver short and long-term sustainable change. The report provides strategic recommendations to improve retention, recruitment, and working conditions

This report concludes **Phase 1** of the Taskforce and includes the rationale for the Taskforce, the ambition, the approach to information gathering, and the recommended actions.

Phase 2 will involve developing a detailed workplan for implementation which will include timescales, a financial framework and sequencing of the recommended actions, as well as agreeing oversight of implementation and monitoring impact. Phase 2 also involves linking up the workplan with existing and future programmes of work (e.g. the Nursing 2030 Vision and Midwifery 2020 programme) to avoid duplication; and aligning the workplan with existing policy documents and legislation (Health and Care Staffing Act 2019 and National Workforce Strategy).

2.3 Assessment

The report outlines significant opportunities for workforce sustainability. Key areas include:

- Ensuring safe staffing levels and improved working conditions.
- Strengthening education and career pathways.
- Reducing administrative burden to free up clinical time.
- Enhancing leadership development and professional autonomy.

- Financial and resource considerations for phased implementation.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		**X**		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

Recommendations will enhance patient care by ensuring sufficient staffing, reducing burnout, and improving staff satisfaction.

2.3.2 Workforce

Positive impacts include increased retention, enhanced career progression, and improved workforce planning.

2.3.3 Financial

Financial considerations include investments in workforce development and education, requiring strategic funding allocation.

2.3.4 Risk Assessment / Management

Key risks include implementation challenges and financial constraints. Mitigation strategies involve phased implementation and workforce engagement.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

The recommendations align with NHS Scotland's commitment to fair work, inclusion, and diversity policies.

2.3.6 Climate Emergency & Sustainability Impact

Indirect impacts include improved workforce efficiency, potentially reducing resource waste.

2.3.7 Communication, involvement, engagement and consultation

Stakeholder engagement has been central to the Taskforce, involving professional bodies, NHS leadership, and academic institutions. A 'Listening Project' was undertaken to hear from nurses and midwives themselves.

2.3.8 Route to the Meeting

This report has been reviewed by Senior Nursing and Midwifery Leadership Teams and Executive Leadership Team prior to presentation to the Staff Governance Committee.

- Nursing and Midwifery Workforce Group
- Professional Leadership Council
- Executive Leadership Team

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance:** This report provides a **Moderate** Level of Assurance
- **Discussion:** Staff Governance Committee members are invited to examine and consider implications.
- **Note**: The plans for approval to support the implementation of key recommendations

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: "Delivering Together for a Stronger Nursing and Midwifery Workforce"
- Appendix 2: Nursing and Midwifery Taskforce Recommended Actions

Report Contact:

Nicola Robertson
Director of Nursing
Email nicola.robertson12@nhs.scot

Delivering Together for a Stronger Nursing and Midwifery Workforce

The report and recommended actions of the Scottish Ministerial Nursing and Midwifery Taskforce

Scottish Government
Riaghaltas na h-Alba

Contents

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About this report

We welcome the recommendations from the Ministerial Nursing and Midwifery Taskforce and will continue to work in partnership across Scotland's health and social care services to implement these as we strive to make Scotland the best place for nursing and midwifery staff to work. In doing so we will ensure we implement at pace and, critically, deliver lasting improvements which enable our nursing and midwifery staff to succeed, feel real pride in their professions and the care they deliver, and enjoy being at work.

Scotland's health and care services have a lot to celebrate, and we recognise and value the contribution that all nursing and midwifery staff offer in providing safe and effective person centred care every day. We appreciate that there are challenges to be addressed and the recruitment, wellbeing and retention of staff are some key factors in overcoming these challenges.

In the development of this report we have been privileged to work with a broad range of experts to establish the recommended actions. In doing so, we recognise that the needs of our changing population requires the Nursing 2030 Vision and Midwifery 2020 programme to be refreshed to take account of changes since their launch. The strong foundation of the NMT recommended actions will further our ambition to create an environment in Scotland where we meet the changing and evolving needs of our population robustly by increasing: the quantity of nursing and midwifery-led evidence-based research; innovative models of care; prevention strategies; academic teaching of the professions; improved uptake of new and novel technology; and fresh ideas across all areas of the professions.

We firmly believe that by acting upon these recommended actions we will emerge with a happier, healthier and better equipped workforce, working in environments that enable our colleagues to provide high standards of care when meeting the needs of people across the country.

We would like to sincerely thank all of our colleagues on the Taskforce, for their consistent and clear commitment to ensuring Scotland is the best place for nursing and midwifery staff to work, thrive and deliver their best care. Our thanks extend to all nursing and midwifery staff, students and academics who took part in the Listening Project and made their voices heard and, in doing so, shaped the recommended actions within this report.
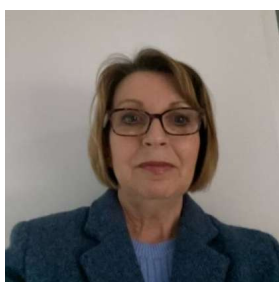
Anne Armstrong
Interim Chief Nursing Officer

Justine Craig
Chief Midwifery Officer

Scotland has health and care services to be proud of, with a long history of excellent patient care and great innovation. While there is a lot to celebrate, our health and care services face a number of challenges, and recruitment and retention of staff is one of the most critical. Nursing and midwifery staff are at the heart of health and care services and work tirelessly to care for people and patients in a range of settings. I would like to pass on my thanks to each and every one. However, I know there is more to do to retain our excellent staff, and to attract the workforce of the future. I want Scotland to be the best place for nursing and midwives to work and that is why the Scottish Government was pleased to respond to requests from the trade unions to establish a Ministerial Nursing and Midwifery Taskforce. I would like to thank all of the nurses, midwives, students and academics' who took the time to share their views with the Taskforce to help shape their work. And finally I would like to thank the members of the Taskforce who have worked collaboratively to use that feedback to recommend the actions within this report and I look forward to continuing to work together to build a sustainable workforce for the future.

Neil Gray
Cabinet Secretary for Health and Social Care

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Contributors and acknowledgements

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Culture and Leadership subgroup
Co-Chairs: Fiona Hogg, Colin Poolman
Members: Liz Airns, Clare Cable, Justine Craig, Frances Dodd, Sarah Doyle, Jaki Lambert, Gillian McCannon, Eileen McKenna, Jackie Mitchell, Claire Pearce, Ross Sanderson, Charlie Sinclair, Anne Trotter, Jennifer Wilson
Scottish Government: Tai McLennan, Kirsty Merriman, Deirdre O'Flynn, Rachael Dunk

Listening Project steering group
Steven Black, Michelle Mackie, Louise Hyett-Collins, Scott Taylor, Carol Harris, Heather Smith, Fiona Davis, Gavin Fergie, Sam Foster, Fiona Gibb, Sharon Allison, Jaki Lambert, Aisha Holloway, James Buchan, Tricia Findlay
Scottish Government: Emma Dilger (until Sep 2023), Beverley Lamont (from Sep 2023), Annemieke Bikker (from Dec 2023), Laura Whitelaw (from Sep 2023), Claire McGuinness (from Feb 2024)

Report Writing Group
James Buchan, Clare Cable, Susan Dawkes, Sarah Doyle, Nicola Gordon, Aisha Holloway, Jaki Lambert, Claire Pearce, Mercedes Perez-Botella, Ross Sanderson
Scottish Government: Annemieke Bikker, Beverley Lamont, Claire McGuinness, Laura Whitelaw

1. The Ministerial Nursing and Midwifery Taskforce

1.1 What is the Ministerial Nursing and Midwifery Taskforce?

In February 2023 the Scottish Government established a [Ministerial Nursing and Midwifery Taskforce](). The Taskforce originated following requests from the Royal College of Nursing (RCN) and Royal College of Midwives (RCM) as part of the 2023 pay negotiations to address challenges with attracting and retaining nurses and midwives in Scotland. It was agreed that the way forward was to bring stakeholders and experts together. The Taskforce included representatives from:

- NHSScotland
- Social Care
- Nursing and Midwifery Council (NMC)
- professional organisations, incl. representation from RCN and RCM
- trade unions, RCN, RCM, Unison and Unite

- third sector
- academic workforce experts
- Higher Education Institutions
- Council of Deans for Health Scotland
- NHS Education for Scotland
- Scottish Government

(see annex 1 for full membership)

The aim of the Taskforce was to work collaboratively, to listen to nursing and midwifery staff to identify what was important for them, and to develop a workplan of recommended actions to deliver short- and long-term sustainable change and build on efforts to make Scotland the best place for midwives and nurses to thrive at work.

Nurses and midwives work in a wide range of health, social care and education settings across Scotland, and they are the largest group of clinicians across the country. The recommended actions are relevant for nursing and midwifery staff (registered or not, or in training) in all sectors, including NHS Scotland, social care, and academia. In essence the Taskforce takes a whole system approach to creating the nursing and midwifery workforce of the future in line with the needs of Scotland's population.

This report concludes **Phase 1** of the Taskforce and includes the rationale for the Taskforce, the ambition, the approach to information gathering, and the recommended actions. **Phase 2** will involve developing a detailed workplan for implementation which will include timescales, a financial framework and sequencing of the recommended actions, as well as agreeing oversight of implementation and monitoring impact. Phase 2 also involves linking up the workplan with existing and future programmes of work (e.g. the Nursing 2030 Vision and Midwifery 2020 programme) to avoid duplication; and aligning the workplan with existing policy documents and legislation (Health and Care Staffing Act, National Workforce Strategy).

7

Important to note

As agreed in the terms of reference, the scope of the work of the Taskforce does not include pay or terms and conditions.

Nurses and midwives working in the health and social care sector are part of a much wider system that affect the conditions and environments in which they work and many of these are beyond the scope of the Taskforce. For example, decisions made in other sectors, such as schools, the voluntary sector, food advertising, etc. will affect patients' expectations, demand on health care, and patient flows within the health and social care system.

The Taskforce is part of a much broader programme of work that spans the implementation of the Health and Care Staffing Act, the National Workforce Strategy, the Agenda for Change Non-pay Review and other work programmes for the wider NHS Scotland workforce. Agreement was reached early on to avoid duplication with existing programmes of work.

1.2 Why we need a Ministerial Nursing and Midwifery Taskforce

Midwives and nurses are essential to the current and future population health of Scotland. Ensuring we have the nursing and midwifery workforce to meet current and future health and social care needs must be a priority. The projected increase in care must be met, in order to achieve a continued delivery of quality of care, and to avoid nursing and midwifery staff feeling demoralised and burned out. This in turn affects staff absence levels and retention rates of nurses and midwives. Adding to this, the decline in applicants for the nursing and midwifery pre-registration programmes further emphasises the urgency to convene the Ministerial Taskforce for Nursing and Midwifery, and to implement its recommended actions.

Population health

Scotland's demographics are changing. People are living longer with an average life expectancy of 76.9 years for men and 80.9 years for women[1]. An ageing population comes with increasing chronic conditions (heart disease, diabetes, cancers, neurological diseases). Mental health conditions are increasing, and chronic conditions are affecting people earlier in life adding to the disease burden[2]. Further challenges are presented by continued inequalities in health outcomes and exposure to risk factors that are often beyond an individual's control (e.g. economic or climatic factors or the availability of food in a person's area)[3]. The Scottish Burden of Disease Study forecast the future burden of disease in Scotland to increase by 21% over the next 20 years, although a third may be preventable under the right circumstances[4]. These forecasts are important for workforce and care planning design and ensuring that the skills and capability are in place to meet the shifting demands.

Changing population demographics as well as women and families' needs and expectations also affect maternity care. Although there is a reduction in birth rates in Scotland, there is an increase in the complexity of pregnancies, driven by pre-existing medical conditions, poverty, age and complex social needs. Also, data shows inequalities in outcomes and experiences for ethnic minority women and those from more deprived areas[5,6,7,8]. The preventative public health roles of midwives and nurses are key to improving the healthy life years lived by our population, with pregnancy and the early years providing the greatest return of investment in the life course[9].

Changing care needs impacts greatly on the number of nurses and midwives required, the knowledge and skills they need to obtain, maintain, and develop, and more generally the way services are configured[10,11]. This means that nursing and midwifery roles are changing with a growing need for enhanced skills, education and training, while at the same time the workload is increasing[6].

9

The registered nursing and midwifery workforce

Staff in post

As of September 2024, there are 74,566 qualified nurses and midwives[1]* with a Scottish address on the Nursing and Midwifery Council (NMC) register. This is a 1.6% increase on the previous year[12]. Registration is a requirement of practice, though the registration numbers are not a direct reflection of those currently working in Scotland.

NHS Scotland is the biggest employer of these registered nurses and midwives with 51,572 (45,148.3 WTE[2]*) registered nurses and 3,173 (2,581.1 WTE) registered midwives as at September 2024. Over the last year this is an increase of 4.1% (1,760.1 WTE) and 3.2% (80.9 WTE) respectively. There are a further 21,939 (18,619.1 WTE) nursing support staff and 829 (637.6 WTE) midwifery support staff (see figures 1 and 2). Over the last year this is a decrease of 0.3% (-61.6 WTE) and 1.7%, (-11.3 WTE) respectively. Together nursing and midwifery staff make up 41.7% of the NHS workforce in Scotland. Of the nursing staff 88.4% are female and of the midwifery staff 99.7%[13].

Figure 1. Nursing - Qualified and support staff in post over time in WTE[13]

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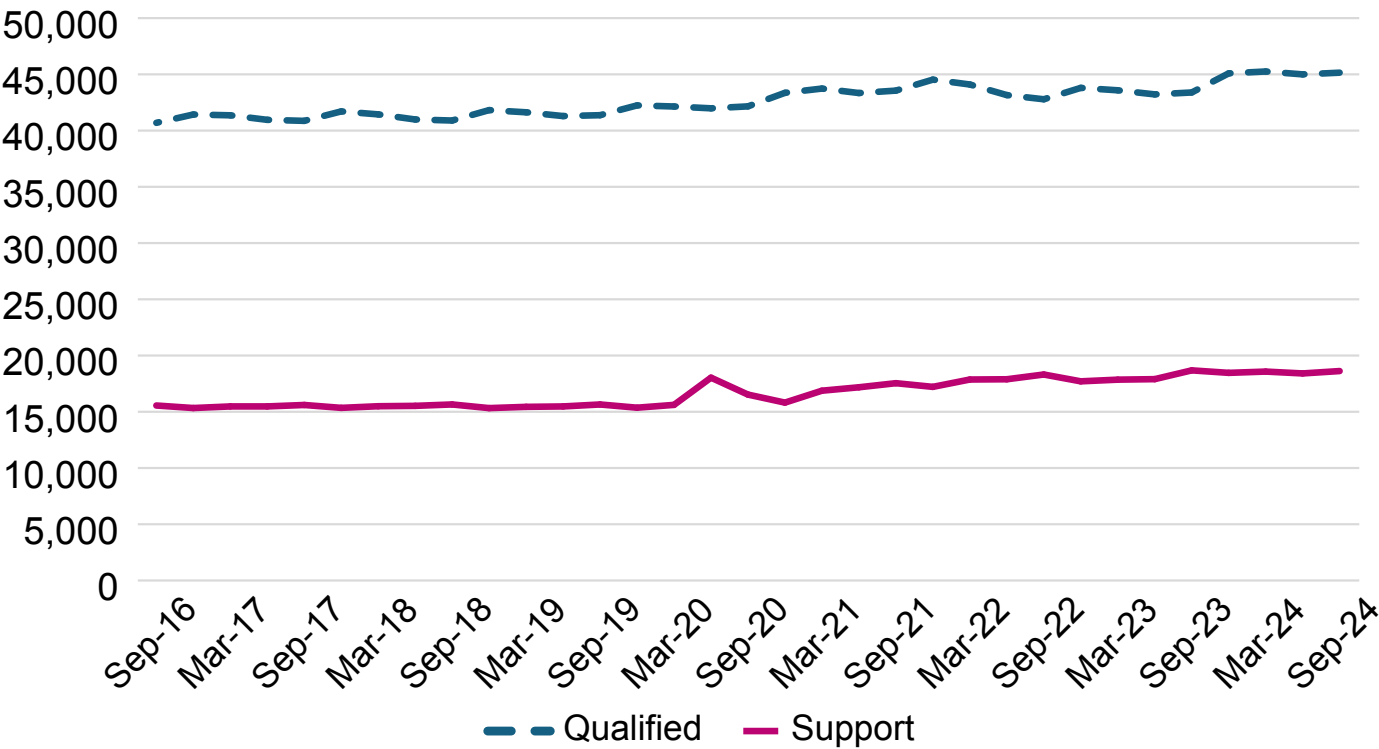
1   * 3,736 midwives, 70,507 nurses, 317 nurse & midwifes, 6 nursing associates.
2   * WTE stands for Whole Time Equivalent. 1 WTE is equivalent to an individual working full-time.

10

Figure 2. Midwifery - Qualified and support staff in post over time in WTE[13]
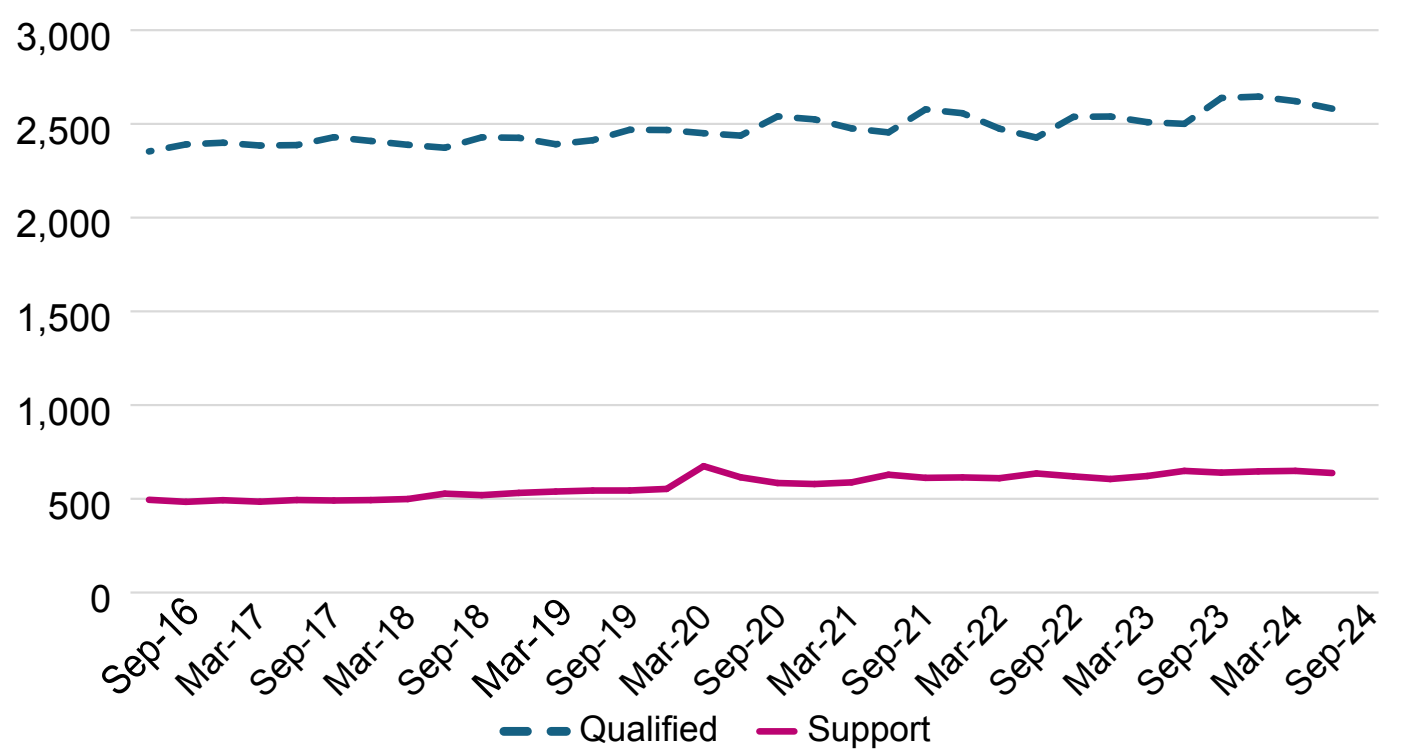
Whilst the overall number of registrants has been steadily increasing, this increase has been uneven across professions and specialties, and across the country. For example, in table 1 it can be seen that district nursing and school nursing grew, partly due to Scottish Government commitments to support expansion of this part of the workforce, while the learning disabilities nursing workforce reduced.

Table 1. Qualified nursing and midwifery staff in post by profession or specialty in 2016 and 2024[13]

Profession/nursing specialty	Sept-16 WTE	Sept-24 WTE	% Change 2016-24	WTE change 2016-24
Adult nursing	23,702	24,954	5.3%	1,252
District nursing	2,866	3,290	14.8%	424
Health visiting	1,739	1,863	7.1%	124
Learning disabilities nursing	675	599	-11.3%	-76
Mental health nursing	6,500	7,087	9.0%	586
Other	2,873	4,384	52.6%	1,511
Children and young people's nursing / children's nursing	1,580	1,724	9.1%	143
Public health nursing	468	833	78.1%	365
School nursing	287	415	44.9%	129
Midwifery	2,353	2,581	9.7%	228
Total	**43,043**	**47,730**	**10.9%**	**4,686**

Moreover, a growth in workforce does not mean that the distribution of staff to meet care needs is optimum.

Vacancy rates

From September 2023 to September 2024 qualified nursing vacancies have decreased from 7.9% to 3.7% and qualified midwifery vacancies decreased from 3.4% to 2.7%. Adult nursing carries the most qualified vacancies (figure 4). As shown in figure 3 vacancy rates vary over time. They are affected by a combination of factors including a decreased turnover rate of nurses and midwives in the past year[3]*, the Covid-19 pandemic, which saw significantly increased recruitment rates, and current budgetary constraint. Implementation of the safe staffing legislation should, over time, help to identify the gaps between current establishments (that is staff in post plus vacancies) and identified workforce needed to provide safe person-centred care.

Figure 3. Qualified Nursing & Midwifery vacancy rates over time (%)[13]

(Calculated as a percentage of total establishment)

- - Qualified Nursing vacancy rate   — Qualified Midwifery vacancy rate

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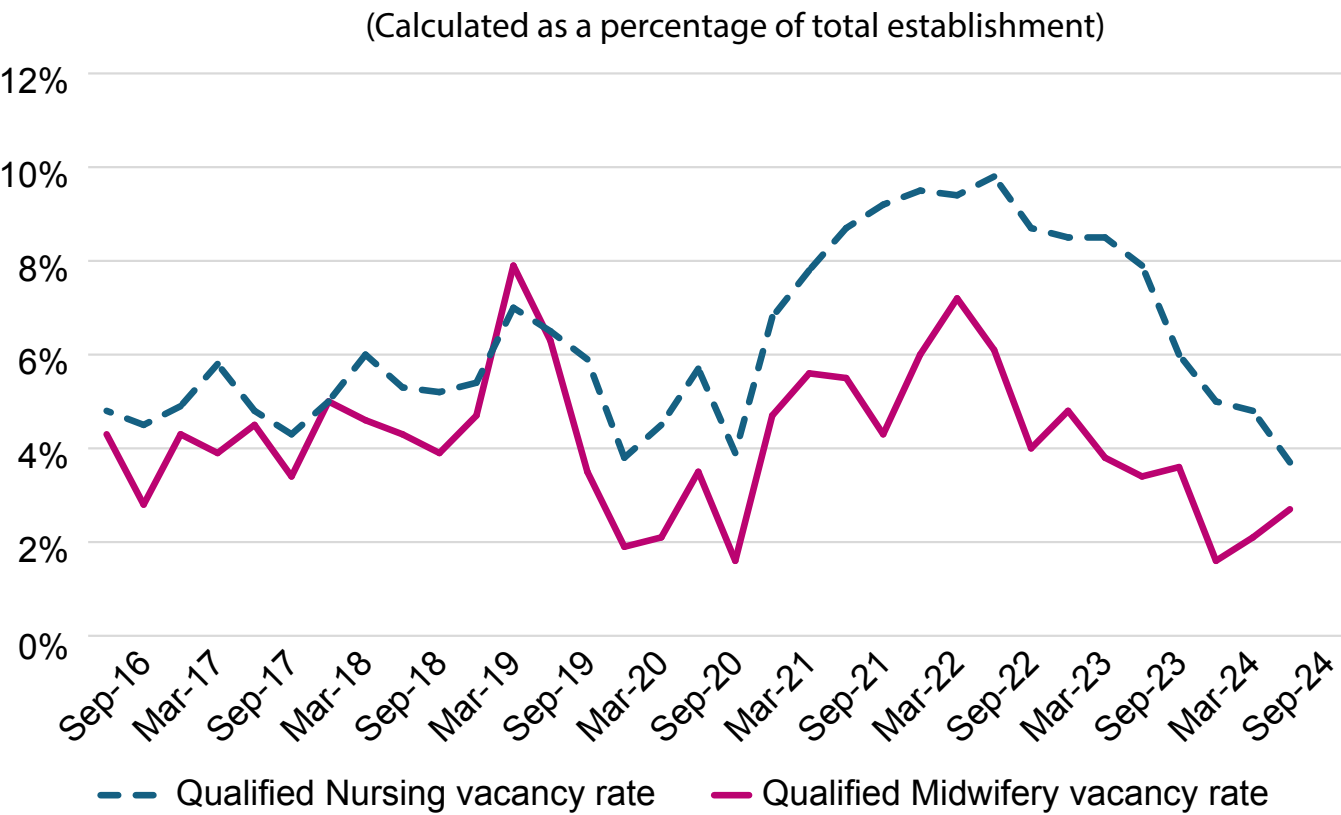
3   * The turnover rate is the number of people who left divided by the total number of employees.

Figure 4. Qualified vacancies (FTE) In selected areas of nursing and midwifery as at September 2024[13]
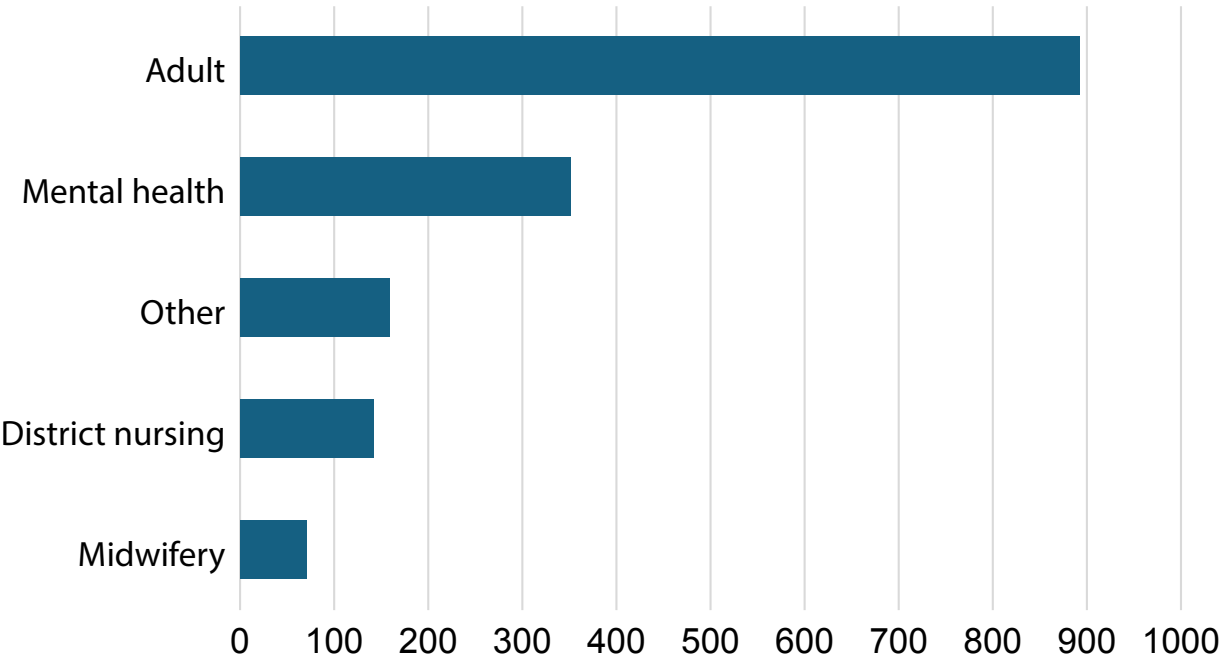
Leavers

While workforce data sets on nursing and midwifery are important, and especially for estimating safe and effective staffing to support improving population health, they do not contextualise the current landscape. Many workplace challenges faced by midwives and nurses are not captured by workforce data. From wider research[14,15,16,17] we know that an inadequate workplace environment can drive midwives and nurses to leave the professions. Experiencing traumatic events, poor workplace culture, inefficient IT systems and increasing expectations on the amount or variety of tasks were examples given that affect whether or not nurses and midwives feel supported and able to give the care they want to give.

For registered nursing and midwifery staff with the NMC, Scotland's data shows that in the 12 months to March 2024, there was a 5.5% increase in the number who left the register in comparison to the previous year[12]. In addition, trends over time in the official health workforce data show that more nurses and midwives are leaving their careers at an earlier point than previously, highlighting potential gaps in the skill mix now and in the future.

Future nursing and midwifery workforce

People begin a nursing or midwifery career primarily through undergraduate education programmes, with the number of training places determined by the Scottish Government after engagement with key stakeholders. Despite an increase in funded places on these programmes from 2016 until 2022, applications have declined in recent years and targets have not been met for funded places (figures 5 and 6)[18]. The decline in both nursing and midwifery applications has caused significant concern given that this is the main workforce pipeline.

13

Figure 5. Nursing undergraduate programmes – funded places and acceptances (actual recruitment) over time[18]

Legend: Funded places (dashed line with markers); Actual recruitment (solid line with markers)
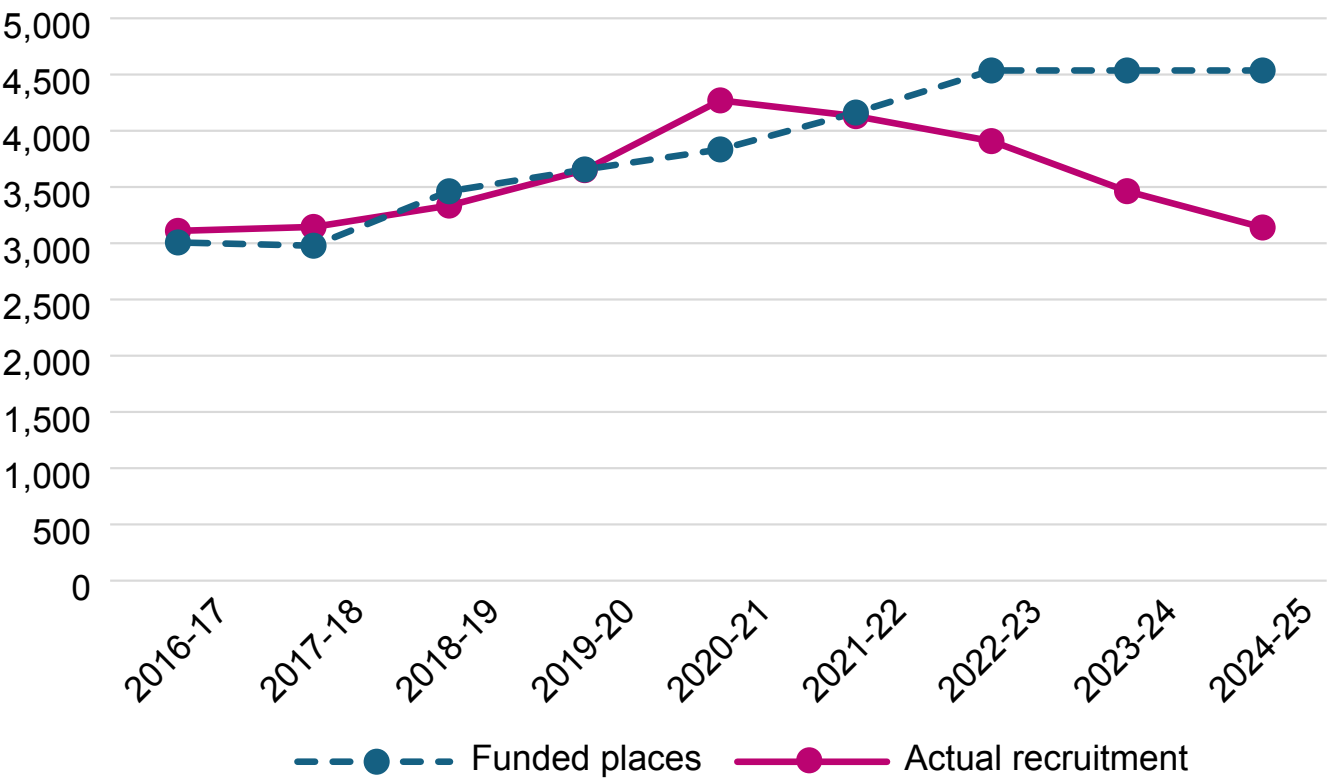
Figure 6. Midwifery undergraduate programmes – funded places and acceptances (actual recruitment) over time[18]

Legend: Funded places (dashed line with markers); Actual recruitment (solid line with markers)
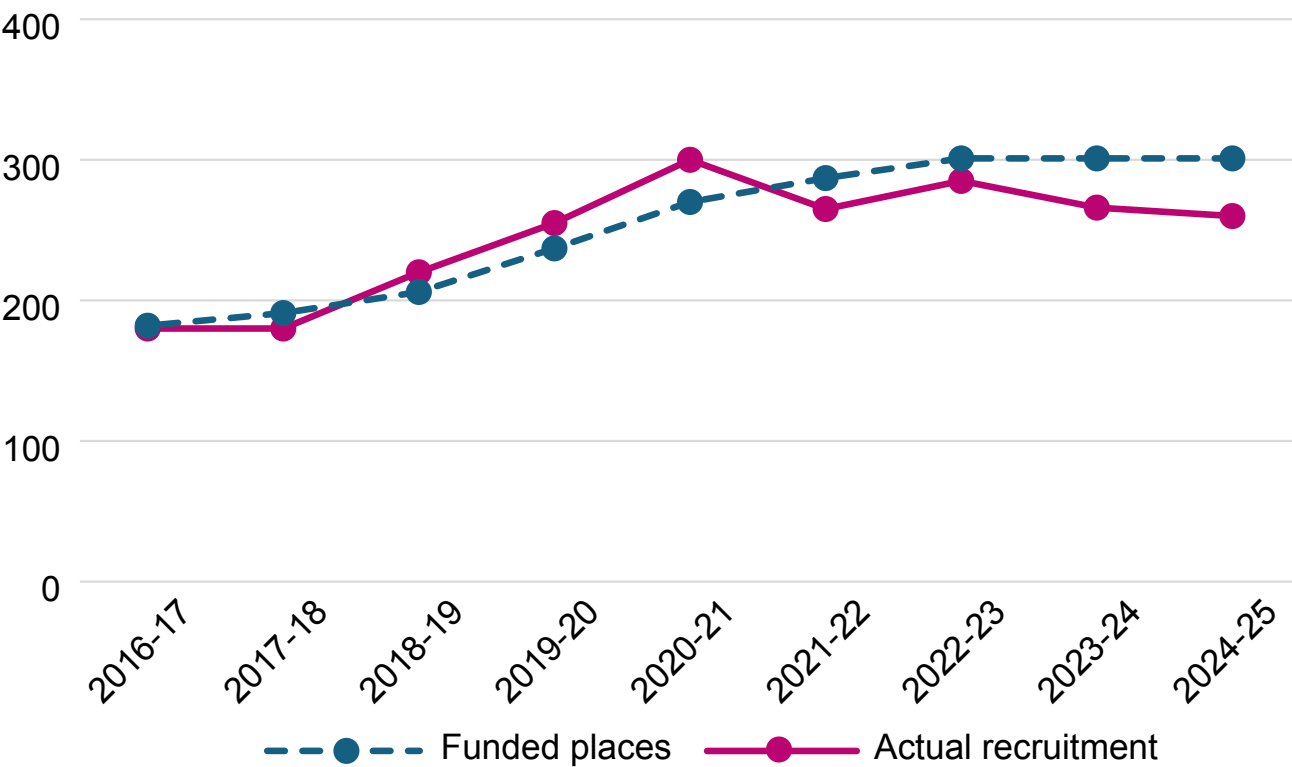
The international context

When shifting from Scotland's data to international data we see similar trends on recruitment and retention of midwives and nurses across high income countries, though most sources are based on pre-pandemic data[19,20,21]. Similarly, Scotland is not the only country seeing a drop in levels of interest to apply for undergraduate nursing post-Covid[22].

Scotland is part of a global labour market for nursing and midwifery skills. Many countries are now recruiting internationally and at a higher rate[21]. In Scotland, international recruitment has a role to play alongside domestic training routes to support safe staffing and workforce sustainability, and is bound by the Scottish Code of Practice[23] on the international recruitment of health and social care personnel, which also reflect key points from the World Health Organisation's (WHO) Code of Practice on international recruitment[24] to protect the healthcare systems of low-income countries.

To safeguard workforce sustainability and ensure that nurses and midwives contribute to achieving universal health coverage in the best way possible, the World Health Organisation published the Global Strategic Directions for Nursing and Midwifery 2021-2025 (SDNM)[25]. The SDNM comprises policy priorities for countries in four areas: education, leadership, jobs, and service delivery, thereby highlighting that as well as addressing the clinical workforce, there is a need to focus on researchers and educators to maintain and drive forward standards of education and care. The Taskforce is drawing on the SDNM[25] and SDNM in the WHO European Region[26] to support Scotland's ambitions of safeguarding and strengthening our nursing and midwifery workforce. Progress and implementation of the SDNM will be reported on at the World Health Assembly in 2025, emphasising the national, regional and global, importance of this work in achieving Universal Health Coverage (UHC) and population health.

1.3　The ambition of the Taskforce

The ambition of the Taskforce was agreed:

> "to recognise and value the contribution of the nursing and midwifery professions in Scotland by building sustainable and skilled nursing and midwifery workforces, with attractive, varied career choices across the four pillars of practice (clinical practice, facilitation of learning, leadership, and service improvement), fair work and flexibility, where all are respected and empowered, and where staff actively choose to stay in Scotland's Health and Social Care workforce their whole career."

1.4　The approach of the Taskforce

To achieve the ambition identified by the Taskforce and to foster transparency, collaboration and collective leadership among the members, terms of reference were agreed. The WHO provided guidance in this initial stage and advised on the methodology, based on their experience of strengthening the global nursing and midwifery workforce[19,20]. This led to the Taskforce agreeing to develop recommended actions (to be actionable) rather than recommendations.

The Taskforce identified and agreed four key sub-themes as key areas for development:
- Attraction
- Education and Development
- Wellbeing
- Culture and Leadership

Information gathering

There were two distinct workstreams formed for the Taskforce to gather information to inform development of recommended actions. The first saw the development of four subgroups, following the sub-themes above with a further remit regarding retention. The second was a Listening Project that was designed to run concurrently with the work of the subgroups. Information from all sources has been brought together and used to develop recommended actions.

Information workstream 1: themed subgroups

The subgroups were established to examine and make recommended actions for each sub-theme. Those involved in the four subgroups were encouraged to consider retention because supporting nurses and midwives to stay in post is part of the underpinning aim of the Taskforce.

Each subgroup included representation from midwifery and nursing, see annex 1 for a list of the members and the remit of each subgroup. The subgroups met throughout the duration of the Taskforce and shared updates at the overall Taskforce meetings.

The objective for each subgroup was to consider consistent, whole system solutions required for nursing and midwifery professions now and for the future, identifying any gaps and/or areas for improvement and/or innovation.

Information workstream 2: the Listening Project

The Taskforce was committed to hearing from current nurses and midwives, students and academics from different settings and disciplines across Scotland to help shape the discussions on the recommended actions. A series of in-person and on-line engagement activities were organised under the banner of the Listening Project, which ran from August 2023 until June 2024. The Listening Project included over 80 in-person focus group discussions across Scotland and 20 online discussions. The focus of the sessions was on listening and giving space to participants to share both the positives and challenges relating to the broader working conditions which were important to them. In addition, over 3,400 responses were received via two online surveys. Feedback was shared and discussed with the four subgroups and presented at overall Taskforce meetings. While participants raised many negative and frustrating issues, it shone through that those who took part in the Listening Project genuinely cared about the nursing and midwifery professions and the work they do. The overall Listening Project findings and key messages are published in a separate report[27].

Overview of the Listening Project engagement activities

Phase one Aug – Sep 2023	Phase two Nov 2023 – Jun 2024	Phase three Feb – May 2024
• Pulse Poll online survey (2,818 responses)	• In-person focus groups across Scotland with staff (462 participants) • National virtual focus groups with staff (122 participants) • Free text online survey (607 responses)	• Focus groups with students (27 participants) • Focus groups with academics (30 participants)

1.5 Presentation of the output of the Taskforce

Having reviewed and analysed the supporting evidence, including the findings of the Listening Project, the four subgroups developed 44 recommended actions in support of ten key outcomes to deliver short and long-term sustainable change and build on efforts to make Scotland the best place for midwives and nurses to thrive at work.

The findings and recommended actions of the four subgroups overlapped considerably. Therefore, a framework was identified to more effectively present the 44 recommended actions and 10 outcomes. We chose to present the recommended actions by using Buchan and Catton's review on key organisational factors for retention of nurses as a guide[21] and included Attraction as a separate factor. This means that under the following 8 organisational factors (see box) are 10 outcomes which will be delivered through the 44 recommended actions.

1. Work environment and working conditions
2. Flexible and work-life balance policies
3. Career opportunities and access to education
4. Manageable workload and safe staffing
5. Productive working relationships
6. Professional autonomy and participation in decision making
7. Responsive management with supervision and mentoring
8. Attraction

(adapted from Buchan and Catton[21])

8 organisational factors → 10 outcomes → 44 recommended actions

2. The recommended actions

1. Work environments and working conditions

Outcome:
Employers have ensured that the conditions are in place for staff to maintain their own wellbeing by creating a working environment that adequately balances the needs of staff with the needs of the people they care for.

Extracts of what we heard:

From the Listening Project:

" Managing my wellbeing should be about me being able to do the job in the time I'm given to do it. It's about being respected to do my job, being able to take a break and getting to go home on time. It's simple things for me."

From the Wellbeing subgroup discussions:

- The roles that nurses and midwives have make it more likely that they experience trauma and difficult situations at work.

- Staffing levels that do not allow breaks to be taken without impacting patient care can have a direct impact on staff health and wellbeing.

What action will be taken?

1. Employers must have appropriate staffing levels and the systems or mechanisms in place so staff are able to take contractual and statutory breaks to which they are entitled. This will include a review of the mechanisms by which breaks are effected (such as rota design and associated workforce planning tools).

2. The Scottish Government will develop mechanisms/a toolkit to ensure staff have all their essential needs met whilst at work. This will consider core aspects of need such as physical needs, physical safety, emotional safety and psychological safety.

18

2. Flexibility and work-life balance policies

Outcome:
Staff are enabled to have a work-life balance and a working pattern that promotes their wellbeing.

Extracts of what we heard:

From the Listening Project:

" The service needs are changing and it's about getting managers to align with work life balance and flexible working policies being applied equally and not just to those with children. Work life balance just isn't there now."

From the Attraction subgroup discussions:

- Having flexible working patterns and shifts support retention
- Despite having a flexible working policy within NHS Scotland, implementation of the policy is inconsistent and weighted too strongly to local manager discretion.

What action will be taken?

3. At a national level, the Scottish Government, NHS employers and trade unions and professional organisations will review and update the definition of what flexible working means in the context of nursing and midwifery rostered environments. Following this review, flexible working practices will be promoted and implemented for both nursing and midwifery professions to ensure flexible options for staff in all roles.

4. The Scottish Government, NHS employers and trade unions and professional organisations will develop national rostering and e-rostering guidance and training to ensure it promotes a culture of flexibility and shared decision making, including team-based rostering to improve the work life balance of nursing and midwifery staff.

5. The Scottish Government, NHS employers and trade unions and professional organisations will systematically identify effective approaches to team-based rostering and give support for progressive implementation across the whole system, to promote a culture that embraces flexibility and work life balance. The review should include (a) establish what shift patterns and rota designs and on call provisions are currently used and to what extent and (b) understand the impact on staff wellbeing and safe and effective care, in order to identify if changes to shift patterns and rota and rota designs and on call provisions for nurses and midwives are necessary.

19

3. Career opportunities and access to education

Outcome 1:
Staff are supported to develop their skills and knowledge to support their career progress and choice.

Extracts of what we heard:

From the Listening Project:

" The job is so varied. You need to be able to get the knowledge and skills to adapt, but there is a lot of potential to develop and gain new skills to be able to go into different fields."

From the Education and Development subgroup discussions:

- Widening participation in building a more sustainable workforce that mirrors the population that it serves.
- Offering progression and career development supports retention and can support local/regional workforce needs to be met.

What action will be taken?

6. The Scottish Government will explore with relevant partners and stakeholders, including regulators, the benefits and challenges of introducing regulation and standardised education in Scotland for nursing support worker roles. This will include considering all the available evidence regarding substitution, deployment, scope of role, increasing widening participation and suitable education programs that can enable progression to the registered nurse role.

7. NHS Education for Scotland (NES) with relevant stakeholders will review the education of maternity care assistants with the aim of understanding the potential benefits and challenges of standardised education, aligned with the level 2-4 Maternity & Neonatal Education & Development framework to increase widening participation and suitable education programs that can enable progression to earn as you learn models for midwifery education.

20

What action will be taken?

8. The Scottish Government with relevant partners and stakeholders will commission a comprehensive review of practice learning to:
- identify potential gaps in education provision, supervision, and IT infrastructures.
- understand the future requirements of pre- and post-registration learners, and educators aligning where appropriate with the national NMC review of practice learning and the Nurses, Midwives, and Allied Health Professionals (NMAHP) framework.
- identify gaps and the actions required to enable new learning routes, learning opportunities and CPD to be effective.
- ensure capacity, capability and opportunity within the system including options such as regional approaches to placement provision.

9. The Scottish Government will work with relevant partners and key stakeholders such as Higher Education Institutions, NHS Boards, Scottish Funding Council, Scottish Qualifications Authority (SQA) and others to develop alternative sustainable pre-registration degree education delivery and funding models that will lead to NMC approved programmes for nursing and midwifery that are structured in a more contemporary and progressive way.

This will include:
- blended and distance learning, with these programmes becoming available.
- as a priority these developments will focus on hard to recruit fields and respond to the demographic and regional challenges across Scotland for midwifery and nursing.

10. NES and employers will embed the refreshed NMAHP career framework as a tool to enable a structured approach to staff learning and development, including career planning conversations, across all four pillars.

11. Employers will ensure leadership, finance, educational programmes, and processes are in place and visible to support all nursing and midwifery learners, levels 2-9, to access relevant education provision to develop their individual career aspirations.

12. NES with relevant partners will address where there are gaps in education provision.

13. In collaboration with the Chief Nursing Officer (CNO) Research Advisory Group, and with cognisance of their recent work, agree the development of a structured approach to integrated clinical, academic and research appointments with clearer career pathways and job descriptions including clinical academic roles. This work should consider all drivers, include funding mechanisms, to bridge the gap in HEI/Board salaries and to enable expansion of opportunities for staff to be supported to develop at MSc level and beyond.

21

3. Career opportunities and access to education

Outcome 2:
Nursing and midwifery staff are supported and encouraged to be involved in technological innovation to ensure that nursing and midwifery priorities are considered in the conception, design and implementation.

Extracts of what we heard:

From the Listening Project:

" Nurses don't get any say in new systems that come out. We must figure it out alone and then are pressured to teach students."

From the Attraction subgroup discussions:

- There is a need for strengthening digital literacy, and to understand the opportunities available to nurses and midwives to be involved in digital expansion.

- Having nurses and midwives involved in decisions about digital innovation and to understand if systems will work for them can no longer be an afterthought.

What action will be taken?

14. The Scottish Government will conduct a mapping exercise of the current digital landscape and will act on the findings to come up with areas for improvement around the opportunities for nursing and midwifery staff to be involved in digital transformation.

22

4. Manageable workload and safe staffing

Outcome 1:
Staff are engaged in the setting of staffing levels and skill mix that will reflect international evidence to enable the consistent delivery of high-quality person-centred care in an environment that promotes the wellbeing of staff.

Extracts of what we heard:

From the Listening Project:

" We are being threatened with a new system in the community, there's different systems for different parts and depends on the GP practices etc. I have three systems to input information for diabetic reviews and then I have to write it all out again in a fourth system that repeats everything."

From the Wellbeing and Attraction subgroups discussions:

- Duplication of paperwork and data entry required to support clinical care are time-consuming and affect the amount of time staff spend away from direct patient care.

- The risks of increased workload are that this can lead to burnout, compassion fatigue, increased incidence of poor behaviours and poor working cultures.

What action will be taken?

15. The Scottish Government will commission a review of data inputting and paperwork requirements within all nursing and midwifery roles to establish which:
1) are duplication of other inputs and requirements and
2) are non-essential either legally or for the purposes of patient safety. It will identify which ones can be removed

As part of the review, to reduce the administrative burden on nurses and midwives it will consider the effectiveness of current business systems and administrative processes and the Scottish Government will act on the findings to allow nurses and midwives to focus their time on direct clinical patient care.

23

What action will be taken?

16. The Scottish Government will review the predicted absence allowance in the staffing level tools used by NHS Scotland to ensure it is fully reflective of the non-clinical aspects of nursing and midwifery roles and realistic levels of absence; where the relevant duties under the Health and Social Care (Staffing) (Scotland) Act 2019 apply and applied in a consistent manner across NHS Scotland. This will support employers in meeting their duties under this Act. Where the Act does not apply to encourage adoption of this approach as best practice.

17. The Scottish Government will give consideration for future-proofing, centrally led system commissioning for interconnected communication across healthcare in Scotland.

4. Manageable workload and safe staffing

Outcome 2:
Employers are taking active steps to reduce the frequency of staff moves and where those take place that they are carried out ensuring staff are suitably supported to work within their knowledge, skills and experience and minimise impact on patient safety.

Extracts of what we heard:

From the Listening Project:

" When staff are moved, it's not creating a safe environment, on paper it looks safe but it's not. The NMC says you should be working within your skills, but when you say that they threaten you with NMC registration, 'you're a registered nurse'."

From the Attraction subgroup discussions:

- The subgroup acknowledged the feedback from the Listening Project that staff being moved is necessary to mitigate risk and make areas safe, therefore discussions focused on how to manage staff moves in the safest way and reduce the frequency and anxiety for staff.

What action will be taken?

18. Employers will put in place a fair, consistent and transparent process to deciding which staff are moved to other areas based on their skills, knowledge and experience.

19. When staff are moved, the receiving area will give an adequate handover, orientation and resources to undertake role to ensure that patient and service user outcomes and staff wellbeing are not compromised.

20. When staff are given temporary responsibility for additional cases, employers will put in place a clear process of prioritisation based on dynamic risk assessment and identified mitigations to ensure workload remains manageable.

21. Employers will ensure a clear route of escalation is available to staff members who are moved and/or given additional temporary responsibility and feel that client/patient safety and outcomes are negatively impacted as a result, or who consequently feel unable to provide safe client/patient care.

25

5. Productive working relationships

Outcome:
Employers will respond to feedback from staff and manage difficult situations that staff encounter during the course of their work through formal and informal mechanisms.

Extracts of what we heard:

From the Listening Project:

" It's hard for people to bring things up – I said a comment and it went back to my Head of Department. No one feels safe to talk out or whistleblow."

From the Culture and Leadership subgroup discussions:

- The subgroup agreed that all nurses and midwives in all settings will work within a psychologically safe and supportive environment.

What action will be taken?

22. Building on existing good practice and evidence and through collaborative design, the Scottish Government, partners and stakeholders will develop a culture assessment tool for all teams to use in a psychologically safe way, across all health and care settings.

23. Employers will test and refine the culture assessment tool with nursing and midwifery teams.

24. Employers will implement the tool across multi-disciplinary teams to develop a consistent approach to improve organisational culture at a local level.

25. The Scottish Government, partners and stakeholders will develop a pathway to enable teams to:
    1) access appropriate support for the assessment process, and
    2) access support to implement required improvements.

26. Employers will ensure that nurses and midwives are fully supported and have appropriate opportunities to reflect and analyse traumatic and difficult situations they have experienced through responsive and well publicised local support channels.

27. The Scottish Government will explore a consistent approach to capturing information to allow for a better understanding of why nurses and midwives choose to leave their professions.

26

6. Professional autonomy and participation in decision making

Outcome:
Employers have structures in place that support shared decision making and encourage staff to participate in collaborative approaches to local and national decision making.

Extracts of what we heard:

From the Listening Project:

" Charge nurses used to run the ward, but control has been taken away. Decisions are being made without clinical and human aspects being taken into consideration. We need to go back to having supporting leaders at clinical level. The authority doesn't match the managers."

From the Culture and Leadership subgroup discussions:

- Enabling a person-centred culture within healthcare is crucial and results in workplace cultures that places the beliefs and values of service users at the centre of decision-making and creates the context for practitioners to do this effectively.

What action will be taken?

28. The Scottish Government, partners and stakeholders will ensure nurses and midwives can access sustainable and progressive opportunities to influence policy, practice, national and local strategy to achieve change.

29. The Scottish Government, partners and stakeholders will enable practicing nurses and midwives to participate in leadership teams across all settings to allow direct input to strategy, decision making and planning.

30. Employers, the Scottish Government, and leadership will support staff to act with autonomy, within their scope of practice, maximising their knowledge, skills and competence to influence and participate in local and national decision making on all issues that impact on their effectiveness.

27

7. Responsive management with supervision and mentoring

Outcome:
Employers will ensure that staff are encouraged by supportive leaders who have undertaken training and understand the qualities required for the role.

Extracts of what we heard:

From the Listening Project:

" We should feel comfortable with the processes in place. I took on my job knowing I want to see a difference in my work environment, I want those above me to want to do the same. They should know their job and role and that respect works both ways. They need to motivate us to continue downwards. I think it is changing but takes time."

From Culture and Leadership and Wellbeing subgroup discussions:

- Evidence shows there is a clear link between supportive, compassionate leadership and quality of care.

- Staff need time and space for peer support and reflective practice to help frontline staff manage moral injury and the pressures of the role. This will also improve patient care and outcomes.

What action will be taken?

31. Organisations and employers will commit to sustaining compassionate leadership, which evidence shows must be a critical component of every nurse and midwife's role.

32. The Scottish Government, partners and stakeholders will support employers to establish sustainable leadership learning and development pathways and support NMW leadership development from the beginning of career across all healthcare settings.

33. Employers will promote development of leadership capacity and capability, and a talent management and succession planning approach covering all roles.

28

What action will be taken?

34. NES and employers will ensure a safe and supportive environment is in place in all health and care settings which empowers all nurses and midwives to develop and demonstrate compassionate leadership skills. Establish and implement robust processes to ensure staff can access and develop their leadership skills that build on existing policy and guidance.

35. An employer commitment for nursing and midwifery staff to have protected time for a model of supervision which meets the individual's needs.
This should include (but is not limited to)
- restorative supervision,
- peer support, and
- reflective practice.

The model should incorporate provision for this to be in a safe space and at a time that is right for them; particularly following traumatic events.

8. Attraction: education

Outcome:
Nursing and midwifery careers are attractive, flexible and accessible for new entrants and existing staff.

Extracts of what we heard:

From the Listening Project:

" We need paid employment routes in, particularly to attract second career individuals."

" I thought about it [applying for the nursing programme] for years, but caring for a family member at end of life was the push I needed."

From the Education and Development, and Attraction subgroup discussions:

- Undergraduate entry programmes are just one route into these critical professions, and alternative routes will increase the workforce.

- The realities of being a nurse or midwife and what the career offers and entails need to be better promoted to the public.

What action will be taken?

36. The Scottish Government with relevant partners and stakeholders will build a sustainable nursing and midwifery workforce that supports and maximises existing pre and post registration programmes. Integral to this will be the development of sustainable alternative entry routes into nursing and midwifery, including part-time routes, earn as you learn, apprenticeship models and fast track routes from relevant degree-educated pools.

37. The Scottish Government with relevant partners and stakeholders will develop new entry routes with dedicated funding available to support them. This should prioritise adding to, and not replacing, traditional undergraduate routes.

38. The Scottish Government with relevant partners and stakeholders will ensure continued widening participation and that the demographic of the future nursing and midwifery workforce mirrors the population and communities it serves.

39. Widening participation must therefore go beyond SIMD (Scottish Index of Multiple Deprivation), be diverse and inclusive and respond to remote and rural needs.

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8. Attraction: marketing

Outcome:
Nursing and midwifery careers are attractive, flexible and accessible for new entrants and existing staff.

Extracts of what we heard:

From the Listening Project:

" If the media stops making the professions look unattractive, we might actually be able to get somewhere."

From the Attraction subgroup discussions:

- The need to raise awareness of Nursing and Midwifery careers, promoting routes into employment, and marketing of NHS Scotland as a place to work are crucial to sustaining the workforce in the future.

- challenge perceptions of health and social care careers.

What action will be taken?

40. The Scottish Government will commission research and labour market analysis that identifies current dynamics and trends in levels of interest in nursing and midwifery careers, taking account of regional variations and any differences between fields of nursing and professions. This work will be used to identify how any future marketing activity should be shaped and targeted.

41. The Scottish Government will commission evidence-based and evaluated career marketing activity that accurately represents and promotes the roles and range of career opportunities that reflect the key pillars of clinical practice, leadership, research and education to attract and retain a diverse range of talent in nursing and midwifery.

42. The Scottish Government will work with relevant partners and stakeholders to ensure nurses and midwives are supported and encouraged to share their passion for their role and career with others, to support attraction and retention, based on their own experience of the challenges and opportunities.

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43. The Scottish Government will work with relevant partners and stakeholders to ensure the consistent, sustainable provision of a range of taster schemes across health and social care that enable people from various backgrounds to experience nursing & midwifery and, on completion, participants are guided and supported to access careers in health & social care.

44. The Scottish Government will identify the barriers and enablers to attracting a diverse range of suitable candidates and develop a costed action plan to address barriers. This would include a review of the package of student financial support to ensure that nursing and midwifery students receive the right support to complete their studies.

Annex 1: Ministerial Nursing and Midwifery Taskforce and subgroup members

Nursing and Midwifery Taskforce members

Name	Job title	Organisation
Eileen McKenna	Associate Director Nursing Policy and Professional Practice	Royal College of Nursing Scotland
Jaki Lambert	Director for Scotland	Royal College of Midwives
Professor James Buchan	International expert on nursing and midwifery workforce policy and planning	Health Foundation / The University of Edinburgh
Professor Aisha Holloway	Chair of Nursing Studies, Global Nursing advisor	The University of Edinburgh
Anne Campbell	Vice Principal, Skills and Enterprise	Ayrshire College
Sam Foster	Executive Nurse Director, Professional Practice	Nursing and Midwifery Council
Sam Donohue	Assistant Director, National and Regional Outreach, Professional Practice	Nursing and Midwifery Council
Liz Airns	Branch Secretary	GMB
Gavin Fergie	Lead Professional Officer	Unite
Matt McLaughlin	Regional Organiser – Head of Health Scotland	Unison
Wilma Brown	Scottish Health Committee	Unison
Jackie Mitchell	National Officer	Royal College of Midwives
Colin Poolman	Director	Royal College of Nursing Scotland
Professor Susan Dawkes	Dean of Health & Social Care	Council of Deans Edinburgh Napier University
Professor Caroline J Hollins Martin	Edinburgh Napier University	Council of Deans

Name	Job title	Organisation
Distinguished Professor Patricia Findlay	Director of the Scottish Centre for Employment Research	University of Strathclyde
Gillian McCannon	Chairperson	NHS Western Isles
Caroline Hiscox	NHS Chief Executive	NHS Grampian (now NHS Lothian)
Claire Pearce	Executive Nurse Director	NHS Tayside
Dr June Brown	Executive Nurse Director	NHS Grampian
Lesley Sharkey	Director of Midwifery / Nurse Director	NHS Tayside
Serena Barnatt	Director of HR & Organisational Development	NHS National Services Scotland
Karen Wilson	Deputy Chief Executive & Executive Director of Nursing	NHS Education for Scotland
Fiona Davies	Integrated Joint Board Chief Officer	Argyll & Bute HSCP
Dr Jane Douglas	Transforming Workforce Lead	Scottish Care
Fiona Hogg	Chief People Officer	Scottish Government
Professor Alex McMahon	Chief Nursing Officer (until Apr 2024)	Scottish Government
Anne Armstrong	Interim Chief Nursing Officer (from May 2024)	
Justine Craig	Chief Midwifery Officer	Scottish Government
Gillian Russell	Director of Health Workforce (until Sep 2024)	Scottish Government
Amy Wilson	Interim Director of Health Workforce (from Sep 2024)	
Richard McCallum	Director of Health Finance	Scottish Government
Angie Wood	Interim Director, Social Care Resilience and Improvement	Scottish Government

Attraction subgroup

Remit:

- ➢ To make transformative, future-proofed recommendations to improve both the attraction and retention of both the nursing and midwifery professions, as well as attraction into and from education to employment that support the longer-term workforce sustainability.

Membership:

Name	Organisation
Eileen McKenna (co-chair)	Royal College of Nursing Scotland
Claire Pearce (co-chair)	Scottish Executive Nursing Directors
Professor James Buchan	Health Foundation The University of Edinburgh
Matt McLaughlan	Unison
Gavin Fergie	Unite
Professor Aisha Holloway	The University of Edinburgh
Gillian McCannon	NHS Western Isles
Karen Wilson	NHS Education for Scotland
Professor Linda Martindale	Council of Deans
Sam Donoghue	Nursing and Midwifery Council
Professor Kathleen Carolan	Scottish Executive Nursing Directors
Janette Keenan	Scottish Executive Nursing Directors
Sarah Horan	Scottish Executive Nursing Directors
Dylan White	NHS Education for Scotland
Jenny Pope	NHS Golden Jubilee
Jayne Bekoe Fiona Gibb	Royal College of Midwives
Dr Jane Douglas	Scottish Care
Louise Hyett-Collins	Royal College of Nursing
Kathleen Rennie	NHS Ayrshire and Arran
Rachel Moss	NHS Highland
Adele McGuffie	NHS Ayrshire and Arran
Claire Danskin	NHS Lothian
Michelle Mackie	NHS Orkney
Mili Shukla	Skills Development Scotland
Allison Christie	Coalition of Care and Support Providers in Scotland
Clare Gibson	Developing the Young Workforce

Name	Organisation
Andrea Kwek Katherine Stevenson Gillian Scott Kerrie Walters	Centre for Workforce Supply NHS Education for Scotland
Nicola Gordon	Royal College of Nursing Scotland
Scott Taylor	NHS Lothian

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Education and Development subgroup

Remit:

- ➢ To make transformative, future-proofed recommendations for the diversification of education and training pathways and opportunities for nursing and midwifery professions that support the longer-term workforce sustainability by:
  - ○ Creating adaptable and responsive, place-based opportunities, centred around a Once for Scotland approach that recognises relevant unique local and regional circumstances, for new or improved pathways into pre-registration, including seamless articulation for those in nursing and midwifery support roles.
  - ○ Understanding and seeking to maximise the retention of students in nursing and midwifery education pathways.
  - ○ Creating flexible, high-quality learning and development opportunities that promote continued growth and professional development for all and supports clear post registration career progression and pathways from support roles to consultant level as well academic and research roles.
  - ○ Embedding a culture of lifelong learning and professional development across all four pillars of practice, recognising their value and interdependencies for providing safe, evidence-based, person-centred care.

Membership:

Name	Organisation
Professor Susan Dawkes **(co-chair)**	Edinburgh Napier University / Council of Deans
Jaki Lambert **(co-chair)**	Royal College of Midwives
Professor Caroline J Hollins Martin	Council of Deans
Fiona Davies	Integrated Joint Board Chief Officer
Dr June Brown	Scottish Executive Nurse Director
Serena Barnatt	NHS HR Director
Eileen McKenna	Royal College of Nursing Scotland
Sian Kiely	Royal College of Nursing Scotland
Dr Maria Pollard	NHS Education for Scotland
Professor Vanora Hundley	Bournemouth University
Honor MacGregor	NHS Tayside
Cherylene Dougan	NHS Dumfries & Galloway
Dr Mary Ross-Davie	NHS Greater Glasgow & Clyde
Dr Janet Corcoran	NHS Lothian
Liz Airns	GMB
David Watt	Scottish Qualifications Authority
John Currie	Scottish Qualifications Authority
Shona Shinwell	University of Dundee
Dr Joan Cameron	University of Dundee

Name	Organisation
Professor Jayne Donaldson	University of Stirling
Dr Dawn Cameron	University of West of Scotland
Anne Campbell	Ayrshire College.
Anne Trotter	Nursing and Midwifery Council
Karen Wilson	NHS Education for Scotland
Dr Jacqui Williams	Nursing and Midwifery Council
Sam Thomas	Scottish Executive Nurse Directors
Michelle O'Reilly	Scottish Executive Nurse Directors
Heather Smith	Care Sector
Lindsay Dingwall	Care Sector
Julie Geddes	Care Sector
Duncan Condie	Scottish Funding Council
Professor Claire McGuinness	Scottish Government

Wellbeing subgroup members

Remit:

➤ To make transformative, future-proofed recommendations to ensure that the wellbeing of nursing and midwifery staff is front and centre. These recommendations will also have a focus on culture and behaviours as these are important factors that underpin delivery of safe and effective patient care.

Membership:

Name	Organisation
Lesley Sharkey **(co-Chair)**	NHS Tayside
Wilma Brown **(co-Chair)** (until Apr 2024)	UNISON
Professor Caroline J Hollins Martin	Council of Deans
Eileen McKenna	Royal College of Nursing Scotland
Liz Airns	GMB
Dr Jillian Taylor	NHS Forth Valley
Caroline Craig	Health Improvement Scotland
Jennifer Wilson	Scottish Executive Nurse Directors
Emma Legge	Queens Nursing Institute Scotland
Gillian Morton	NHS Forth Valley
Jaki Lambert	Royal College of Midwives
Emma Currer	Royal College of Midwives
Andrew Jackson	Royal College of Nursing Scotland
Alison Carmichael	Scottish Government
Isabella de Wit	Scottish Government
Victoria Freeland	Scottish Government
Sara Kettles	NHS Tayside
Dee Davidson	NHS Dumfries & Galloway
Lynne Innes	NHS Fife and NHS Education for Scotland
Nicola Braid	NHS 24
Michelle McCreadie	NHS Fife
Paul Hough	NHS 24
Amy Noble	NHS Highland
Adele Corkery	NHS Fife
Clare Cable Sarah Doyle	Queens Nursing Institute Scotland

Culture and Leadership subgroup

Remit:

> To specifically look at opportunities to enhance culture and leadership of the professions while recognising the impact of the wider organisational culture. It also needs to consider what this means in the wider context of staff retention.

Membership:

Name	Organisation
Colin Poolman **(co-chair)**	Royal College of Nursing Scotland
Fiona Hogg **(Co-chair)**	Scottish Government
Jackie Mitchell	Royal College of Midwives
Gillian McCannon	NHS Western Isles
Jaki Lambert	Royal College of Midwives
Liz Airns	GMB
Claire Pearce	Scottish Executive Nurse Director
Anne Trotter	Nursing and Midwifery Council
Charlie Sinclair	NHS Education for Scotland
Clare Cable Sarah Doyle	Queens Nursing Institute Scotland
Jennifer Wilson	Scottish Executive Nurse Director
Frances Dodd	Scottish Executive Nurse Director
Justine Craig	Chief Nursing Officer Directorate
Eileen McKenna	Royal College of Nursing Scotland
Ross Sanderson	Royal College of Nursing Scotland

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Annex 2: Recommended actions and subgroup origin

	Nursing and Midwifery Taskforce	
	Recommended actions and subgroup origin	
	Recommended action:	Subgroup
1	Employers must have appropriate staffing levels and the systems or mechanisms in place so staff are able to take contractual and statutory breaks to which they are entitled. This will include a review of the mechanisms by which breaks are effected (such as rota design and associated workforce planning tools).	Wellbeing
2	Scottish Government will develop mechanisms/a toolkit to ensure staff have all their essential needs met whilst at work. This will consider core aspects of need such as physical needs, physical safety, emotional safety and psychological safety.	Wellbeing
3	At a national level, the Scottish Government, NHS employers and trade unions and professional organisations will review and update the definition of what flexible working means in the context of nursing and midwifery rostered environments. Following this review, flexible working practices will be promoted and implemented for both nursing and midwifery professions to ensure flexible	Attraction
4	The Scottish Government, NHS employers and trade unions and professional organisations will develop national rostering and e-rostering guidance and training to ensure it promotes a culture of flexibility and shared decision making, including team-based rostering to improve the work life balance of nursing and midwifery staff.	Attraction
5	The Scottish Government, NHS employers and trade unions and professional organisations will systematically identify effective approaches to team-based rostering and give support for progressive implementation across the whole system, to promote a culture that embraces flexibility and work life balance. The review should include (a) establish what shift patterns and rota designs and on call provisions are currently used and to what extent and (b) understand the impact on staff wellbeing and safe and effective care, in order to identify if changes to shift patterns and rota design and on call provisions for nurses and midwives are necessary.	Attraction
6	The Scottish Government will explore with relevant partners and stakeholders, including regulators, the benefits and challenges of introducing regulation and standardised education in Scotland for nursing support worker roles. This will include considering all the available evidence regarding substitution, deployment, scope of role, increasing widening participation and suitable education programs that can enable progression to the Registered Nurse role.	Education and Development
7	NES with relevant stakeholders will review the education of maternity care assistants with the aim of understanding the potential benefits and challenges of standardised education, aligned with the level 2-4 Maternity & Neonatal Education & Development framework to increase widening participation and suitable education programs that can enable progression to earn as you learn models for midwifery education.	Education and Development

8	The Scottish Government with relevant partners and stakeholders will commission a comprehensive review of practice learning to: • identify potential gaps in education provision, supervision, and IT infrastructures. • understand the future requirements of pre- and post-registration learners, and educators aligning where appropriate with the national NMC review of practice learning and the Nurses, Midwives, and Allied Health Professionals (NMAHP) framework. • identify gaps and the actions required to enable new learning routes, learning opportunities and CPD to be effective. • ensure capacity, capability and opportunity within the system including options such as regional approaches to placement provision.	Education and Development
9	The Scottish Government will work with relevant partners and key stakeholders such as Higher Education Institutions, NHS Boards, Scottish Funding Council, Scottish Qualifications Authority (SQA) and others to develop alternative sustainable pre-registration degree education delivery and funding models that will lead to NMC approved programmes for nursing and midwifery that are structured in a more contemporary and progressive way. This will include: • blended and distance learning, with these programmes becoming available. • As a priority these developments will focus on hard to recruit fields and respond to the demographic and regional challenges across Scotland for midwifery and nursing.	Education and Development
10	NES and employers will embed the refreshed NMAHP career framework as a tool to enable a structured approach to staff learning and development, including career planning conversations, across all four pillars.	Education and Development
11	Employers will ensure leadership, finance, educational programmes, and processes are in place and visible to support all nursing and midwifery learners, levels 2-9, to access relevant education provision to develop their individual career aspirations.	Education and Development
12	NES with relevant partners will address where there are gaps in education provision.	Education and Development
13	In collaboration with the Chief Nursing Officer (CNO) Research Advisory Group, and with cognisance of their recent work, agree the development of a structured approach to integrated clinical, academic and research appointments with clearer career pathways and job descriptions including clinical academic roles. This work should consider all drivers, include funding mechanisms, to bridge the gap in HEI/Board salaries and to enable expansion of opportunities for staff to be supported to develop at MSc level and beyond.	Education and Development
14	The Scottish Government will conduct a mapping exercise of the current digital landscape and will act on the findings to come up with areas for improvement around the opportunities for nursing and midwifery staff to be involved in digital transformation.	Attraction

15	The Scottish Government will commission a review of data inputting and paperwork requirements within all nursing and midwifery roles to establish which: 1) are duplication of other inputs and requirements and 2) are non-essential either legally or for the purposes of patient safety. It will identify which ones can be removed As part of the review, to reduce the administrative burden on nurses and midwives it will consider the effectiveness of current business systems and administrative processes and the Scottish Government will act on the findings to allow nurses and midwives to focus their time on direct clinical patient care.	Attraction & Wellbeing
16	The Scottish Government will review the predicted absence allowance in the staffing level tools used by NHS Scotland to ensure it is fully reflective of the non-clinical aspects of nursing and midwifery roles and realistic levels of absence; where the relevant duties under the Health and Social Care (Staffing) (Scotland) Act 2019 apply and applied in a consistent manner across NHS Scotland. This will support employers in meeting their duties under this Act. Where the Act does not apply to encourage adoption of this approach as best practice.	Wellbeing
17	The Scottish Government will give consideration for future-proofing, centrally led system commissioning for interconnected communication across healthcare in Scotland.	Wellbeing
18	Employers will put in place a fair, consistent and transparent process to deciding which staff are moved to other areas based on their skills, knowledge and experience	Attraction
19	When staff are moved, the receiving area will give an adequate handover, orientation and resources to undertake role to ensure that patient and service user outcomes and staff wellbeing are not compromised.	Attraction
20	When staff are given temporary responsibility for additional cases, employers will put in place a clear process of prioritisation based on dynamic risk assessment and identified mitigations to ensure workload remains manageable.	Attraction
21	Employers will ensure a clear route of escalation is available to staff members who are moved and or given additional temporary responsibility and feel that client/patient safety and outcomes are negatively impacted as a result, or who consequently feel unable to provide safe client/patient care	Attraction
22	Building on existing good practice and evidence and through collaborative design, the Scottish Government, partners and stakeholders will develop a culture assessment tool for all teams to use in a psychologically safe way, across all health and care settings.	Culture and Leadership
23	Employers will test and refine the culture assessment tool with nursing and midwifery teams.	Culture and Leadership
24	Employers will implement the tool across multi-disciplinary teams to develop a consistent approach to improve organisational culture at a local level.	Culture and Leadership

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25	The Scottish Government, partners and stakeholders will develop a pathway to enable teams to:
	    1) access appropriate support for the assessment process, and
	    2) access support to implement required improvements.
		Culture and Leadership

26	Employers will ensure that nurses and midwives are fully supported and have appropriate opportunities to reflect and analyse traumatic and difficult situations they have experienced through responsive and well publicised local support channels.	Wellbeing
27	The Scottish Government will explore a consistent approach to capturing information to allow for a better understanding of why nurses and midwives choose to leave their professions.	Attraction
28	The Scottish Government, partners and stakeholders will ensure nurses and midwives can access sustainable and progressive opportunities to influence policy, practice, national and local strategy to achieve change.	Culture and Leadership
29	The Scottish Government, partners and stakeholders will enable practicing nurses and midwives to participate in leadership teams across all settings to allow direct input to strategy, decision making and planning.	Culture and Leadership
30	Employers, the Scottish Government, and leadership will support staff to act with autonomy, within their scope of practice, maximising their knowledge, skills and competence to influence and participate in local and national decision making on all issues that impact on their effectiveness.	Culture and Leadership
31	Organisations and employers will commit to sustaining compassionate leadership, which evidence shows must be a critical component of every nurse and midwife's role.	Culture and Leadership
32	The Scottish Government, partners and stakeholders will support employers to establish sustainable leadership learning and development pathways and support NMW leadership development from the beginning of career across all healthcare settings.	Culture and Leadership
33	Employers will promote development of leadership capacity and capability, and a talent management and succession planning approach covering all roles.	Culture and Leadership
34	NES and employers will ensure a safe and supportive environment is in place in all health and care settings which empowers all nurses and midwives to develop and demonstrate compassionate leadership skills. Establish and implement robust processes to ensure staff can access and develop their leadership skills that build on existing policy and guidance.	Culture and Leadership
35	An employer commitment for nursing and midwifery staff to have protected time for a model of supervision which meets the individual's needs. This should include (but is not limited to) • restorative supervision, • peer support, and • reflective practice. The model should incorporate provision for this to be in a safe space and at a time that is right for them; particularly following traumatic events.	Wellbeing

36	The Scottish Government with relevant partners and stakeholders will build a sustainable nursing and midwifery workforce that supports and maximises existing pre and post registration programmes. Integral to this will be the development of sustainable alternative entry routes into nursing and midwifery, including part-time routes, earn as you learn, apprenticeship models and fast track routes from relevant degree-educated pools.	Education & Development
37	The Scottish Government with relevant partners and stakeholders will develop new entry routes with dedicated funding available to support them. This should prioritise adding to, and not replacing, traditional undergraduate routes.	Education & Development
38	The Scottish Government with relevant partners and stakeholders will ensure continued widening participation and that the demographic of the future nursing and midwifery workforce mirrors the population and communities it serves.	Education & Development
39	Widening participation must therefore go beyond SIMD (Scottish Index of Multiple Deprivation), be diverse and inclusive and respond to remote and rural needs.	Education & Development
40	The Scottish Government will commission research and labour market analysis that identifies current dynamics and trends in levels of interest in nursing and midwifery careers, taking account of regional variations and any differences between fields of nursing and professions. This work will be used to identify how any future marketing activity should be shaped and targeted.	Attraction
41	The Scottish Government will commission evidence-based and evaluated career marketing activity that accurately represents and promotes the roles and range of career opportunities that reflect the key pillars of clinical practice, leadership, research and education to attract and retain a diverse range of talent in nursing and midwifery.	Attraction
42	The Scottish Government will work with relevant partners and stakeholders to ensure nurses and midwives are supported and encouraged to share their passion for their role and career with others, to support attraction and retention, based on their own experience of the challenges and opportunities.	Attraction
43	The Scottish Government will work with relevant partners and stakeholders to ensure the consistent, sustainable provision of a range of taster schemes across health and social care that enable people from various backgrounds to experience nursing & midwifery and, on completion, participants are guided and supported to access careers in health & social care.	Attraction
44	The Scottish Government will identify the barriers and enablers to attracting a diverse range of suitable candidates and develop a costed action plan to address barriers. This would include a review of the package of student financial support to ensure that nursing and midwifery students receive the right support to complete their studies.	Attraction

Annex 3: End Notes

1   NRS Scotland (2024) Life Expectancy in Scotland, 2021-2023 | National Records of Scotland (nrscotland.gov.uk). Between the early 1980s and early 2010s, life expectancy was increasing in Scotland but began to plateau from 2012-2014 onwards. It fell during the COVID-19 pandemic and has now risen slightly but remains lower than before the pandemic.

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Scottish Government
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The Scottish Government
St Andrew's House
Edinburgh
EH1 3DG

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	DELIVERING TOGETHER FOR A STRONGER NURSING AND MIDWIFERY WORKFORCE RECOMMENDED ACTIONS	SG
		Board
		NES
		CNOD

No.	RECOMMENDED ACTION	SUBGROUP	LEAD	KEY DATE
1	Employers must have appropriate staffing levels and the systems or mechanisms in place, so staff are able to take contractual and statutory breaks to which they are entitled. This will include a review of the mechanisms by which breaks are affected (such as rota design and associated workforce planning tools).	Wellbeing	Board	
2	Scottish Government will develop mechanisms/a toolkit to ensure staff have all their essential needs met whilst at work. This will consider core aspects of need such as physical needs, physical safety, emotional safety and psychological safety	Wellbeing	SG	
3	At a national level, the Scottish Government, NHS employers and trade unions and professional organisations will review and update the definition of what flexible working means in the context of nursing and midwifery rostered environments. Following this review, flexible working practices will be promoted and implemented for both nursing and midwifery professions to ensure flexible	Attraction	SG **Board** TU Prof Org	
4	The Scottish Government, NHS employers and trade unions and professional organisations will develop national rostering and e-rostering guidance and training to ensure it promotes a culture of flexibility and shared decision making, including team-based rostering to improve the work life balance of nursing and midwifery staff.	Attraction	SG **Board** TU Prof Org	
5	The Scottish Government, NHS employers and trade unions and professional organisations will systematically identify effective approaches to team-based rostering and give support for progressive implementation across the whole system, to promote a culture that embraces flexibility and work life balance. The review should include (a) establish what shift patterns and rota designs and on call provisions are currently used and to what extent and (b) understand the impact on staff wellbeing and safe and effective care, in order to identify if changes to shift patterns and rota design and on call provisions for nurses and midwives are necessary	Attraction	SG **Board** TU Prof Org	
6	The Scottish Government will explore with relevant partners and stakeholders, including regulators, the benefits and challenges of introducing regulation and standardised education in Scotland for nursing support worker roles. This will include considering all the available	Education and Development	SG **Board** TU	

	evidence regarding substitution, deployment, scope of role, increasing widening participation and suitable education programs that can enable progression to the Registered Nurse role.		Prof Org Regulator	
7	NES with relevant stakeholders will review the education of maternity care assistants with the aim of understanding the potential benefits and challenges of standardised education, aligned with the level 2-4 Maternity & Neonatal Education & Development framework to increase widening participation and suitable education programs that can enable progression to earn as you learn models for midwifery education.	Education and Development	NES	
8	The Scottish Government with relevant partners and stakeholders will commission a comprehensive review of practice learning to: • identify potential gaps in education provision, supervision, and IT infrastructures. • understand the future requirements of pre- and post-registration learners, and educators aligning where appropriate with the national NMC review of practice learning and the Nurses, Midwives, and Allied Health Professionals (NMAHP) framework. • identify gaps and the actions required to enable new learning routes, learning opportunities and CPD to be effective. • ensure capacity, capability and opportunity within the system including options such as regional approaches to placement provision.	Education and Development	SG	
9	The Scottish Government will work with relevant partners and key stakeholders such as Higher Education Institutions, NHS Boards, Scottish Funding Council, Scottish Qualifications Authority (SQA) and others to develop alternative sustainable pre-registration degree education delivery and funding models that will lead to NMC approved programmes for nursing and midwifery that are structured in a more contemporary and progressive way. This will include: • blended and distance learning, with these programmes becoming available. • As a priority these developments will focus on hard to recruit fields and respond to the demographic and regional challenges across Scotland for midwifery and nursing	Education and Development	SG HEI **Board** SFC SQA	
10	NES and employers will embed the refreshed NMAHP career framework as a tool to enable a structured approach to staff learning and development, including career planning conversations, across all four pillars.	Education and Development	NES **Board**	
11	Employers will ensure leadership, finance, educational programmes, and processes are in place and visible to support all nursing and midwifery learners, levels 2-9, to access relevant education provision to develop their individual career aspirations.	Education and Development	Board	
12	NES with relevant partners will address where there are gaps in education provision. Education and Development	Education and Development	NES	

13	In collaboration with the Chief Nursing Officer (CNO) Research Advisory Group, and with cognisance of their recent work, agree the development of a structured approach to integrated clinical, academic and research appointments with clearer career pathways and job descriptions including clinical academic roles. This work should consider all drivers, include funding mechanisms, to bridge the gap in HEI/Board salaries and to enable expansion of opportunities for staff to be supported to develop at MSc level and beyond.	Education and Development	CNOD	
14	The Scottish Government will conduct a mapping exercise of the current digital landscape and will act on the findings to come up with areas for improvement around the opportunities for nursing and midwifery staff to be involved in digital transformation	Attraction	SG	
15	The Scottish Government will commission a review of data inputting and paperwork requirements within all nursing and midwifery roles to establish which: 1) are duplication of other inputs and requirements and 2) are non-essential either legally or for the purposes of patient safety. It will identify which ones can be removed As part of the review, to reduce the administrative burden on nurses and midwives it will consider the effectiveness of current business systems and administrative processes, and the Scottish Government will act on the findings to allow nurses and midwives to focus their time on direct clinical patient care.	Attraction & Wellbeing	SG	
16	The Scottish Government will review the predicted absence allowance in the staffing level tools used by NHS Scotland to ensure it is fully reflective of the non-clinical aspects of nursing and midwifery roles and realistic levels of absence; where the relevant duties under the Health and Social Care (Staffing) (Scotland) Act 2019 apply and applied in a consistent manner across NHS Scotland. This will support employers in meeting their duties under this Act. Where the Act does not apply to encourage adoption of this approach as best practice.	Wellbeing	SG	
17	The Scottish Government will give consideration for future-proofing, centrally led system commissioning for interconnected communication across healthcare in Scotland.	Wellbeing	SG	
18	Employers will put in place a fair, consistent and transparent process to deciding which staff are moved to other areas based on their skills, knowledge and experience	Attraction	Board	
19	When staff are moved, the receiving area will give an adequate handover, orientation and resources to undertake role to ensure that patient and service user outcomes and staff wellbeing are not compromised.	Attraction	Board	
20	When staff are given temporary responsibility for additional cases, employers will put in place a clear process of prioritisation based on dynamic risk assessment and identified mitigations to ensure workload remains manageable.	Attraction	Board	

21	Employers will ensure a clear route of escalation is available to staff members who are moved and or given additional temporary responsibility and feel that client/patient safety and outcomes are negatively impacted as a result, or who consequently feel unable to provide safe client/patient care	Attraction	Board	
22	Building on existing good practice and evidence and through collaborative design, the Scottish Government, partners and stakeholders will develop a culture assessment tool for all teams to use in a psychologically safe way, across all health and care settings.	Culture and Leadership	SG	
23	Employers will test and refine the culture assessment tool with nursing and midwifery teams.	Culture and Leadership	Board	
24	Employers will implement the tool across multi-disciplinary teams to develop a consistent approach to improve organisational culture at a local level	Culture and Leadership	Board	
25	The Scottish Government, partners and stakeholders will develop a pathway to enable teams to: 1) access appropriate support for the assessment process, and 2) access support to implement required improvements.	Culture and Leadership	SG	
26	Employers will ensure that nurses and midwives are fully supported and have appropriate opportunities to reflect and analyse traumatic and difficult situations they have experienced through responsive and well publicised local support channels.	Wellbeing	Board	
27	The Scottish Government will explore a consistent approach to capturing information to allow for a better understanding of why nurses and midwives choose to leave their professions.	Attraction	SG	
28	The Scottish Government, partners and stakeholders will ensure nurses and midwives can access sustainable and progressive opportunities to influence policy, practice, national and local strategy to achieve change.	Culture and Leadership	SG **Board**	
29	The Scottish Government, partners and stakeholders will enable practicing nurses and midwives to participate in leadership teams across all settings to allow direct input to strategy, decision making and planning.	Culture and Leadership	SG **Board**	
30	Employers, the Scottish Government, and leadership will support staff to act with autonomy, within their scope of practice, maximising their knowledge, skills and competence to influence and participate in local and national decision making on all issues that impact on their effectiveness.	Culture and Leadership	**Board** SG	
31	Organisations and employers will commit to sustaining compassionate leadership, which evidence shows must be a critical component of every nurse and midwife's role.	Culture and Leadership	Board	
32	The Scottish Government, partners and stakeholders will support employers to establish sustainable leadership learning and development pathways and support NMW leadership development from the beginning of career across all healthcare settings.	Culture and Leadership	SG **Board**	

33	Employers will promote development of leadership capacity and capability, and a talent management and succession planning approach covering all roles.	Culture and Leadership	Board	
34	NES and employers will ensure a safe and supportive environment is in place in all health and care settings which empowers all nurses and midwives to develop and demonstrate compassionate leadership skills. Establish and implement robust processes to ensure staff can access and develop their leadership skills that build on existing policy and guidance	Culture and Leadership	NES **Board**	
35	An employer commitment for nursing and midwifery staff to have protected time for a model of supervision which meets the individual's needs. This should include (but is not limited to) • restorative supervision, • peer support, and • reflective practice. The model should incorporate provision for this to be in a safe space and at a time that is right for them; particularly following traumatic events.	Wellbeing	Board	
36	The Scottish Government with relevant partners and stakeholders will build a sustainable nursing and midwifery workforce that supports and maximises existing pre and post registration programmes. Integral to this will be the development of sustainable alternative entry routes into nursing and midwifery, including part-time routes, earn as you learn, apprenticeship models and fast track routes from relevant degree educated pools.	Education & Development	SG	
37	The Scottish Government with relevant partners and stakeholders will develop new entry routes with dedicated funding available to support them. This should prioritise adding to, and not replacing, traditional undergraduate routes.	Education & Development	SG	
38	The Scottish Government with relevant partners and stakeholders will ensure continued widening participation and that the demographic of the future nursing and midwifery workforce mirrors the population and communities it serves.	Education & Development	SG	
39	Widening participation must therefore go beyond SIMD (Scottish Index of Multiple Deprivation), be diverse and inclusive and respond to remote and rural needs.	Education & Development	SG	
40	The Scottish Government will commission research and labour market analysis that identifies current dynamics and trends in levels of interest in nursing and midwifery careers, taking account of regional variations and any differences between fields of nursing and professions. This work will be used to identify how any future marketing activity should be shaped and targeted.	Attraction	SG	
41	The Scottish Government will commission evidence-based and evaluated career marketing activity that accurately represents and promotes the roles and range of career opportunities that reflect the key pillars of clinical practice, leadership, research and education to attract and retain a diverse range of talent in nursing and midwifery.	Attraction	SG	

42	The Scottish Government will work with relevant partners and stakeholders to ensure nurses and midwives are supported and encouraged to share their passion for their role and career with others, to support attraction and retention, based on their own experience of the challenges and opportunities.	Attraction	SG	
43	The Scottish Government will work with relevant partners and stakeholders to ensure the consistent, sustainable provision of a range of taster schemes across health and social care that enable people from various backgrounds to experience nursing & midwifery and, on completion, participants are guided and supported to access careers in health & social care.	Attraction	SG	
44	The Scottish Government will identify the barriers and enablers to attracting a diverse range of suitable candidates and develop a costed action plan to address barriers. This would include a review of the package of student financial support to ensure that nursing and midwifery students receive the right support to complete their studies.	Attraction	SG	

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 13 May 2025**
Title:	**Appropriately Trained: Recovery Plans for Core Skills / Mandatory Training & PDPR Compliance Rates**
Responsible Executive:	**David Miller, Director of Workforce**
Report Author:	**Jackie Millen, Learning and Development Manager**

Executive Summary

This paper provides an update on current performance metrics of both Personal Development Plan Review (PDPR) completion and core skills/mandatory training compliance rates across the organisation.

This paper captures the progress made in the recovery plan implemented in December 2024 to drive up performance against two of NHS Fife's corporate objectives for 2024/25, i.e.;

a) 80% compliance achieved by 31st March 2025 for all staff across our core skills/mandatory training suite and
b) 60% of staff having completed a PDPR by 31st March 2025.

Appendix 1 illustrates the outstanding actions identified in December 2024 and progressed prior to 31st March.

The paper also includes a long-term sustainability plan identifying actions required to increase performance metrics into the 2025-26 reporting period as seen in Appendix 2.

The recovery plan and ongoing sustainability plan both outline a complex suite of activities, relying on multiple stakeholders and opportunities to remove barriers now, and for the longer term. The barriers are illustrated as either understood or likely at this time, with a view to continued investigation and resolution for increased performance now and longer-term sustainability, over time.

This paper provides a Limited level of assurance for PDPRs and a Moderate level of assurance for Core Skills / Mandatory Training.

1.   Purpose

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

This report relates to:
- Legal requirement
- Local policy
- NHS Board Strategic Priority 3 To improve Staff Experience and Wellbeing

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

This report aligns to the following strand of the NHS Scotland Staff Governance Standard:
- Appropriately trained & developed

2.   Report Summary

2.1   Situation

NHS Fife shows an overall core skills compliance rate of **66%** as at March 2025. The 2024/25 corporate target for core skills compliance rates is **80**% by 31st March 2025. NHS Fife has a shortfall of **14**%.

NHS Fife has a completion target of **60%** against PDPR completion rates. NHS Fife shows an overall compliance rate of **44.2%** against PDPRs as at 31st March 2025. NHS Fife has a shortfall of **15.8%.**

2.2   Background

Ensuring staff have an annual appraisal of performance is an integral strand of the Agenda for Change national agreement and staff governance standard 2 "appropriately trained". The core element is the Personal Development Plan and Review (PDPR) process underpinned by an electronic recording and monitoring system TURAS. It has been recognised that the most important element of the PDP process is the quality "face to face", meaningful discussion between reviewer and reviewee.

NHS Fife defines Mandatory core training as any training our employees must complete which complies with statutory legislation, national guidance, and regulatory frameworks. The Board's workforce is expected to comply with all mandatory core training requirements associated with their role.

2.3   Assessment

Achieving compliance with core skills and PDPR completion rates is challenging and requires dedication from every manager, employee, and NHS Fife. It is essential for everyone to recognise the significance of these metrics and our collective responsibilities in meeting them.

In December 2024, following the NHS Fife Board committee meeting held on 26th November, a short-term recovery plan was implemented. By the end of March 2025, a range of activities identified through this plan have been completed. However, a longer-term plan is also required to redress and support the adoption of good practices as the norm across the organisation.

The progress made at 31st March 2025 in relation to the Action Plan activities include:

1. Data Reconciliation

- Regular email communications with reviewers and reviewees to reduce incomplete appraisal signoffs.
- Securing confirmation from managers that all paper-based appraisal conversations are accurately reflected in Turas Appraisal to support compliance reporting.
- Integrating 'standalone' Turas accounts into NHS employments. Between December 2024 and March 2025, 620 standalone accounts were linked to NHS Fife employments and are now included in Core Skills reporting.

2. Appropriate training provision

- Ensuring core skills training capacity was appropriate to meet demand levels. Training providers confirmed the number of spaces available up to 31st March 2025 will meet the levels required.
- Increased number of Turas Appraisal training session to meet anticipated level of demand in this area.
- Communications provided directly to all managers outlining Corporate Induction completion requirements. This has resulted in increased activity from managers requesting Corporate Induction packs for their new members of staff.

3. Service Engagement

- Core Skills and PDPR compliance reports provided to all Executive Directors detailing current Core Skills and PDPR compliance rates for all employees within their own services.
- Corporate Services managers informed of the expectation that 100% compliance is reached across both Core Skills and PDPR by 31st March 2025.
- Core Skills and PDPR compliance reports provided to all NHS Fife managers detailing current Core Skills and PDPR compliance rates for all employees within their own teams.
- Launch of eESS OBIEE Manager Compliance reporting dashboard and guidance for all NHS Fife managers. This dashboard enables managers to verify Core Skills compliance for their team members at a local level.
- Provision of Turas Appraisal reporting guidance to all managers.
- Core Skills diary launched detailing the learning required each year for all employees. This diary included the approximate completion times each year to support effective management of PLT and enhance PDPR conversations.

These initiatives have already yielded positive outcomes, with increases in both Core Skills and PDPR compliance by the end of March. Although, PDPR engagement has decreased by 0.1% from the 44.3% achieved in February, compliance levels at 31st March are 3.5% above the level achieved in March 2024. Organisationally, Core Skills compliance rose by 2% in March, reaching 66% by year-end.

Although an increase in overall compliance levels continues, attendance at practical training events is still challenging. During March, both Fire and Resuscitation training events reflected cancellation levels of 1% and 1.5% respectively. Additionally, the number of spaces secured on Fire, Resuscitation and Manual Handling prior to delivery of training also decreased significantly in March with vacant places showing as 96 (Fire), 65 (Manual Handling) and 282 (Resus). Historically, training events were often fully booked but experienced high non-attendance however, during March non-attendance was less than 0.5% for all three topics.

Recovery plans 2024/25

Appendix 1 illustrates the updated recovery plan outlining the remaining actions in play to redress performance in the short term (i.e. up to 31st March 2025).

Results from the short-term recovery plan:

PDPR completion rates: Despite the increased actions identified in the recovery plan, the required 60% compliance level was not met by 31st March. Achieving the 65% compliance level by 31st March 2026 will require the extended efforts of all managers and employees in the HSCP & Acute services.

Core skills compliance rates: Although the enhanced level of activity across NHS Fife has resulted in an increase in compliance levels, the required target of 80% by 31st March has not been met. There may be further increases to this level through ongoing work to address standalone accounts, however the number of outstanding accounts may not be at a level to fully meet the 14% shortfall. To improve compliance levels are increased during 2025/26, extended efforts of all managers and employees in the HSCP & Acute services is required.

Recovery plans 2025/26

Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics in 2025/26.

The actions that will be taken in relation to the Action Plan this year include, but are not limited to:

Data Reconciliation

- One-dotters: There are currently 279 'one-dotters' remaining however this may not be reflective of the previous work completed in this area as some of these may be more recent additions. Although any new joint agreements cannot be considered for the 2024/25 reporting period, work will continue to reduce this current level for 2025/26.
- Stand-alone accounts: Work will continue in this area to ensure all relevant standalone accounts are linked and included in Core Skills reporting in 2025/26. It is likely that this work will also contribute to an increase in compliance levels for 2024/25.
- Exploration of the 'gold file' upload with the eESS national team. SWISS data in Turas often reflects historical information and the provision of this file will address any discrepancies in data allowing for more accurate reporting on this platform.

Appropriate training provision

- Ensuring core skills training capacity continues to meet demand levels and that information delivered during these training events meets national, organisational and

legislative requirements. This will require ongoing commitment from all core skills training providers.

- Increased number of Turas Appraisal training sessions to meet anticipated level of demand in this area. This will include the recording of an instructor-led session, providing an alternative resource to eLearning for learners who cannot attend the online events.
- Introduction of refreshed Core Skills eLearning resources. This will include the new Once for Scotland resources currently under development through the national Protected Learning Time group and associated workstreams. This work will result in a change in Core Skills topics to align with those detailed in the PLT Circular however, this will be managed effectively on a local basis to ensure core skills compliance levels are not significantly impacted on a long-term basis.
- Implementation of the new Corporate Induction programme from May 2025. This programme will ensure new members of staff receive all core skills training required for their role prior to joining their teams. This will include CyberSecurity and Counterfraud eLearning to ensure effective transition to the new Core Skills requirements outlined in the PLT circular for this group.

Service Engagement

- PDPR and Core Skills workshops with Acute Services, HSCP and E&F teams to directly support effective management and engagement in PLT, Core Skills training and PDPR conversations. Early focus will be directed to teams or services where engagement levels in PDPR or core skills compliance is below 40%.
- Implementation of Turas Learn Manager reporting functionality enabling managers to verify training compliance on a live time basis for members of their team. These reports can be used alongside the eESS OBIEE manager dashboard report to form complete training histories for individual members of staff.
- Regular communications through available forums to encourage managers and employees to engage in PDPR and core skills learning to ensure compliance levels are increased.
- Communications to managers and employees to raise awareness of upcoming changes to Core Skills topics and encourage early engagement with new topics.
- Updating of Core Skills diary to reflect changes to Core Skills topics.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		**X** **Core Skills /** **Mandatory Training**	**X** **PDPR**	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

Providing quality care will be enhanced by a well-skilled workforce. Maintaining core skills compliance, and rates which reflect quality PDPR conversations, will ensure that all care is provided with up-to-date, relevant knowledge and skills at all times.

2.3.2 Workforce

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

2.3.3 Financial

The recovery plan outlined in this report is not expected to have any financial impact.

2.3.4 Risk Assessment / Management

Ongoing service pressures are a significant factor in the reduced level of training compliance. Improvements in training monitoring and reporting noted above are being progressed to address this issue and allow services to target their improvement work. Manager reports detailing Core Skills compliance and PDPR engagement are being issued with OBIEE reporting capacity now available.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

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

2.3.6 Climate Emergency & Sustainability Impact

No impact.

2.3.7 Communication, involvement, engagement and consultation

The proposed improvement actions were developed in consultation with the Director of Estates and Facilities and Director of Workforce. The paper was revised by the Associate Director of Culture, Development and Wellbeing.

2.3.8 Route to the Meeting

The Core Training Compliance updates and PDPR completion rates have previously been considered by the Executive Directors Group, Staff Governance Committee, Area Partnership Forum and NHS Fife Board in the last governance cycle i.e.;

- Executive Directors Group – 20 December 2024
- Staff Governance Committee – 7 January 2025
- Area Partnership Forum – 22 January 2025
- NHS Fife Board – 30 January 2025

This recovery plan instigated from the NHS Fife Board meeting on 26th November 2024, will progress the governance cycle in the next quarter via;

- Executive Directors Group – 24 April 2025
- Staff Governance Committee – 13 May 2025
- Area Partnership Forum – 21 May 2025
- NHS Fife Board – 27 May 2025

2.4   Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Limited Level of Assurance for PDPRs and a Moderate level of assurance for Core Skills / Mandatory Training.

3.   List of Appendices

There are 2 appendices with this report:

Appendix 1 illustrates the recovery plan and the actions that have been completed to date.

Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/26.

Report Contact:

Jackie Millen
Learning and Development Manager
Email: jacqueline.millen@nhs.scot

Appendix 1 illustrates the updated recovery plan outlining the remaining actions in play to redress performance in the short term (i.e. up to 31st March 2025).

NHS FIFE CORE SKILLS AND PDPR RECOVERY PLAN 2024-25

Mission
WHAT IS OUR ROLE AS AN NHS BOARD?

Vision
WHAT DOES OUR CORE PURPOSE NEED TO BE?

Strategic Outcomes
WHAT ARE THE BIGGEST FACTORS THAT WILL HELP TO ACHIEVE OUR MISSION?

Specific Outcomes
WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?

Expected Outcomes
WHAT WILL BE DIFFERENT AS A RESULT?

To achieve 60% PDPR and 80% Core Skills Compliance levels by 31st March 2025

To foster a culture where every employee feels valued and engaged, and where prioritising learning and development ensures our workforce's safety by staying up-to-date and compliant with all mandatory training.

DATA RECONCILIATION

We will ensure all employee Core Skills learning data is reportable.

- Ensure all employee are assigned to the correct manager in Turas Appraisal
- Ensure accuracy of Manager reports before distribution in AS and HSCP
- Reduce number of partial appraisal sign-offs
- Reduce number of Standalone Turas accounts.

Employee data accuracy is increased thus building trust in managers around reporting functionality.
Core Skills engagement levels increase through Turas account – employment association.

TRAINING PROVISION

We will ensure training provision meets organisational requirements.

- Core Skills practical training providers ensure capacity levels are appropriate to meet demand.
- Increased number of Turas Appraisal training sessions provided.
- PLT Information sessions for managers provided.
- Provide information to managers through various communications forums on the associations between PDPR and Professional Registration requirements,

Increases in Core Skills compliance and PDPR engagement levels.

SERVICE ENGAGEMENT
We will ensure managers and employees are aware of their responsibilities in relation to PLT, Core Skills compliance and PDPR engagement.

- Issue Core Skills and PDPR reports to managers in AS and HSCP
- Launch eESS OBIEE reporting dashboard to NHS Fife and HSCP managers
- Ensure all new employees engage in current Corporate Induction programme.
- Encourage managers to redistribute PDPR/Appraisal conversations to responsible team members.
- Provide managers with guidance on accessing and interpreting Core Skills and PDPR reports.
- Sustainable recovery plans discussed with

Early initiation of sustainable results and resetting learning as a priority.
Short-term increase in Core Skills and PDPR engagement to meet March compliance deadlines.

Appendix 2 illustrates some of the actions and opportunities to secure sustainable improvements in both performance metrics into 2025/26.

NHS FIFE CORE SKILLS AND PDPR RECOVERY PLAN 2025-26

Mission
WHAT IS OUR ROLE AS AN NHS BOARD?

Vision
WHAT DOES OUR CORE PURPOSE NEED TO BE?

Strategic Outcomes
WHAT ARE THE BIGGEST FACTORS THAT WILL HELP TO ACHIEVE OUR MISSION?

Specific Outcomes
WHAT DO WE NEED TO WORK ON, FOR EACH OF OUR STRATEGIC OUTCOMES, TO ACHIEVE OUR MISSION?

Expected Outcomes
WHAT WILL BE DIFFERENT AS A RESULT?

Mission: To achieve 65% PDPR and 80% Core Skills Compliance levels by 31st March 2026

Vision: To foster a culture where every employee feels valued and engaged, and where prioritising learning and development ensures our workforce's safety by staying up-to-date and compliant with all mandatory training.

DATA RECONCILIATION
We will ensure all employee Core Skills learning and PDPR data is accurate and reportable.

- Implement clear processes for managers to provide updates to employee information (Turas)
- Reduce, and minimise the number of Standalone Turas accounts.
- Actively promote the reporting capabilities emphasizing the responsibilities of line managers and the commitments required from employees moving forward.

Employee data accuracy is increased thus building trust in managers around reporting functionality.
Core Skills engagement levels increase through Turas account – employment association.

TRAINING RESOURCES (all training providers)
We will ensure all training provision meets organisational requirements. We will ensure every employee has the resources needed to meet and maintain their Core Skills and PDPR compliance levels.

- Deliver refreshed Core Skills learning resources
- Deliver new Corporate Induction programme
- Create a Core Skills diary to inform learners of annual requirements.
- Provide combined core skills practical training sessions to support effective workforce planning for clinical teams.

Increases in Core Skills compliance and PDPR engagement levels.
Quality PDPR conversations.
Effective provision of Protected Learning Time

SERVICE ENGAGEMENT
We will ensure managers continue to provide opportunities, and monitor engagement, in Core Skills training and PDPR conversations.

- Engage in workshops with Acute Services, E&F and HSCP teams during February and March 2025 to support effective management of PLT, Core Skills training and PDPR engagement during 2025-26.
- Encourage managers to create their own Plan on a Page outlining their individual recovery and maintenance actions for Core Skills and PDPR.
- Deliver manager reporting functionality in eESS and Turas to support local and service reporting requirements.
- Support managers in using the NHS Fife Leadership Framework when engaging in PDPR conversations.
- Directly engage with teams/services where

Managers will take full responsibility for Core Skills training and PDPR engagement for their teams/service, ensuring that ensure every employee is appropriately trained and engaged in development conversations timeously.

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting date:	**Tuesday 13 May 2025**
Title:	**Staff Governance Standards Overview - Improved and Safe Working Environment**
Responsible Executive:	**Neil McCormick, Director of Property & Asset Management**
Report Author:	**Neil McCormick, Director of Property & Asset Management**

Executive Summary

- This paper provides an update on the activity against the Staff Governance Standard undertaken in respect of Property and Asset Management including health and safety provisions which demonstrate that staff are provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

- The governance of health and safety matters is considered by the Health and Safety Sub-Committee which is a formal part of our Clinical Governance framework. It is, however, recognised that this is an integral part of Staff Governance and also that best practice and the legislative framework for health and safety requires close working in partnership with our workforce.

- Following discussions with staff groups, an environmental audit of Entonox exposure levels has demonstrated that in Fife, all areas in Maternity are well below acceptable limits.

- The Health and Safety department provide health and safety and fire safety advice and training and also manages manual handling and violence and aggression training. The department ensures that there are appropriate risk assessment and management arrangements in place and monitors incidents which are considered by the Health and Safety Sub-Committee. The incident report is considered by the Health and Safety Sub-Committee and the Local and Area Partnership Forums.

1. Purpose

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

This report relates to:
- Legal requirement
- Local policy
- NHS Board Strategic Priority (to improve staff experience and wellbeing)

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

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

2. Report Summary

2.1 Situation

This paper provides an update on the activity against the Staff Governance Standard undertaken in respect of Property and Asset Management. This includes health and safety provision, which demonstrate staff are provided with a continuously improved and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

2.2 Background

The following requirements from the Staff Governance Standard are pertinent to Property and Asset Management including health and safety:

- The personal health, safety and wellbeing of patients and staff should be paramount in the design and operation of services.

- There are appropriate monitoring and audit arrangements in place and appropriate risk assessment and management arrangements are also in place.

- All staff have equal access to comprehensive, confidential and high-quality occupational health and safety advice services as a means of improving the health and wellbeing of staff and promoting attendance.

The governance of health and safety matters is considered by the Health and Safety Sub-Committee, which is a formal part of our Clinical Governance framework. It is, however, recognised that this is an integral part of Staff Governance and also that best practice and the legislative framework for health and safety requires close working in partnership with our workforce.

2.3 Assessment

Governance

The Health and Safety Sub-Committee meets quarterly and is chaired by the Director of Property and Asset Management.

The existing Health and Safety Policy (currently under review) can be accessed: https://www.nhsfife.org/about-us/policies-and-procedures/general-policies/nhs-fife-health-and-safety-policy/

NHS Fife has a full complement of staff within the Health and Safety team. The Health and Safety Manager has also recently taken responsibility for the Fire Advisors.

In addition, violence and aggression training has been secured across the Board following a move of a budget for a vacant post in the Health and Social Care Partnership to the Health and Safety team.

The Health and Safety Department provides health and safety and fire safety advice and training and manages training for manual handling and violence and aggression. The department ensures that there are appropriate risk assessment and management arrangements in place and monitors incidents which are considered by the Health and Safety Sub-Committee. The Incident Report is considered by the Health and Safety Sub-Committee and the local Partnership Forums and includes:

- Sharps Incidents (staff)
- Slips, Trips and Falls (staff)
- Violence and Aggression (staff)
- Musculoskeletal Incidents (staff)
- Self-harm (patients)
- RIDDOR (all)

A Health and Safety Quarterly Incident Report is attached at Appendix 1 (December 2024 - February 2025).

In addition, there are several technical groups which consider the safety of patients and staff within our estate including:

- Water Safety Group
- Ventilation Safety Group
- Decontamination Group
- Electrical Safety Group

These groups consider the specific risks for their respective areas and arrange for audits to be carried out by appointed external Authorising Engineers (AE), who also provide advice to the Board and certify NHS Fife as Authorised Persons (AP).

The Water Safety Group, Ventilation Safety Group and Decontamination Group report to the Infection Control Committee which in turn reports to the Clinical Governance Committee.

The Board also has a Fire Safety Group and employs several Fire Advisors to ensure that fire risk assessments are carried out and training is provided to staff.

There is also significant joint working with the Infection Protection and Control Team (IPCT).

Review of Activities

- The final report from Health Improvement Scotland (HIS) included several general fire safety recommendations including storage of items in proximity to fire escapes, mandatory training and fire evacuation plans where additional capacity is being used. An Action Plan has been agreed to address these and other improvement requirements.

- Two Fire Advisers have now retired which allows a reallocation of resources to meet the requirements of SHTM80: Fire Safety Model Management.

- Following discussions with staff groups, an environmental audit of Entonox exposure levels has demonstrated that in Fife, all Maternity related areas are well below acceptable limits.

- In addition to the statutory fire safety requirements detailed in The Fire (Scotland) Act 2005 and supporting regulations, Health Boards are mandated to adhere with the fire safety management structure, competency framework, fire safety training and technical benchmarks as detailed in the current NHS Scotland SHTM Fire Code Suite of Guidance documents.

Challenges

Key challenges for the Health and safety team moving forward are:

- Continually reviewing out-of-date policies and procedures.
- Recently, the provision of mandatory training has been challenging, however, significant progress has been made in terms of manual handling.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The design and operational delivery of facilities and services can improve the quality of patient care.

2.3.2 Workforce

The Staff Governance Standard is key for promoting the health and wellbeing of staff.

2.3.3 Financial

There are no specific financial issues within this paper.

2.3.4 Risk Assessment / Management

The majority of work carried out as detailed in this paper uses standard risk assessment methodology and risks where appropriate are escalated using the corporate risk register.

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

This report contains historical detail with no policy changes, therefore, an EQIA assessment is not required.

2.3.6 Climate Emergency & Sustainability Impact

There are several areas of potential improvement opportunities relating to Climate Emergency:

- Refurbishment and improvement of facilities includes LED lighting which reduces carbon emissions.
- The areas which have the most significant backlog maintenance can be removed from the estate allowing improvements in backlog maintenance whilst providing an improved and safe working environment.

2.3.7 Communication, involvement, engagement and consultation

N/A

2.3.8 Route to the Meeting

This paper will be considered by the following groups as part of its development.

- Executive Leadership Team - 1 May 2025
- Staff Governance Committee - 13 May 2025

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** - This report provides a **Moderate** Level of Assurance.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 - Health and Safety Quarterly Incident Report (December 2024 – February 2025)

Report Contact:

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

NHS Fife Incident Report

December 2024 – February 2025
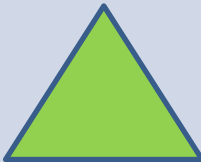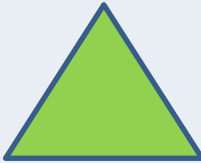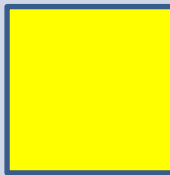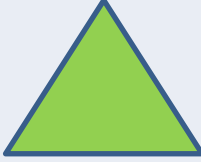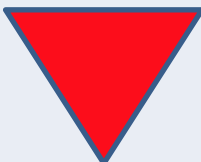
Health & Safety Sub Committee

NHS Fife Incident Dashboard

December 2024 – February 2025 Incidents Summary

SHARPS [staff]

32 reported in quarter

119 incidents from April 2024

MUSCULOSKELETAL [staff]

7 reported in quarter

42 incidents from April 2024

SLIPS, TRIPS, FALLS [staff]

13 reported in quarter

68 incidents from April 2024

SELF HARM [patients]

72 reported in quarter

252 incidents from April 2024

ALL INCIDENTS[staff]

747 reported in quarter

2790 Staff Incidents

April 2024 – February 2025

VIOLENCE & AGGRESSION [staff]

323 reported in quarter

1313 incidents from April 2024

RIDDOR [all]

8 reported in quarter

31 incidents from April 2024

Indicator Summary

Indicator Summery	Previous Quarter	Current Quarter	Change	Previous Year Apr 23/Mar 24	Year To Date	Rolling year
Sharps	35	32	🔺	143	119	
Slips, Trips	19	13	🔺	69	68	
V&A	331	323	🟨	1538	1319	
Musculoskeletal	11	7	🔺	42	42	
Patient Self Harm	73	72	🟨	300	252	
RIDDOR	7	8	🔻	35	31	

Key

🔺 Improved Performance from previous quarter

🟨 No significant change from previous quarter (5% variance)

🔻 Reduction in performance from previous quarter

Location Type

Bar chart values:
- Laboratories: 1
- Outpatient Area: 1
- Ward / Associated Patient Area (Clinical): 22
- Health Centre / Clinic / Medical Practice / Surgery / Staff Base: 2
- Dental Premises: 1
- Offsite e.g. Patients Home: 5

Severity

- No outcome in terms of harm: 11
- Minor outcome in terms of harm: 18
- Moderate outcome in terms of harm: 3
- Major outcome in terms of harm

No SBAR attached – 55%

- In holding area: 3
- Being reviewed: 10
- Awaiting final approval: 1
- Being approved: 0
- Finally approved: 5

SHARPS INCIDENTS

Sub Category's searched – Contact with needle / other sharps (during operation / medical / clean / dirty)

Sharps is now a standing agenda item at ASD&CD H&S Committee meetings

32 x sharp incidents reported in this quarter.

11 x no harm, 18 minor harm, 3 x moderate harm, 0 x major harm

19 x sharps incidents reported with no SBAR attached
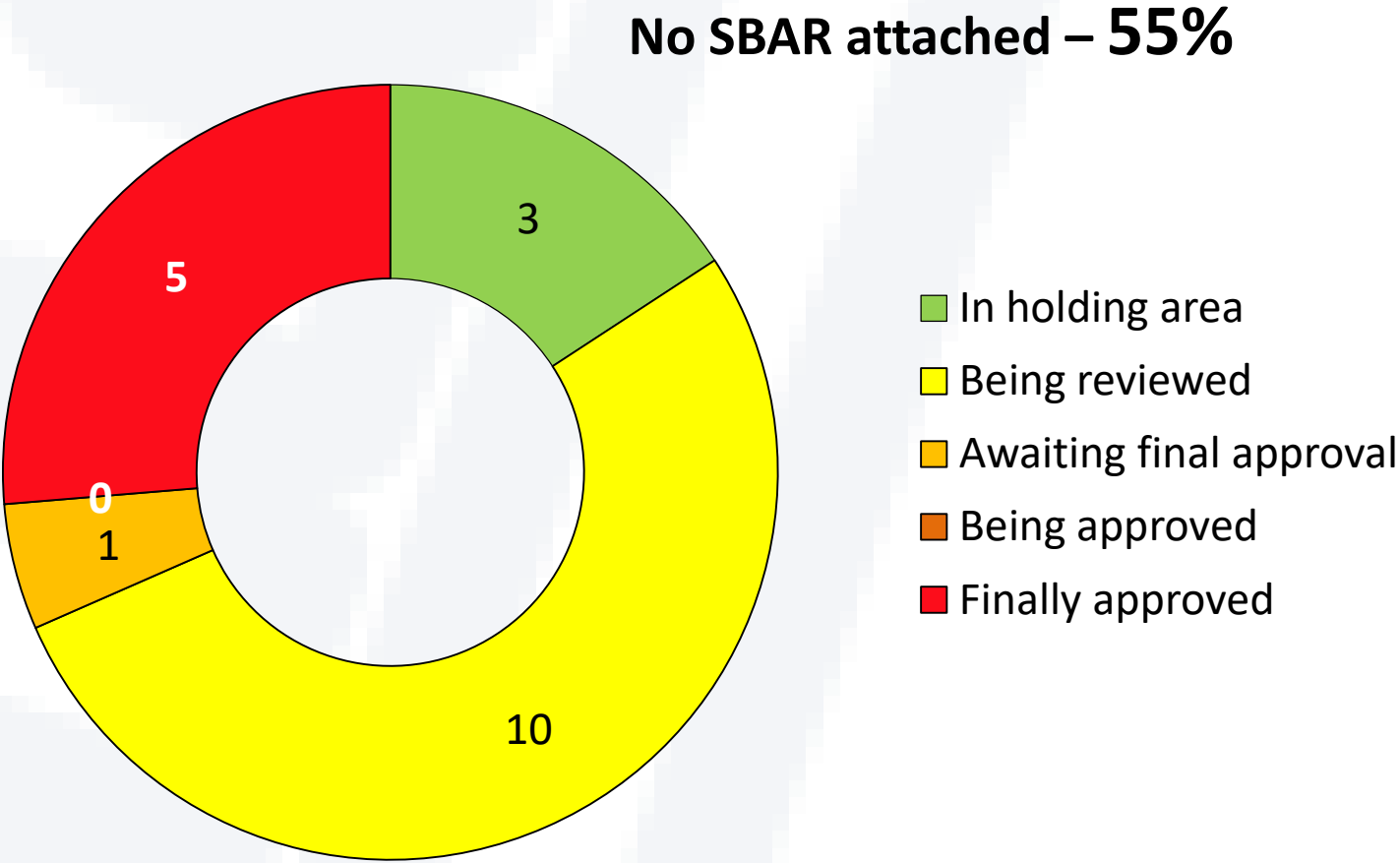
Staff Sharps Incidents Summary

Sharps incidents February 2024 – February 2025
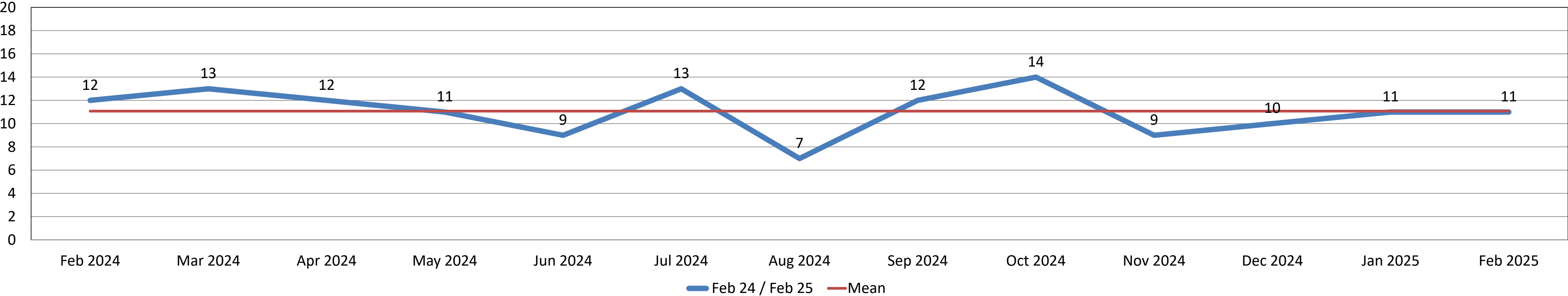
Sharps incidents February 2023 – February 2024
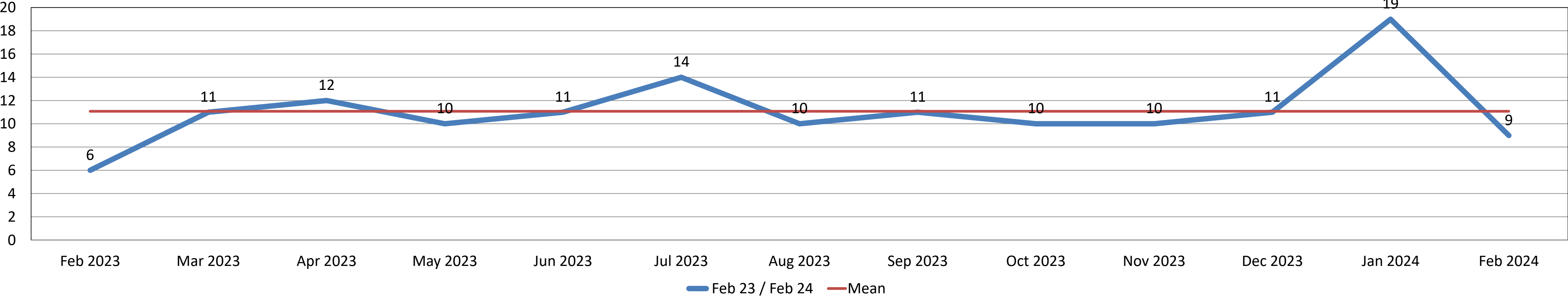
February 2022 – February 2025 Staff Sharps Incidents Summary
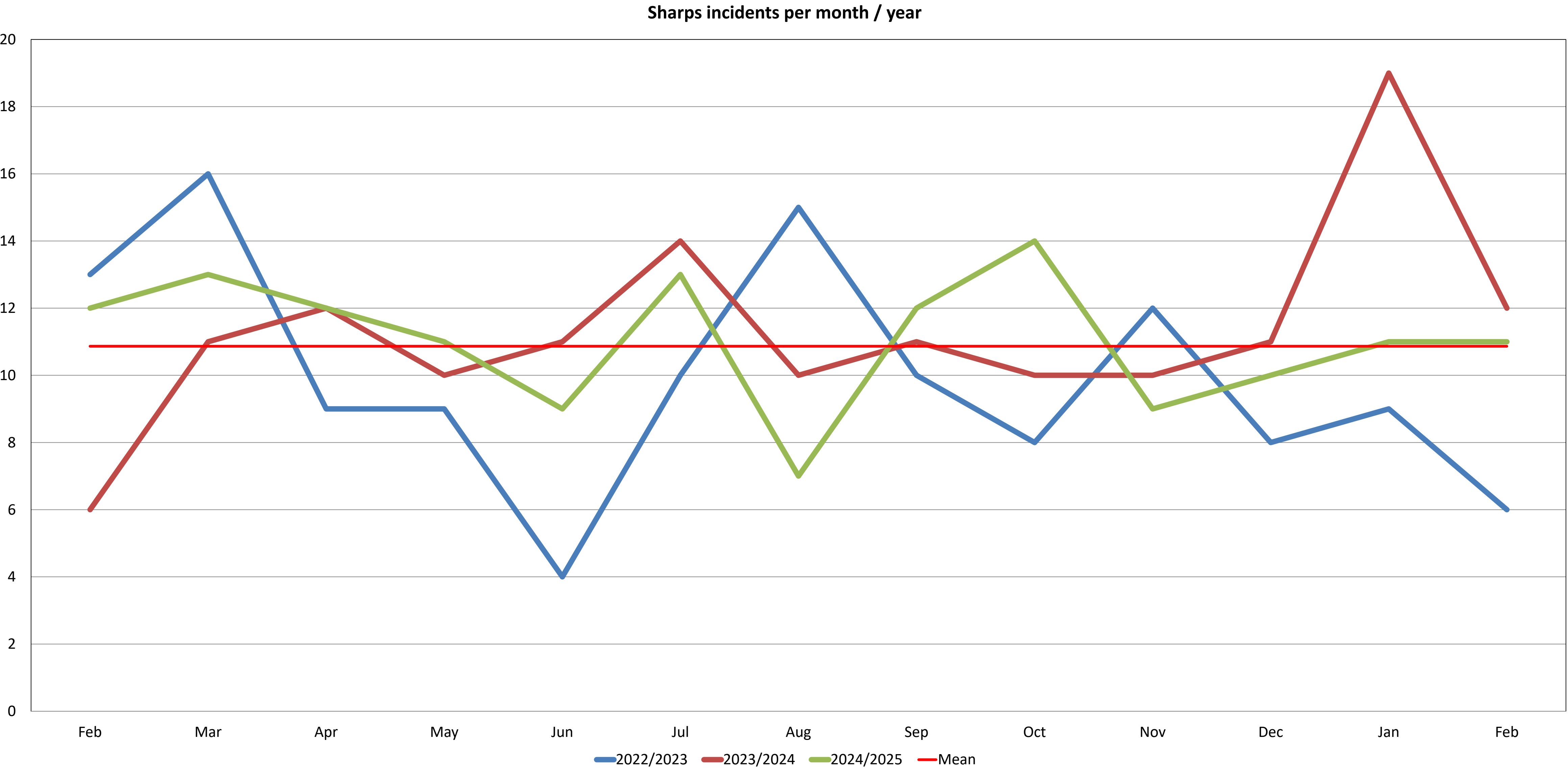
Sharps incidents per month / year

Slips, Trips, Falls

Severity

- ■ No outcome in terms of harm
- ■ Minor outcome in terms of harm
- ■ Moderate outcome in terms of harm
- ■ Major outcome in terms of harm

Location Type
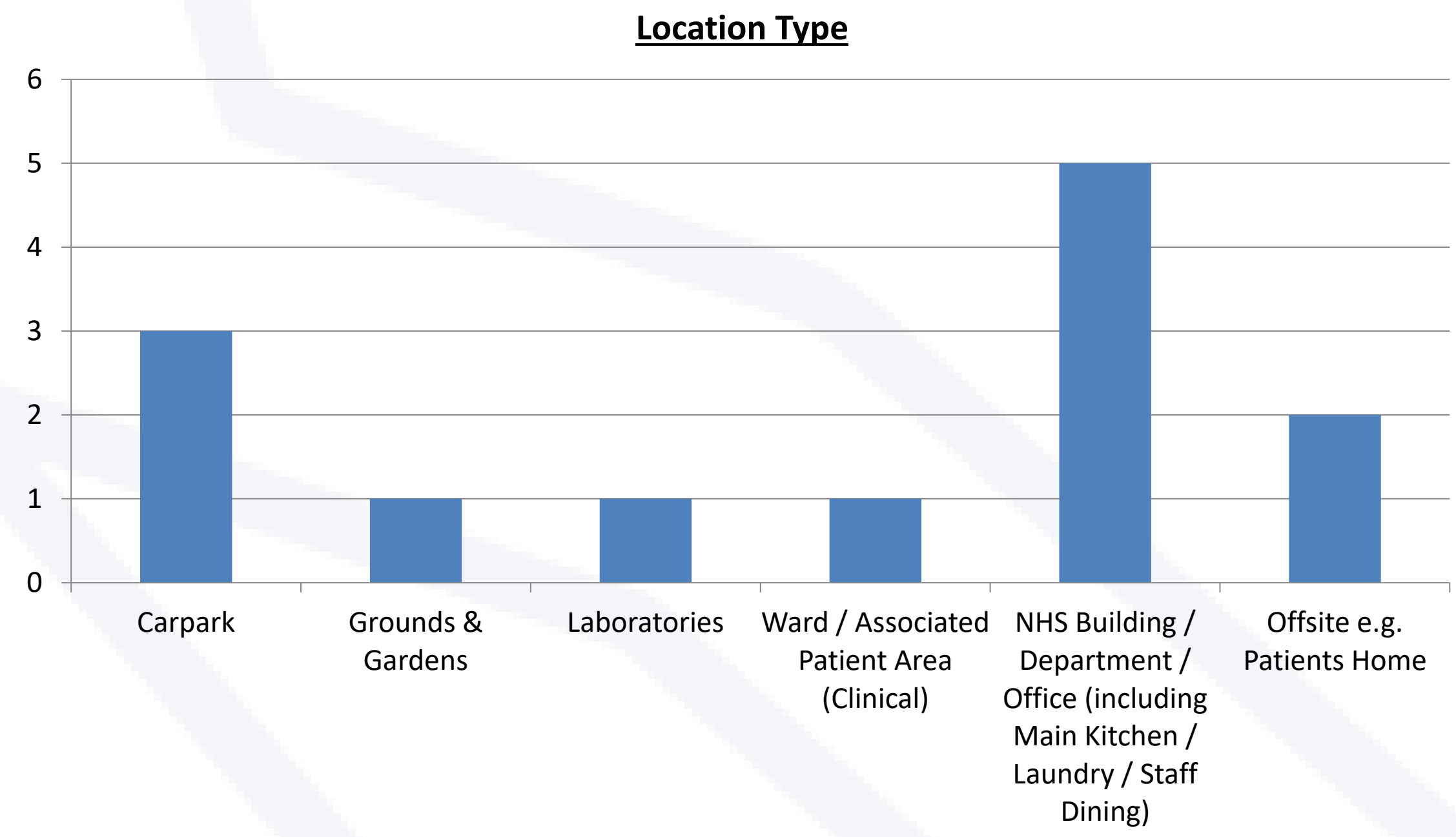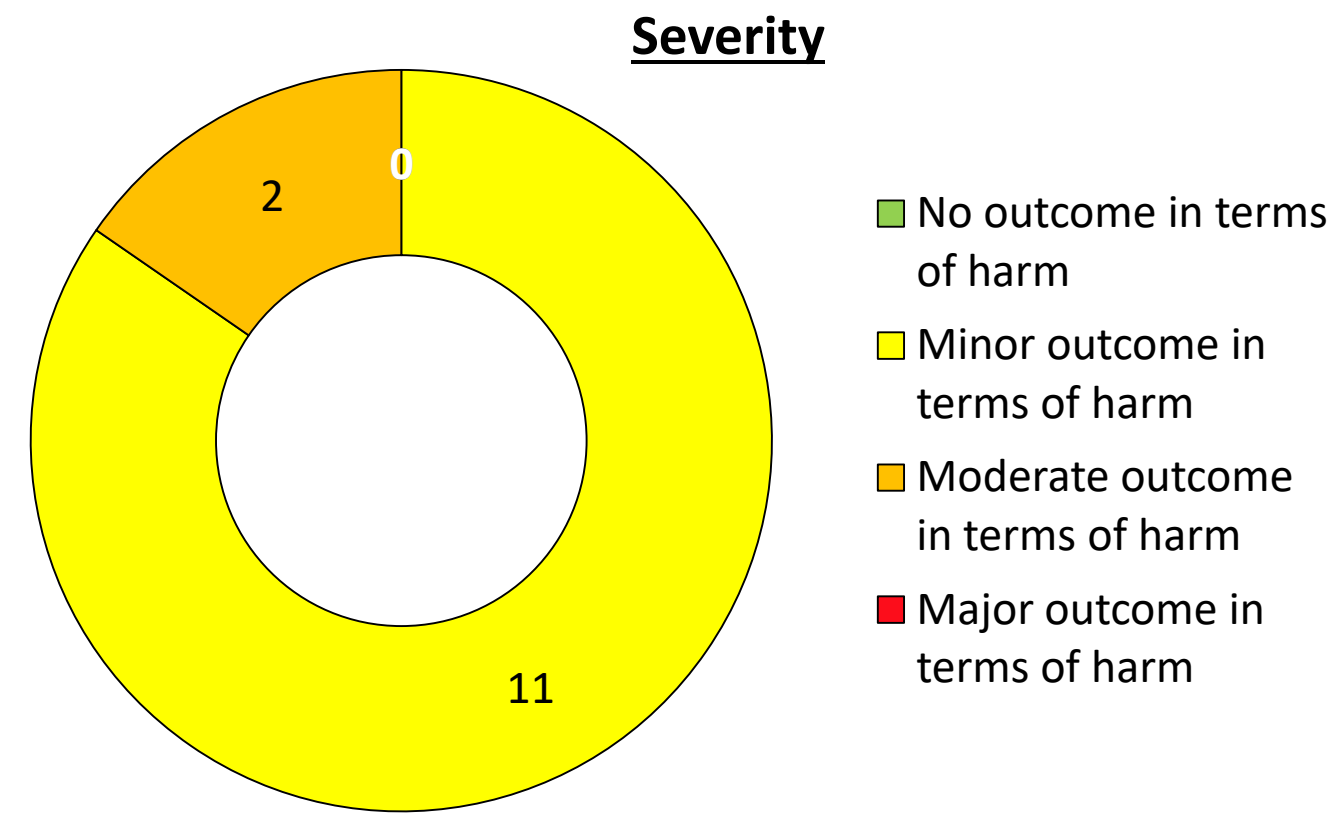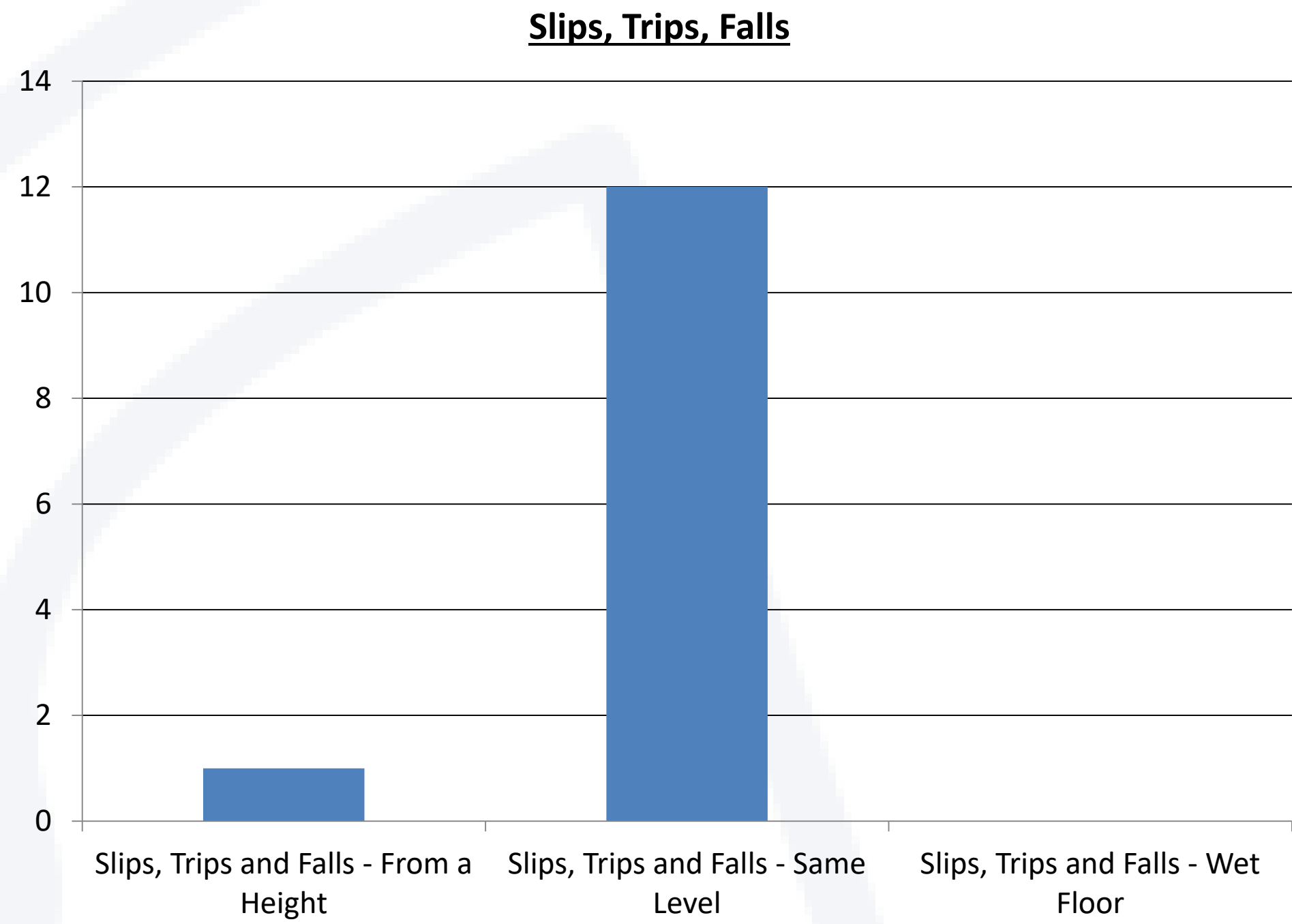
Slips, Trips, Falls

Sub Category's searched – Slips, Trips and Falls (from height / same level / wet floor)

13 x slips, trips and falls reported in this quarter

0 x no harm, 11 x minor harm, 2 x moderate harm, 0 x major harm.

Slips trips falls Incidents Summary

Slips Trips Falls February 2024 – February 2025

Data points (Feb 24 / Feb 25): Feb 2024: 4, Mar 2024: 2, Apr 2024: 9, May 2024: 5, Jun 2024: 7, Jul 2024: 5, Aug 2024: 8, Sep 2024: 8, Oct 2024: 8, Nov 2024: 5, Dec 2024: 6, Jan 2025: 1, Feb 2025: 6

Slips Trips Falls February 2023 – February 2024

Data points (Feb 23 / Feb 24): Feb 2023: 4, Mar 2023: 4, Apr 2023: 7, May 2023: 2, Jun 2023: 2, Jul 2023: 1, Aug 2023: 10, Sep 2023: 7, Oct 2023: 4, Nov 2023: 9, Dec 2023: 12, Jan 2024: 9, Feb 2024: 4
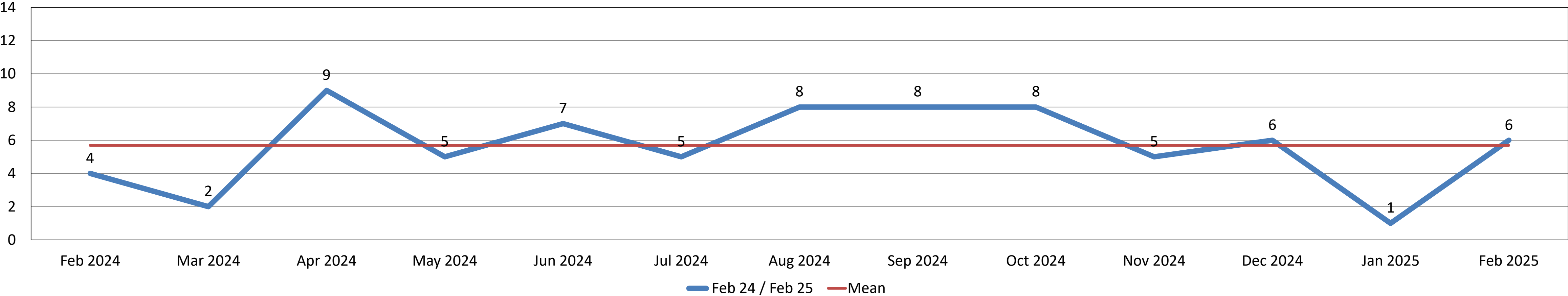
February 2022 – February 2025 Slips Trips Falls Incidents Summary

Slips Trips Falls per month / year

Legend: 2022/2023, 2023/2024, 2024/2025, Mean

December 2024 – February 2025 Violence & Aggression Incidents Summary

Sub Category

Severity

- No outcome in terms of harm
- Minor outcome in terms of harm
- Moderate outcome in terms of harm
- Major outcome in terms of harm
- Extreme outcome in terms of harm

Severity values: 140, 79, 230
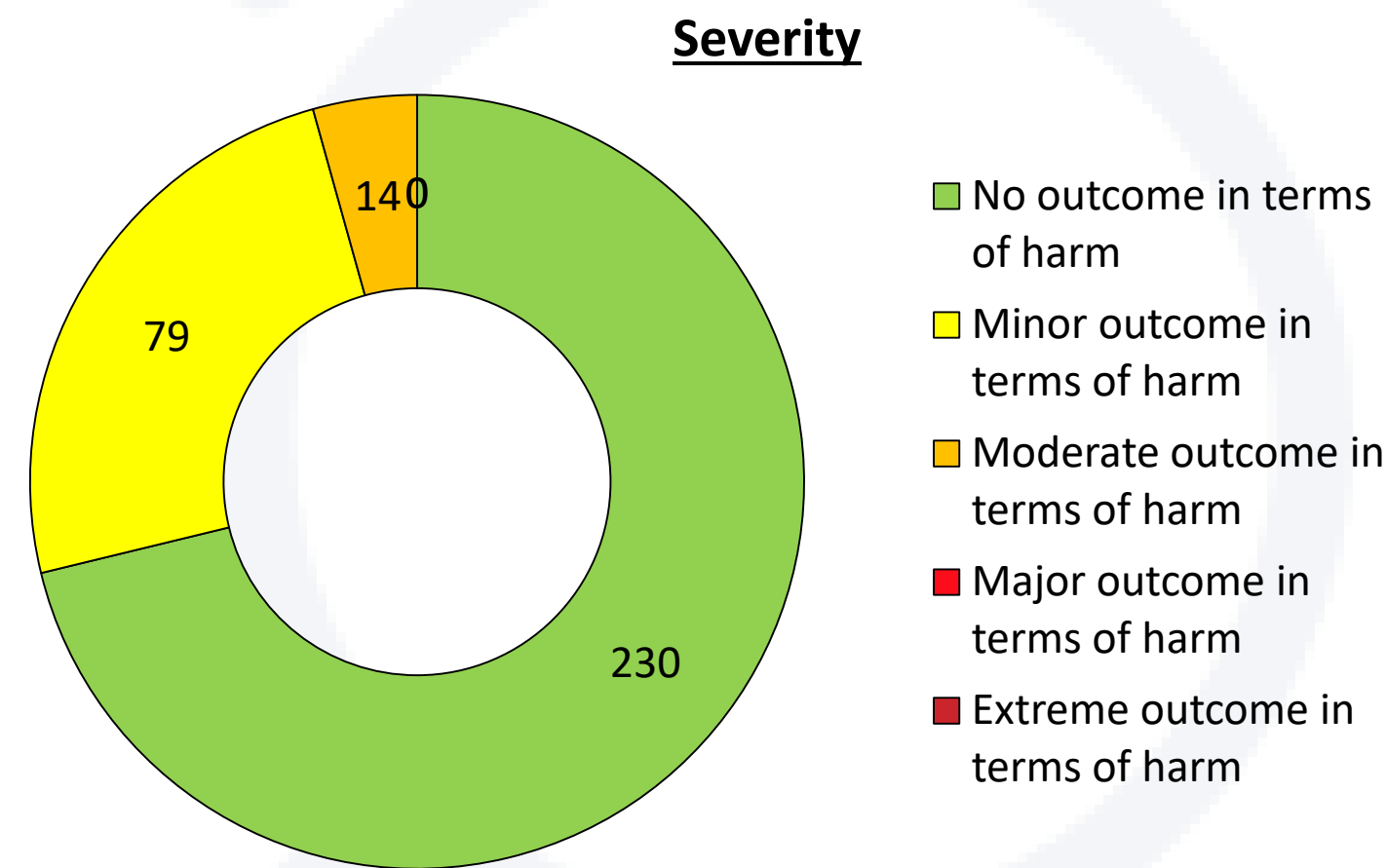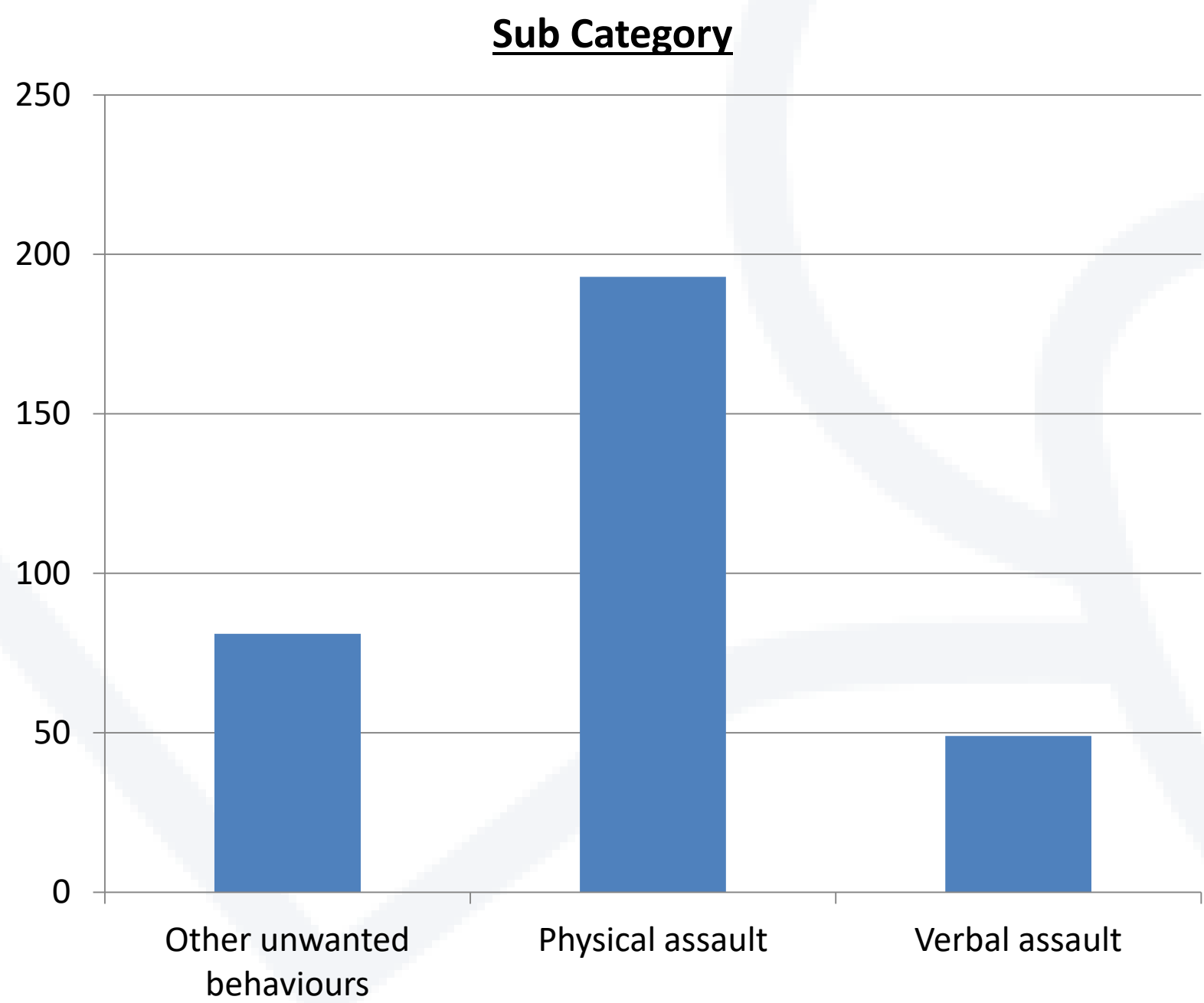
Violence & Aggression

Category searched – Unwanted Behaviors, Violence & Aggression

323 x V&A incidents reports this quarter

230 x no harm, 79 x minor harm, 14 moderate harm, 0 x major harm, 0 x extreme harm

42 x V&A incidents for Acute Division, 281 x V&A incidents for HSCP of which 59 x Mayfield Assessment unit.

Incidents reported to Police = 24

Incidents reported as Sexual assault / harassment = 30

Incidents reported as Hate crimes = 24

Comparison between HSCP and Acute Division Incidents

Acute Division (13%) of these…
…7 incidents recorded in Ward 41
…5 incidents recorded in Ward 43
…5 incidents recorded in A&E (VHK)
…2 incidents recorded in Ward 34

HSCP (87%) of these…
…59 incidents recorded in Mayfield Assessment Unit
…35 incidents recorded in Ward 01 – Elderly Mental Health Assessment
…24 incidents recorded in Ward 04 – Older Adult Psychiatry
…23 incidents recorded in Dunino
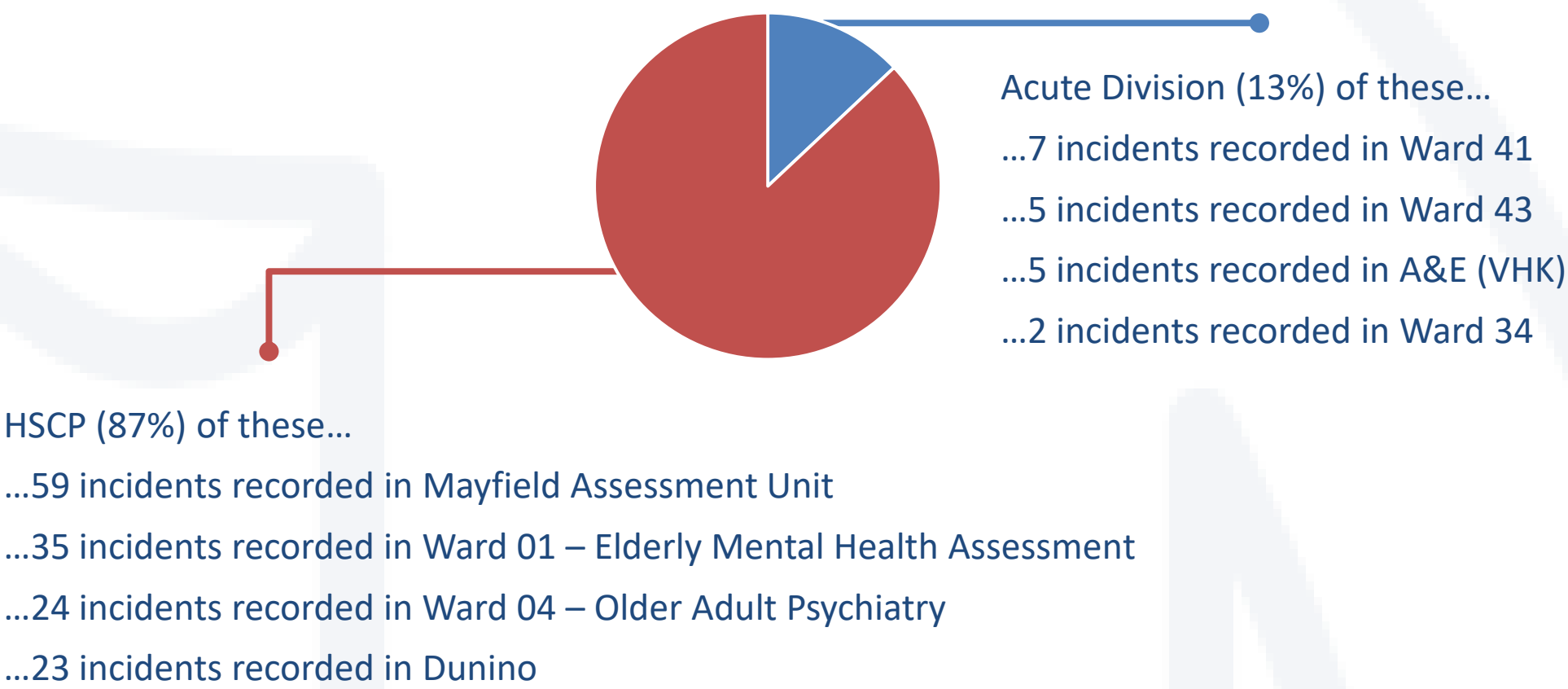
April 2022 – February 2025 Staff Violence & Aggression Incidents Summary

April 2022 – February 2025 Run chart
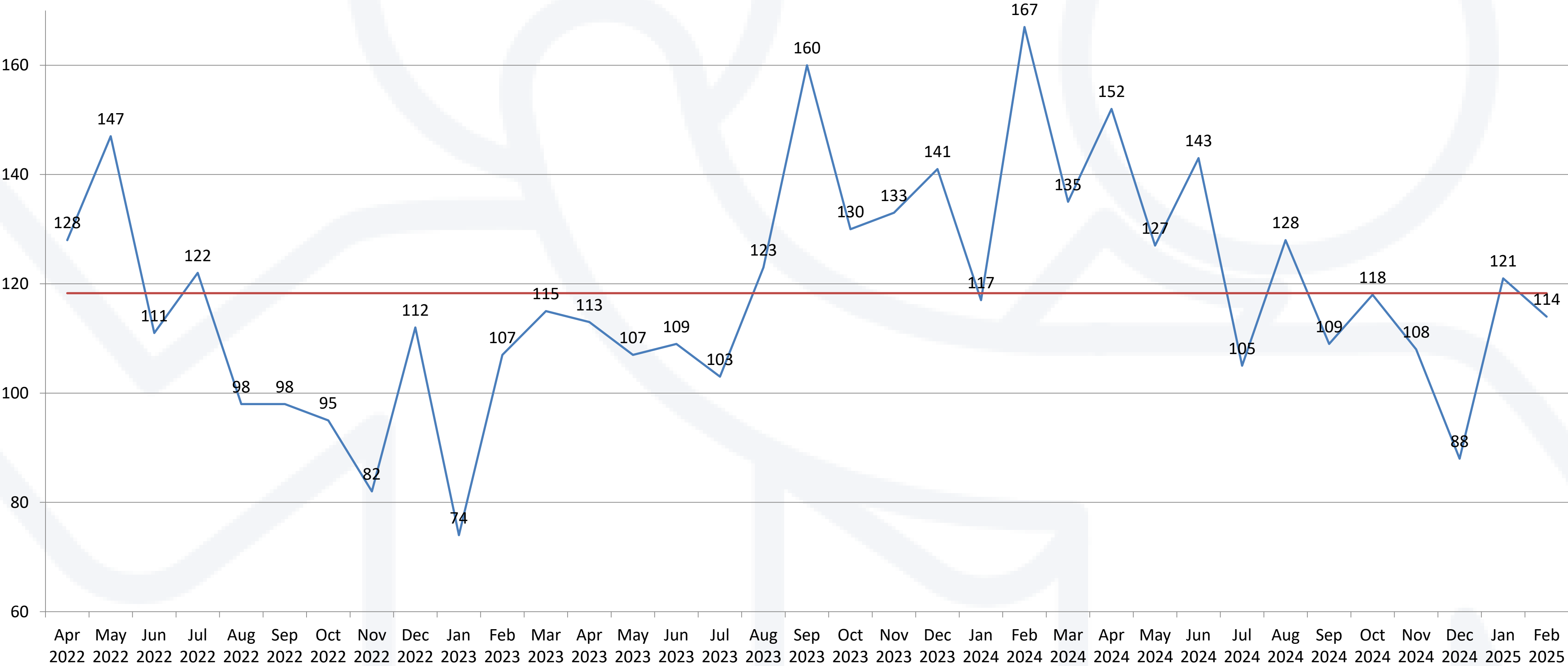
Violence and Aggression Incidents Summary

Violence and Aggression February 2024 – February 2025
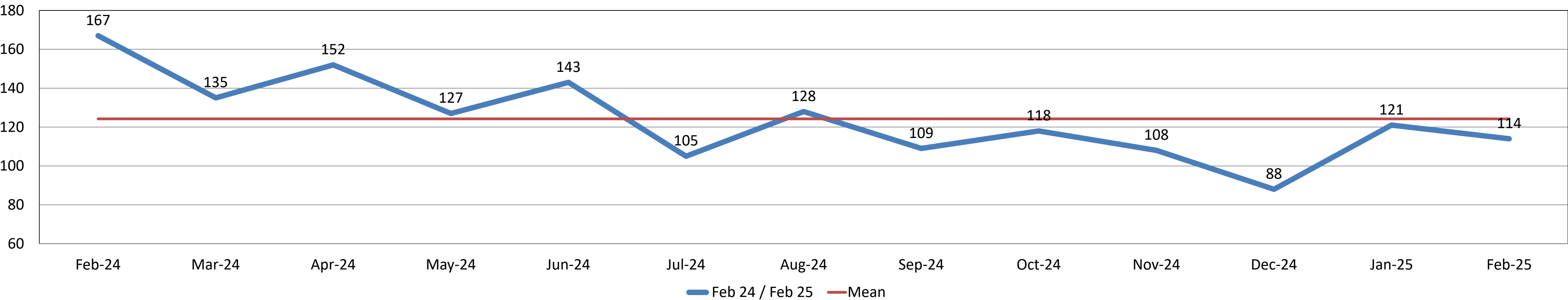
Violence and Aggression February 2023 – February 2024
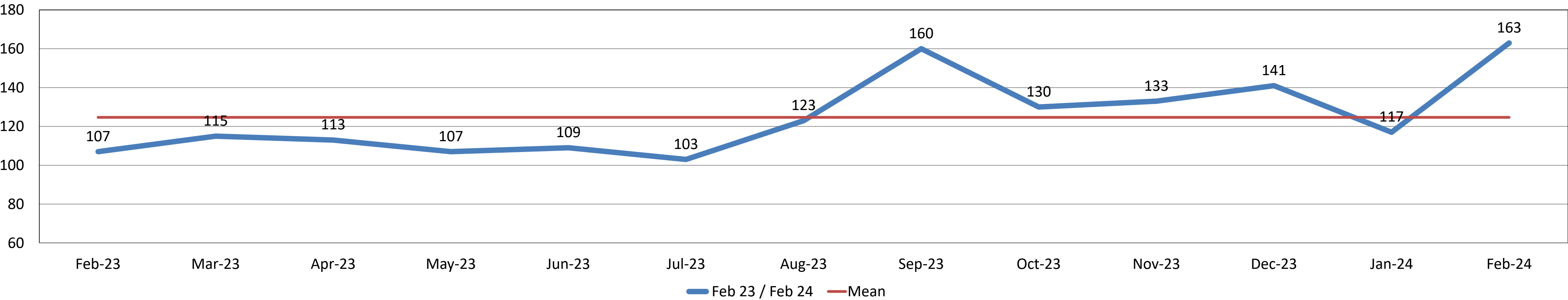
February 2022 – February 2025 Violence and Aggression Incidents Summary
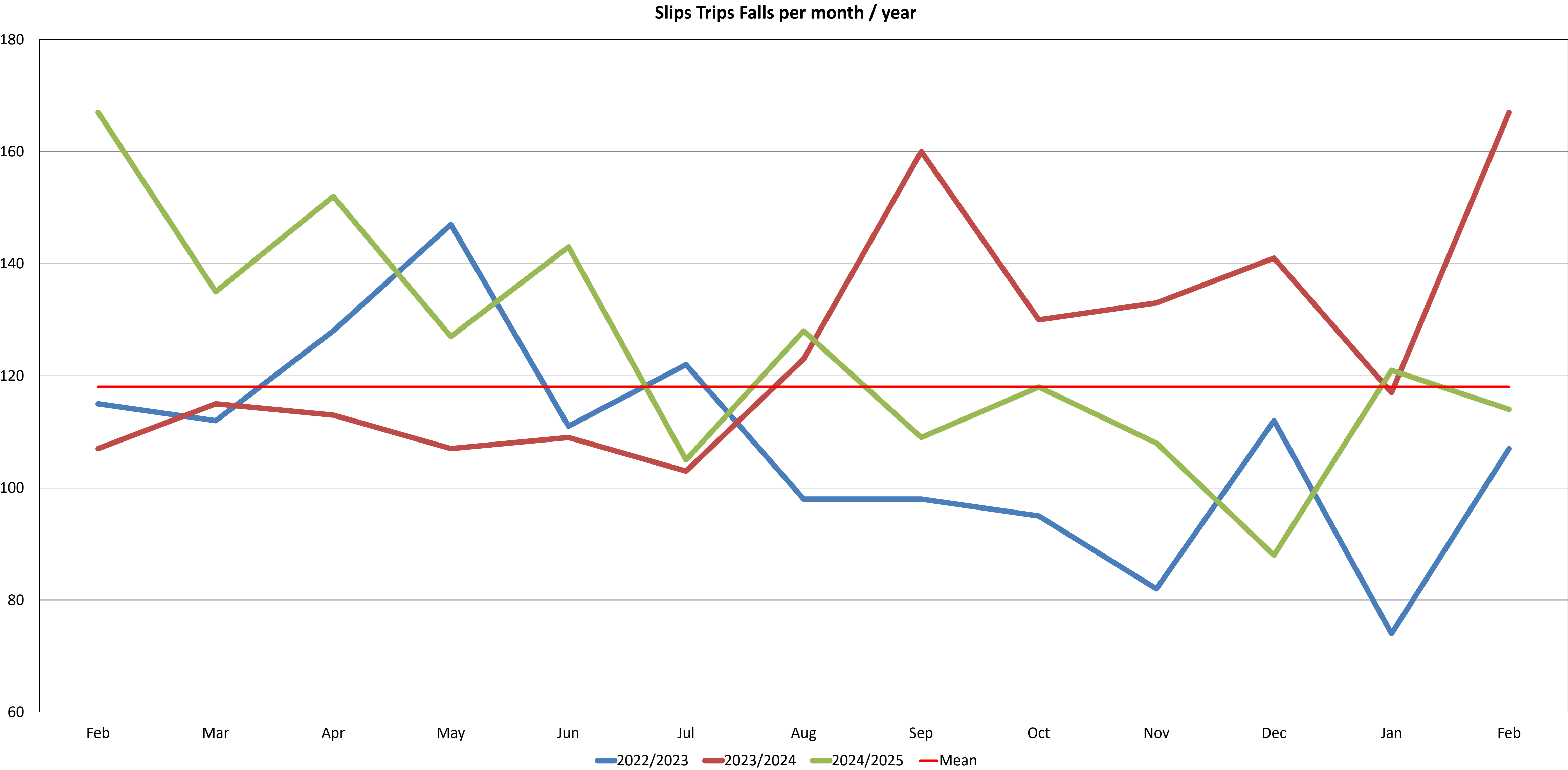
Slips Trips Falls per month / year

Legend: 2022/2023, 2023/2024, 2024/2025, Mean

Page 13

Location Type

Severity

- ■ No outcome in terms of harm
- ■ Minor outcome in terms of harm
- ■ Moderate outcome in terms of harm
- ■ Major outcome in terms of harm
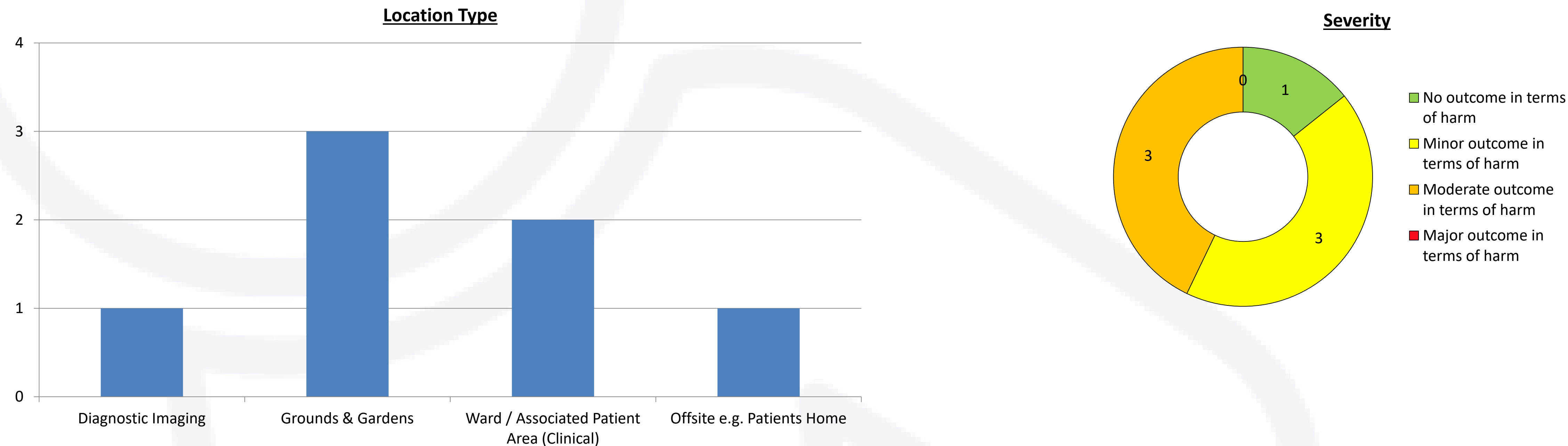
MUSCULOSKELETAL INCIDENTS

Sub Category's searched – General accident – Load Handling, General accident – Patient Handling

7 x musculoskeletal incident reported this quarter

1 x no harm, 3 x minor harm, 3 x moderate harm, 0 x major harm

• 3 x Load handling

• 4 x Patient handling

Page 14

Staff Musculoskeletal Incidents Summary

Staff Musculoskeletal February 2024 – February 2025
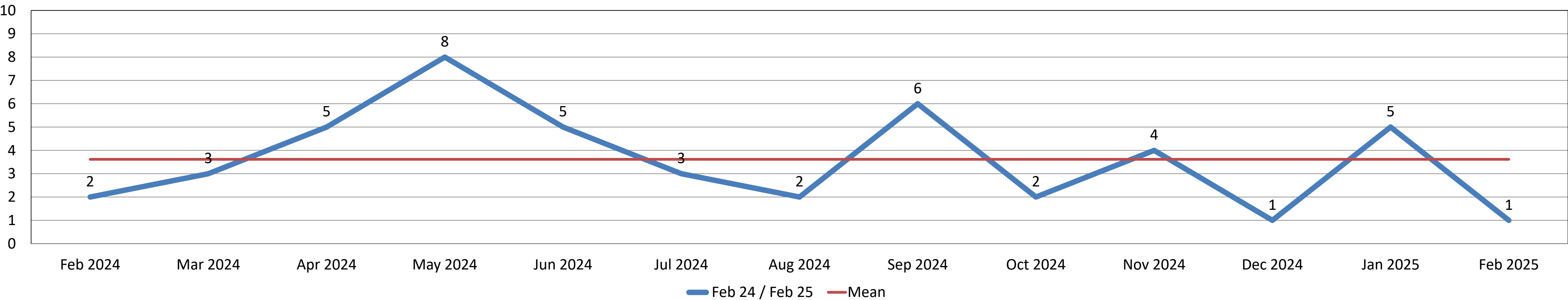
Staff Musculoskeletal February 2023 – February 2024
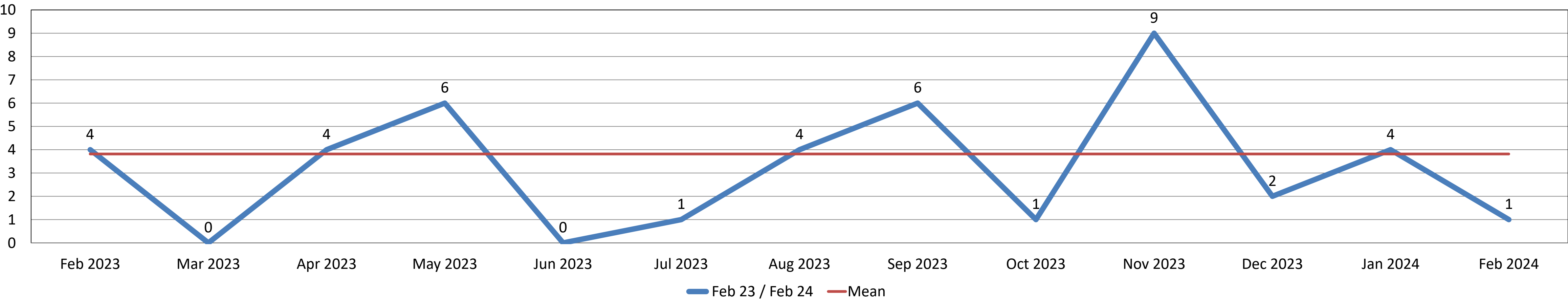
February 2022 – February 2025 Staff Musculoskeletal Incidents Summary

Staff Musculoskeletal per month / year

December 2024 – February 2025 Patient Self Harm Incidents Summary

Location

Severity

- No outcome in terms of harm
- Minor outcome in terms of harm
- Moderate outcome in terms of harm
- Major outcome in terms of harm
- Extreme outcome in terms of harm
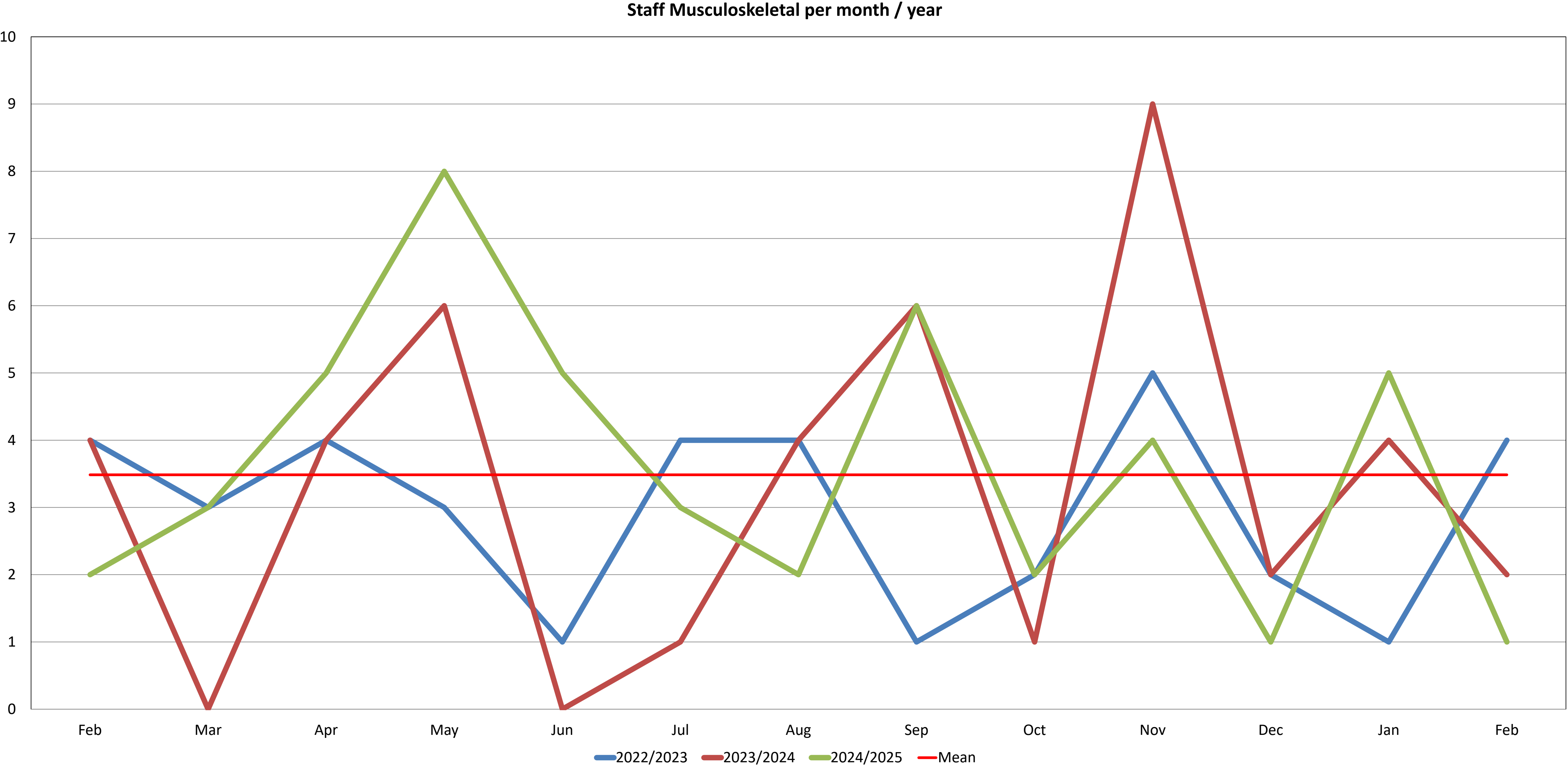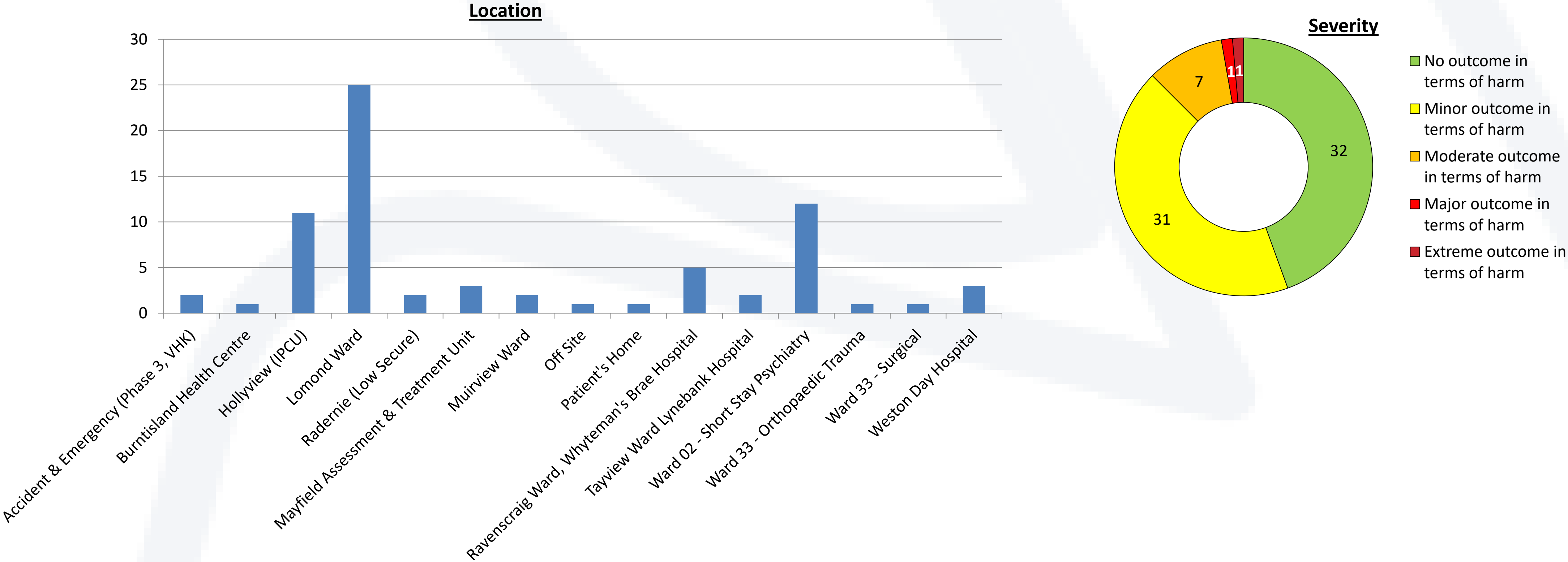
Patient Self Harm Incidents

Category searched – Suicide / Self Harm

72 x self harm incidents reported this quarter

32 x no harm, 31 x minor harm, 7 x moderate harm, 1 x major harm, 1 x extreme harm

Patient Self Harm Incidents Summary

Patient Self Harm February 2024 – February 2025

Legend: Feb 24 / Feb 25 — Mean
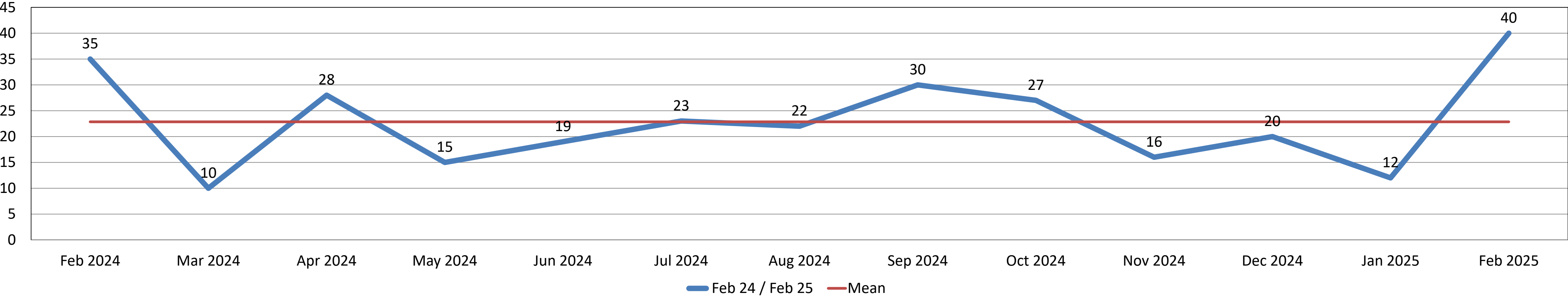
Patient Self Harm February 2023 – February 2024
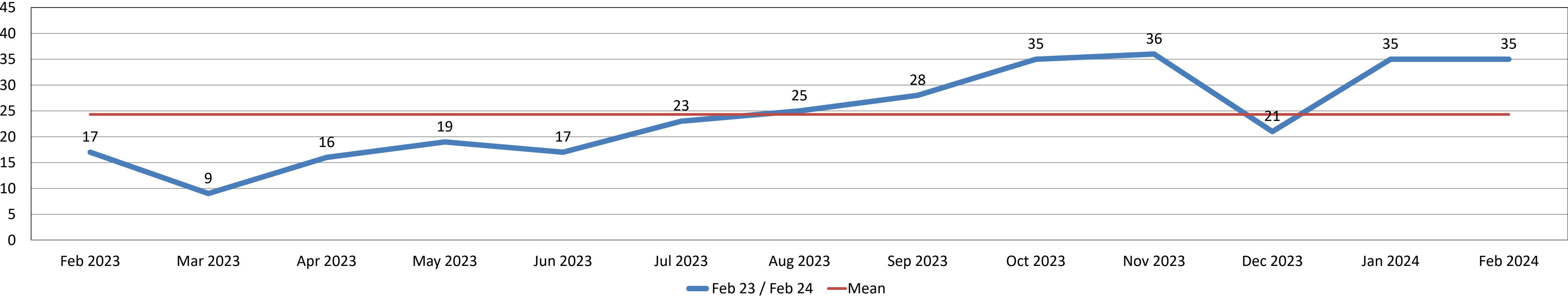
Legend: Feb 23 / Feb 24 — Mean

February 2022 – February 2025 Patient Self Harm Incidents Summary

Patient Self Harm per month / year

December 2024 – February 2025 RIDDOR Incidents Summary

RIDDOR

Severity

- 🟩 No outcome in terms of harm
- 🟨 Minor outcome in terms of harm
- 🟧 Moderate outcome in terms of harm
- 🟥 Major outcome in terms of harm
- 🟥 Extreme outcome in terms of harm
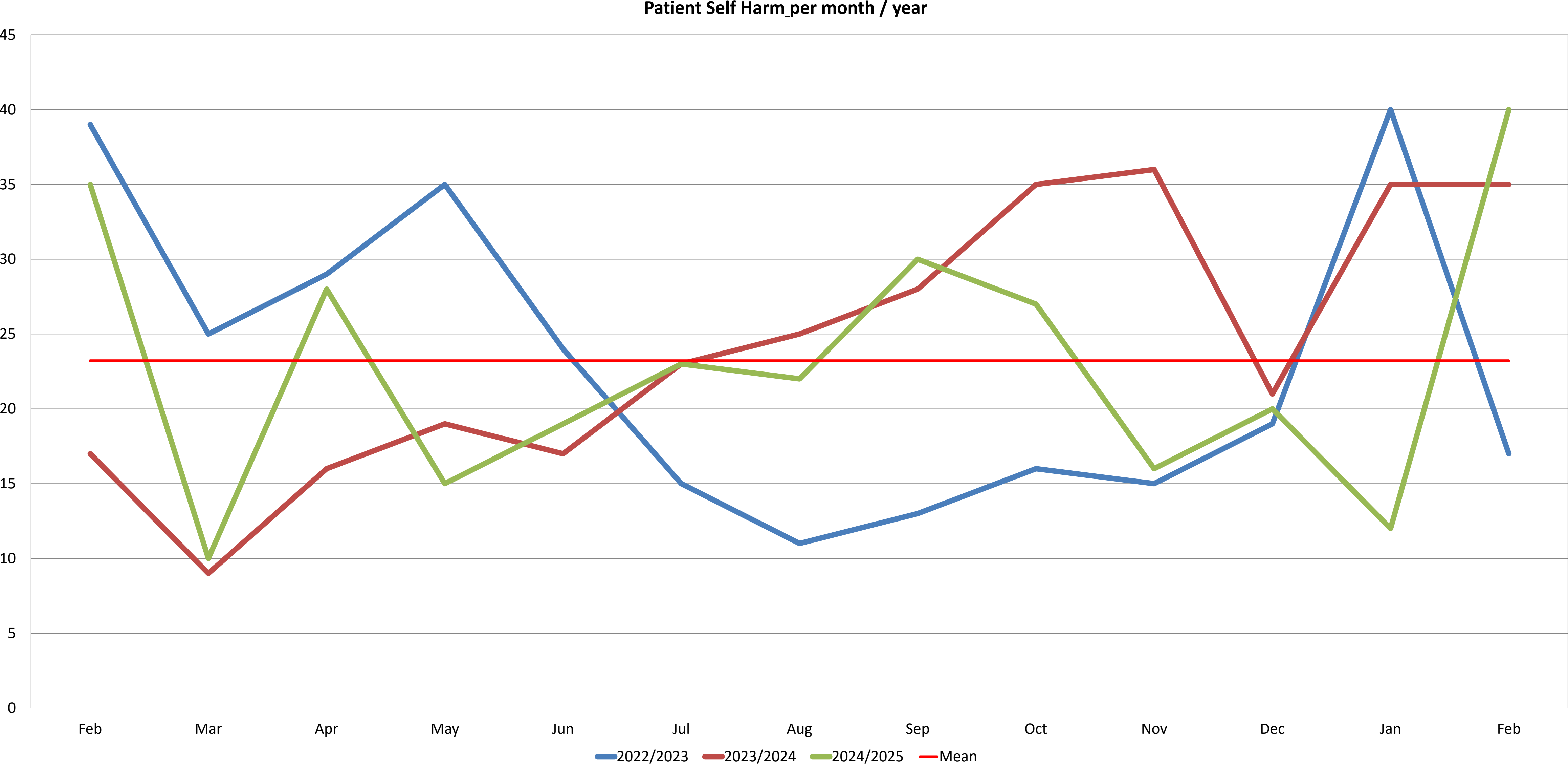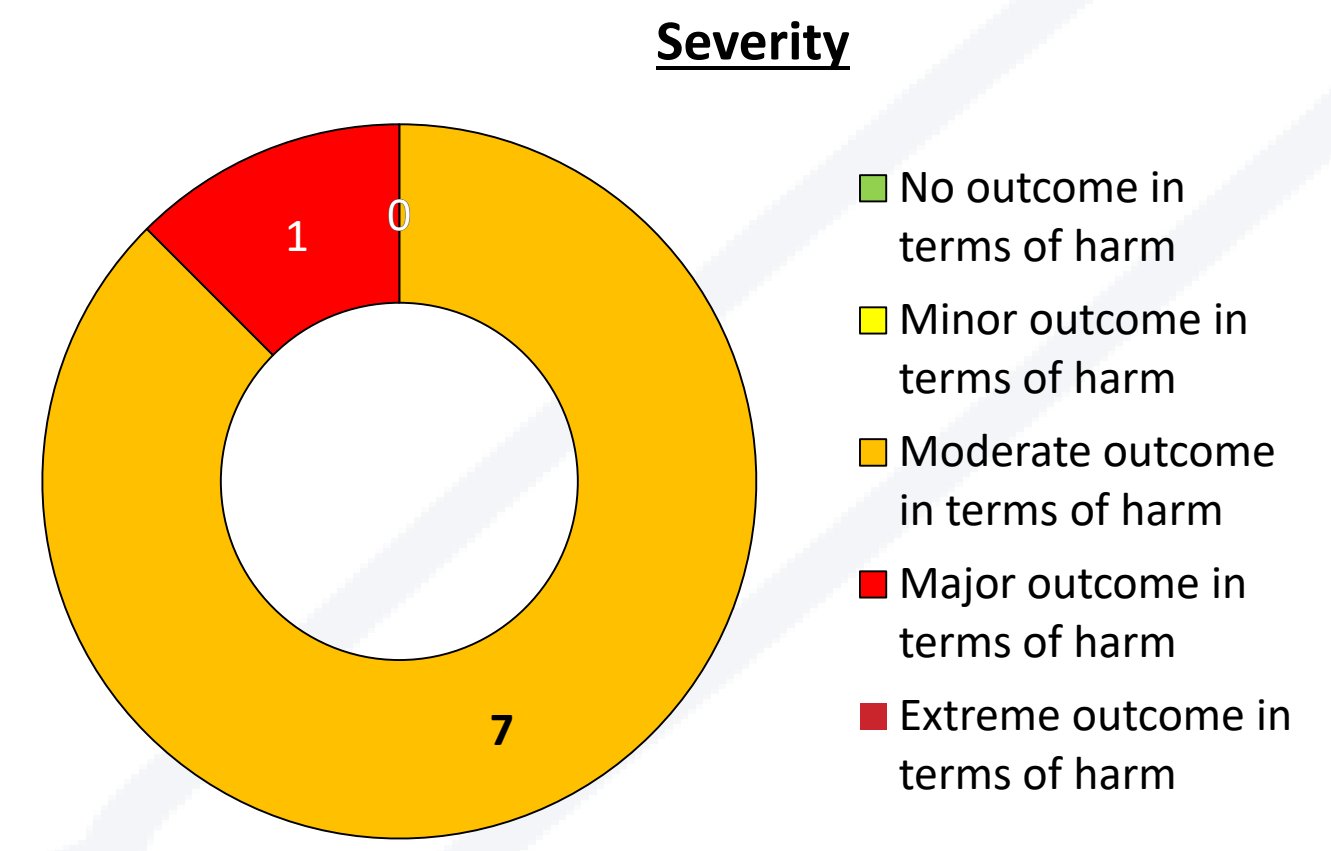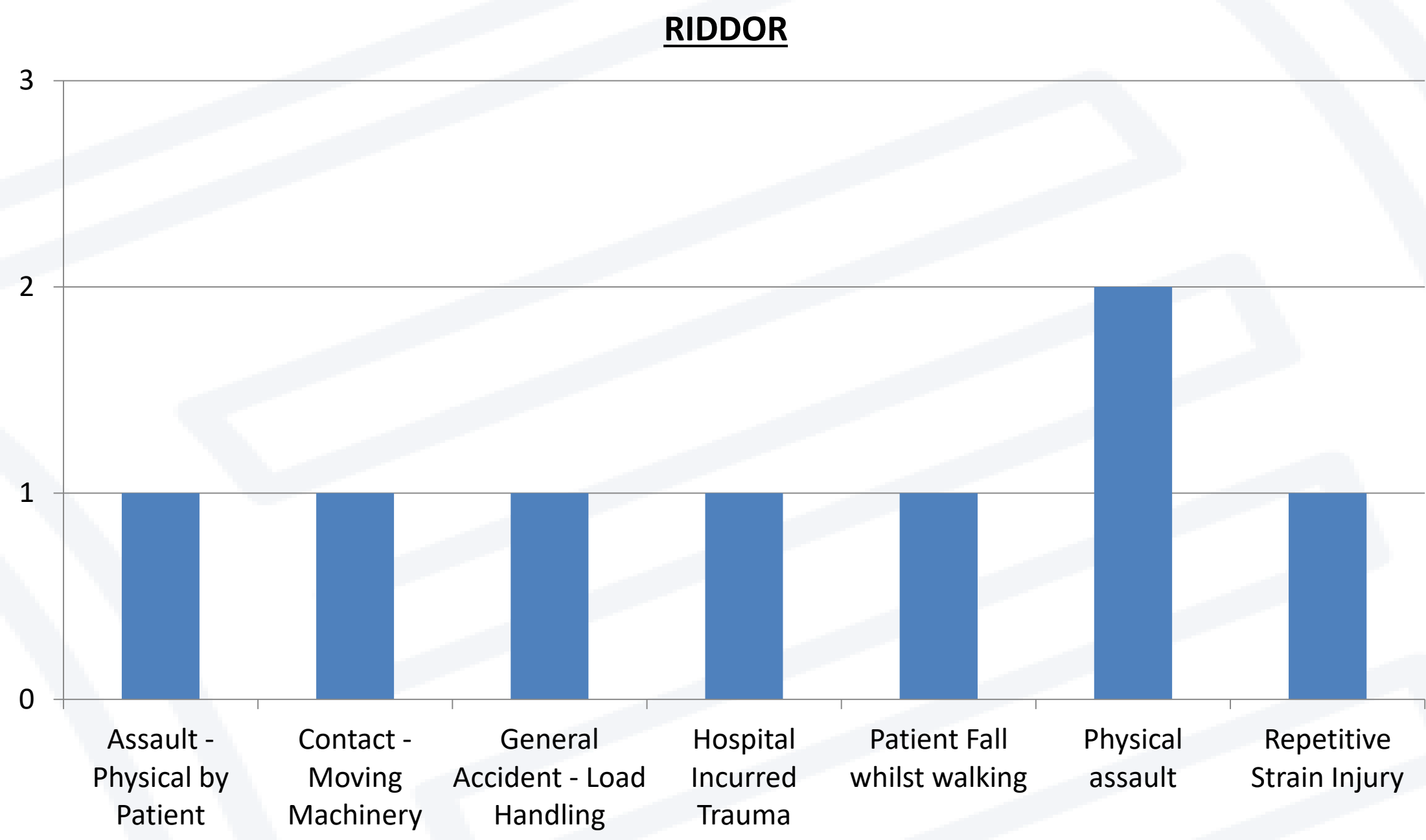
RIDDOR Incidents

Category searched – RIDDOR – Yes, its reportable

8 x RIDDOR incidents reported this quarter

0 x no harm, 0 x minor harm, 7 x moderate harm, 1 x major harm

1 x major outcome – Physical assault by patient on staff member – reportable injury

1 x moderate outcome – Staff Electrocution – *under investigation*

2 x moderate outcome – Physical assault by patient – reportable injury

1 x moderate outcome – Personal Injury, waste bin with roof slates concealed inside – over 7 day absence

1 x moderate outcome – Patient fall while on observation policy – reportable injury

1 x moderate outcome – Personal Injury, moving bed – over 7 day absence

1 x moderate outcome – Personal Injury, moving x-ray machine – over 7 day absence

RIDDOR Incidents Summary

RIDDOR February 2024 – February 2025

Feb 24 / Feb 25 ——— Mean
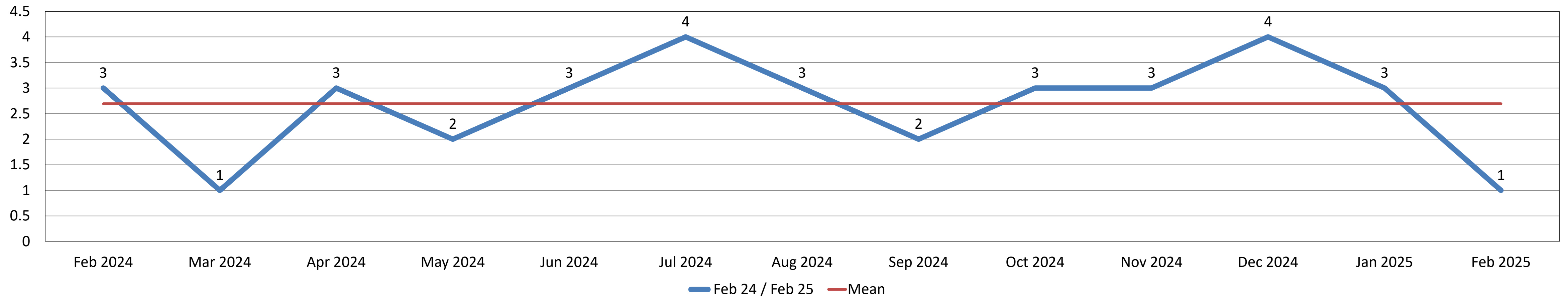
RIDDOR February 2023 – February 2024

Feb 23 / Feb 24 ——— Mean
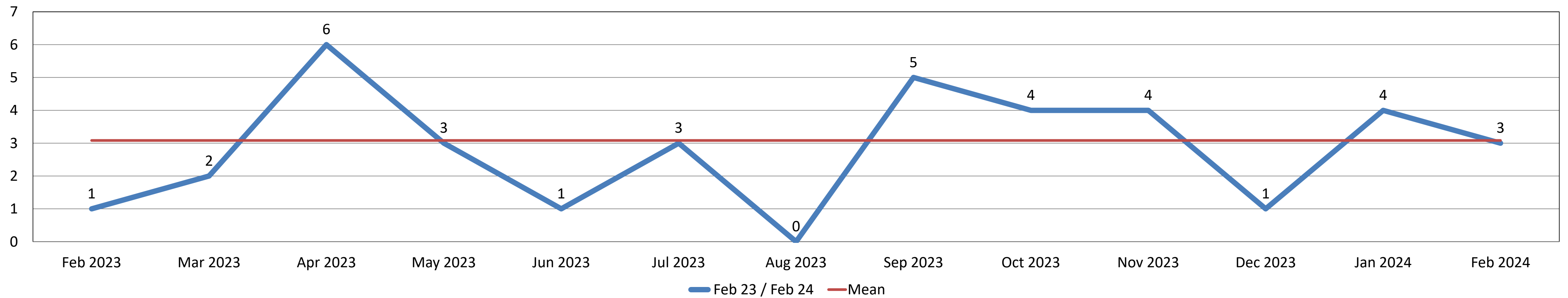
February 2022 – February 2025 RIDDOR Incidents Summary

RIDDOR per month / year
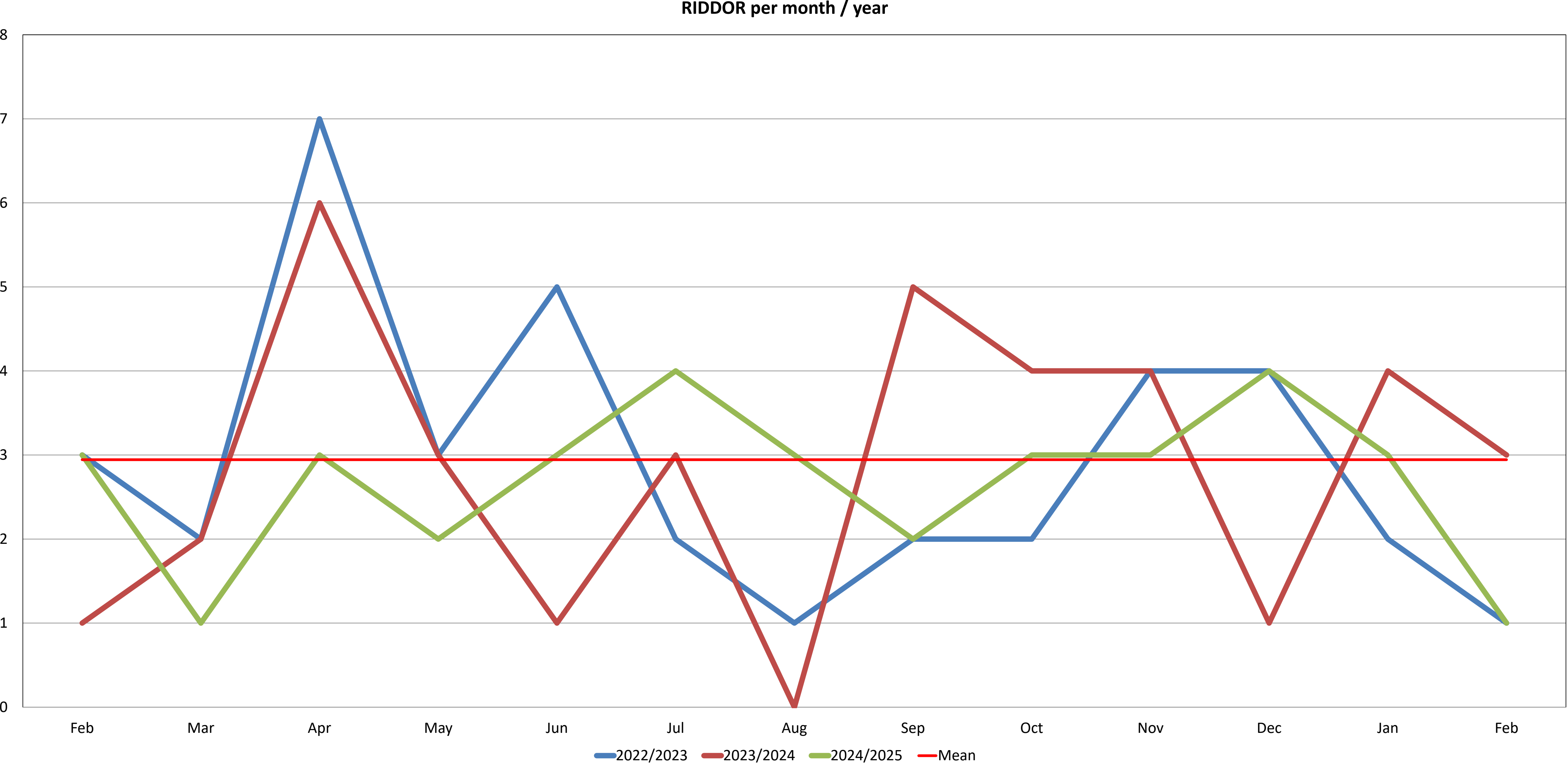
DATIX Incidents – NHS Fife Division used to compile this report
NHS Fife Board
Corporate Directorates
Acute Services Division – Women, Children and Clinical Services
Acute Service Divisions – Emergency Care & Medicine medical directorate
Acute Services Division – Planned Care & Medicine surgical directorate
Community Care Services
Complex and Critical Care Services
Primary and Preventative Care Services

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Corporate Communications and Engagement Quarterly Activity Report – 1 January 2025 – 31 March 2025**
Responsible Executive:	**Kirsty MacGregor, Director of Communications & Engagement**
Report Author:	**Graham Thomson, Web Master**

Executive Summary

This report provides a comprehensive overview of NHS Fife's Corporate Communications and Engagement activity for the period **1 January 2025 to 31 March 2025**. It reflects the organisation's on-going commitment to transparent, timely, and inclusive communication with patients, staff, the public, stakeholders, and elected representatives.

Key performance and engagement insights are drawn from five key areas:

1. **Website:** Continued high levels of user traffic and engagement, with optimised content performance across priority areas including winter health, service changes, and public health campaigns. The period saw improvements in accessibility and search functionality to enhance user experience.

2. **Social Media:** Strong reach and interaction across core platforms, supporting key health messages, recruitment drives, and real-time service updates. Strategic content planning has supported engagement growth, with an increase in both followers and post reach across Facebook, X (Twitter), and Instagram.

3. **StaffLink App:** Usage remained stable across the quarter, with consistent engagement in organisational updates, staff wellbeing resources, and leadership messaging. Push notifications have become an increasingly effective tool for internal campaigns and time-sensitive staff communications.

4. **Press and Media Engagement**: Proactive and responsive media handling resulted in balanced coverage and enhanced public awareness of service developments. Media enquiries were managed promptly, and NHS Fife has maintained positive working relationships with regional and national outlets.

5. **Elected Members Enquiries:** A new dedicated mailbox for elected members was successfully implemented in November 2024, improving the tracking, coordination, and response times of political and constituency-level queries. This has enhanced visibility, accountability, and relationships with locally elected representatives.

This quarterly report reflects NHS Fife's strategic focus on meaningful engagement, digital innovation, and proactive reputation management. Ongoing enhancements to communication tools and processes will continue to support NHS Fife's organisational priorities and public service responsibilities.

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance

This report relates to:

- Local policy

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

- Effective
- Person Centred

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:

- Well informed

2. Report Summary

2.1 Situation

The purpose of this report is to provide the Staff Governance Committee with information and analytics associated with Corporate Communications activity and performance across web, social, StaffLink, Press and Media and Elected Members Enquiries.

2.2 Background

In April 2023 NHS Fife Corporate Communications introduce a Corporate Communications and Engagement Quarterly Activity Report to monitor and evaluate our activity across a range of communications platforms, internally and externally. These analytics and data provide us with an important baseline and benchmark from which we can build year on year to improve our communications activity and targeting, ensuring that as a Directorate we follow best practice, and are effective and efficient, adding value to the organisations proactive and reactive communications activity.

The quarterly Corporate Communications and Engagement activity report is presented to the Staff Governance Committee to provide insight and assurance around NHS Fife's ongoing efforts to inform, involve, and engage its workforce. The report highlights performance across internal communication channels, particularly StaffLink, NHS Fife's dedicated employee engagement app, alongside updates on campaign activity, staff-facing messaging, and engagement with organisational developments. This background supports the Committee's role in ensuring staff are well-informed, valued, and empowered, in line with the Staff Governance Standards and NHS Fife's commitment to a positive and inclusive workplace culture.

2.3 Assessment

NHS Fife's Corporate Communications and Engagement activity, through this quarterly reporting is subject to ongoing monitoring, evaluation, and review, providing robust assurance on the effectiveness and reach of key communications. Performance analytics across digital channels, staff engagement metrics, media monitoring, and stakeholder feedback are routinely assessed to ensure continuous improvement. Based on current performance and alignment with organisational priorities, the activity provides a Significant

Level of Assurance, demonstrating that communications systems are well-managed, impactful, and support NHS Fife's strategic objectives.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

The quarterly Corporate Communications and Engagement activity reinforces NHS Fife's commitment to quality, patient-centred, and values-based healthcare by ensuring clear, accessible, and timely information is available to patients, carers, and the wider public. Campaigns and digital content have supported health improvement, service awareness, and informed decision-making, while patient-facing communications have been tailored to promote equity and inclusion. This approach helps strengthen trust, improves the patient experience, and aligns with NHS Fife's core values of compassion, dignity, and respect in all aspects of care delivery and engagement.

2.3.2 Workforce

The quarterly Corporate Communications and Engagement activity continues to support NHS Fife's workforce by fostering informed, connected, and engaged staff. Through the StaffLink app, regular briefings, and leadership messaging, staff are kept up to date on organisational priorities, wellbeing initiatives, and service developments, promoting a culture of transparency and inclusion. The consistent use of internal communications channels has also supported staff morale and psychological safety, ensuring colleagues feel valued and heard. These efforts align with the NHS Scotland Staff Governance Standard and contribute to a positive working environment across NHS Fife.

2.3.3 Financial

The Corporate Communications and Engagement activity continues to be delivered within existing budgets, offering strong assurance regarding NHS Fife's prudent financial management. A digital-first strategy has maximised impact while minimising cost, ensuring efficient use of resources across all communication channels. By supporting staff awareness, public understanding, and stakeholder confidence, the activity also contributes indirectly to financial sustainability by helping to manage demand, reduce reputational risk, and promote effective use of services.

2.3.4 Risk Assessment / Management

The quarterly Corporate Communications and Engagement activity provides assurance that NHS Fife is actively managing reputational and operational risks through timely, accurate, and coordinated communications. Proactive media engagement, consistent digital messaging, and responsive internal communications contribute to early risk identification

and mitigation, particularly in relation to public confidence, service awareness, and workforce engagement. The introduction of the Elected Members enquiry mailbox also enhances risk oversight by enabling early escalation and resolution of politically sensitive issues, supporting NHS Fife's overall risk governance and accountability framework.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

The Corporate Communications and Engagement activity during this reporting period continues to support NHS Fife's commitments to Equality and Human Rights, as well as its wider Anchor Institution ambitions. Inclusive messaging across public-facing channels has actively promoted equity of access to services, celebrated diversity, and supported campaigns aligned with protected characteristics and health inequalities. Internally, StaffLink and staff communications have reinforced values-based leadership and inclusive workplace culture. The introduction of a dedicated Elected Members enquiry mailbox further strengthens NHS Fife's role as a transparent, responsive public body, deepening engagement with civic partners and contributing to our role as a socially responsible anchor within Fife's communities.

2.3.6 Climate Emergency & Sustainability Impact

The quarterly Corporate Communications and Engagement activity demonstrates NHS Fife's ongoing commitment to the Climate Emergency and Sustainability agenda by embedding environmentally conscious practices within communications delivery. Digital-first approaches, such as use of the NHS Fife website, social media, and StaffLink, have reduced reliance on print materials, supporting the organisation's carbon reduction goals. Messaging has also promoted active travel, waste reduction, and energy awareness campaigns, helping to engage staff and the public in sustainable behaviours that contribute to NHS Fife's wider environmental objectives.

2.3.7 Communication, involvement, engagement and consultation

The quarterly Corporate Communications and Engagement activity report provides assurance of NHS Fife's strong commitment to communication, involvement, engagement, and consultation. A multi-channel approach has ensured that key messages reach diverse audiences, while two-way engagement through social media, StaffLink, and the Elected Members enquiry mailbox has enhanced responsiveness and transparency. Public health campaigns and service change communications have been supported by targeted engagement with patients, staff, and communities, ensuring voices are heard and considered in decision-making. These activities underpin NHS Fife's values of inclusion, accountability, and person-centred care.

2.3.8 Route to the Meeting

This report has been previously considered by the Executive Leadership Team (ELT), and will be shared at the next Area Partnership Forum (APF).

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Moderate Level of Assurance
- **Discussion** – Staff Governance Committee members are invited **to note** the contents of this report

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Corporate Communications and Engagement Quarterly Activity Report – 1 January 2025 – 31 March 2025

Report Contact:

Graham Thomson
Webmaster, NHS Fife
Email: graham.thomson3@nhs.scot

Corporate Communications and Engagement Quarterly Activity Report

Website, social media, StaffLink and press and media

Issue 8: 1 January – 31 March 2025

fife.webteam@nhs.scot   nhsfife.org

Contents

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Section 1: Website

Summary of performance
(compared with previous quarter)

This report provides an analysis of NHS Fife website traffic for 1 January – 31 March 2025.

We take these metrics from **Google Analytics 4**.

The table below gives a broad overview of the number of people visiting our website, as well as their levels of engagement.

The 6% rise in total users but 5% drop in first visits indicates that growth in this quarter was primarily driven by users who have visited the website before. This points to a depth of engagement with returning users. However, we have to be mindful of the unprecedented interest from the employment tribunal and resulting web site traffic.

Metric	This period	Previous period	Change
Total users	380,678	359,007	+6.04%
First visit	461,904	487,015	-5.16%
Sessions	527,788	539,323	-9.65%
Page views	635,989	570,711	+11.44%

This report covers activity on nhsfife.org during the period January to March 2025.

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Number of users by traffic source

A rise in referrals from X probably indicates resulting visits to the pages following interest and engagement with users as a result of the employment tribunal.

Position	Website	This period	Previous period	Change	Position Change
1	Google Search	194,102	201,088	-3.47%	-
2	Direct	135,564	128,073	+5.85%	-
3	Unassigned	17,297	4,355	+297.18%	+2
4	Bing	15,810	13,814	+3.86%	-1
5	Facebook mobile	4,517	2,721	66.01%	-
6	X	3405	387	+1038.24 %	New
7	NHSInform	3,012	4,703	-31%	-
8	Yahoo	2,019	1,686	+19.75%	-
9	Link shim	1,898	978	+94.07%	-1
10	Duck Duck Go	1,473	1,280	+15.08%	-2

*a link shim is a security mechanism used by Facebook to identify malicious websites. It checks them before sending users off to safe websites.

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Device and browser overview

The table below shows the amount of traffic for each type of device by number of users. Some two thirds of users access the website using mobile devices.

Mobile devices	Desktop devices	Tablets	Smart TV
225,867	141,473	14,287	28

User sessions by mobile device brand

Apple Iphone continues to dominate the market share of mobile devices.
In the first 3 months of 2025, Apple Iphone models were responsible for **196,263 sessions out of 325,457** mobile phone sessions.

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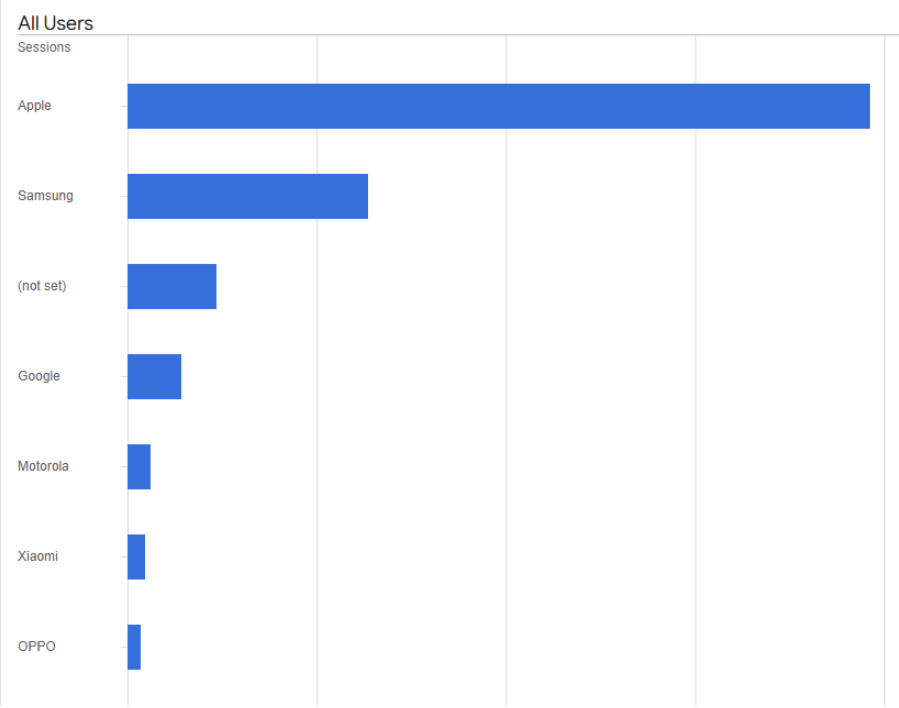
Top content

The table below details the top ten pages on our website, based on *Views*.

Position	Page name	This period	Previous period	Change %	Position change
1	Vacancies	37,408	31,602	+18.37%	-
2	Victoria Hospital	22,960	21,069	+8.98%	-
3	Homepage	21,350	18,206	+17.27%	-
4	Services	10,869	9,720	+11.82%	+2
5	Search results	10,684	9,621	+11.05%	+2
6	Spinal anaesthetic	9,676	10,274	-5.82%	-1
7	Hospitals and wards	8,668	7,810	+10.99%	+2
8	Nerve blocks for shoulder, arm or hand surgery	6,716	6,328	+6.13%	New
9	Sexual health	6,568	6,794	-3.33%	+1
10	Nerve blocks for leg and foot	6,494	6,705	3.15%	New

As a slight aside it is interesting to note that a page such as **Nerve blocks for shoulder, arm or hand surgery** is making the top 10 largely because of its performance in web search engines and more specifically Google, which is responsible for referring over **5,000 of the page views**.

Google search console reveals some of the phrases people are searching on as can be seen below. Also, that the majority of page views are coming from the United States with 4,009 page views.

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nerve block for shoulder surgery	**United States**	4,009 (59.69%)
swollen hand after shoulder surgery with nerve block		
nerve block arm side effects		
signs a nerve block is wearing off		
side effects of nerve block for shoulder surgery	**United Kingdom**	1,449 (21.58%)
shoulder nerve block		
nerve block side effects after surgery		
nerve block shoulder surgery	**Australia**	257 (3.83%)
nerve block in shoulder side effects		
nerve block side effects		

Requests for reports

Given the breadth of topics and volume of content available on our website, it is impossible to report on the performance of every page.

We are keen to provide reporting which is relevant and useful to you. If you need to understand more about a specific part of our website, please follow the process below:

- Requests should be sent to fife.webteam@nhs.scot **no later than the last day of the month.**
- Detail the data you are interested in analysing:
  - What pages do you want analysed?
  - What data would you like? Example: page views, referring pages etc.

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Section 2: Social media

At-a-glance

- Unprecedented mentions online connected to employment tribunal.
- Significant downturn in output connected to tribunal response – almost 50% compared to previous quarter.
- Continued growth across platforms, with exception of X.
- LinkedIn audience continues to grow at faster pace.

Channel performance over quarter (Compared with previous)

Daily reach on posts over period: 1.71million
Interactions: 146.04K
Number of posts: 418

Channels	Fans	Impressions
Facebook Platform currently has around **190,000** followers who subscribe to see our posts. The current Brandwatch API only collates and analyses data on 'fans'.	46.3K +1%	2.43 million +2%
X	19.68K 0%	Data not available as premium service
Instagram	11.84K +1%	110.3K -62%
LinkedIn	8.74K +3%	46.12K -25%
Total	**86.58K** **+1%**	**2.58million (excl X)** -6%

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Top five performing labels

NHS Fife labels social media posts to help measure the reach and impact of strategic campaigns during the analysis phase.

*Posts without a label are often ad hoc requests that are not associated with a particular subject or campaign.

Rank	Labels	Impressions	Number of posts using label inc as percentage of all posts	Clicks	Engagements
1	Mind to mind	454.61K	9 (2%)	1.18K	1.21K
2	Posts without label	352.99K	97 (23%)	19.46K	3.14K
3	Donation	155.84K	10 (2%)	14.74K	2.2K
4	Hospice	127K	7 (2%)	13.69K	1.87K
5	Recruitment	121.03K	7 (2%)	24.35K	899

Social media focus: Employment tribunal coverage – unprecedented interaction and its wider impact

The almost 50% drop-off in social media output over this quarter has largely been driven by a strategic decision to limit online fallout from the first phase of the high-profile employment tribunal, which started in February.

The tribunal garnered **unprecedented attention** for NHS Fife across all social media platforms, but predominantly took place on X.

Due to the volume and tone of interactions over the duration of the tribunal, a strategic decision was made to restrict content on X to core or necessary information and, where it was posted, comments were disabled. Across other platforms output was also reduced or put out with similar restrictions.

During the peak of proceedings, "NHS Fife" was **regularly trending** across the UK on X, and there were periods where it was being mentioned on similar levels to major topics including the Superbowl and broadcasts of Eastenders.

In the first week of the tribunal, which was live-tweeted, NHS Fife received almost **half a million impressions.** For context as to the scale, NHS Fife's total interactions across all social media platforms totalled around 600,000 in the year preceding the tribunal. This surge in activity rendered real-time monitoring and moderation of conversations and interactions unsustainable.

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This high volume of interaction, which was often extremely polarised, continued for the duration of the tribunal, although dropped as it progressed.
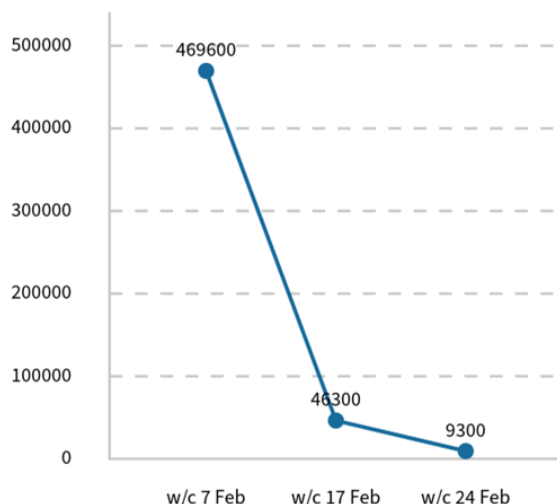
The amplification of the tribunal narrative by prominent critical voices, such as JK Rowling, amplified awareness, driving more interaction. Local politicians also made comment and gave their opinion throughout.

Word cloud

Staff appearing at the tribunal were subjected to online harassment and abuse, and it quickly became clear that the X reporting tool was ineffective. The abuse included verbal attacks, screenshots of staff family members, and the publication of personal documents and other information.

All content promoted on X over the period – from vaccination drop-in clinic promotion to careers events, was overwhelmed by comments about the tribunal. One post about a national mental health initiative received around 1,000 comments about the tribunal.

Ultimately, meaningful activity on X became significantly constrained, and the decision was enacted to restrict the frequency and visibility of content posted on the platform.

Since the conclusion of the first phase of tribunal proceedings, a measured and conscientious resumption of standard social media activity has been implemented across all platforms. However, we expect further disruption when the tribunal resumes in July.

Most viewed post over the quarter

[New gynaecology unit at Queen Margaret Hospital to provide a range of services for women in Fife.](#) The Fife Gynaecology Unit will provide a range of outpatient services including the care of postmenopausal bleeding, abnormal cervical screening, urogynaecology issues such as urinary incontinence and prolapse as well as vulva problems.

Impressions	Reach	Engagements	Clicks	Engagement rate
128,1K	114,01K	1,71K	12,24K	1,33%

Other top performing posts over the quarter included:

- [Donation to Victoria Hospice](#) in memory of Cheryl Gove
- Report on [inspection of Victoria Hospital.](#)
- Coverage of our [interactive careers event](#) at Queen Margaret Hospital.

Other talking about NHS Fife online (excluding X)

*Collated by Brandwatch

Info	Volume
Total mentions of "NHS Fife"	4.8k% (*previous period 272*)

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Total reach of mentions	1million – previous period 180K
Unique authors	798 – previous period 117

● NHS Fife
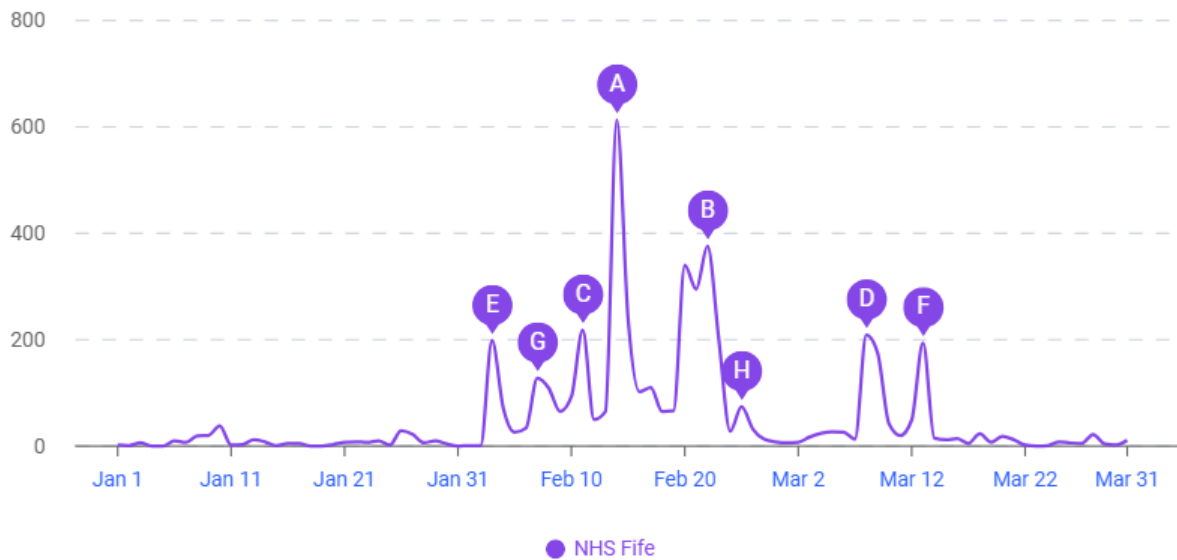
Conversational spikes centre around:

- Aspects of the employment tribunal and associated national events.
- Inspection at the Victoria Hospital by Healthcare Improvement Scotland.

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Top sites

	Site name	Mentions
1	reddit.com	1.7K
2	heraldscotland.com	114
3	scottishdailyexpress.co.uk	90
4	facebook.com	86
5	yahoo.com	78
6	dailymail.co.uk	69
7	dunfermlinepress.com	58
8	thecourier.co.uk	57
9	youtube.com	56
10	telegraph.co.uk	47

Topic wheel

Emotion volume

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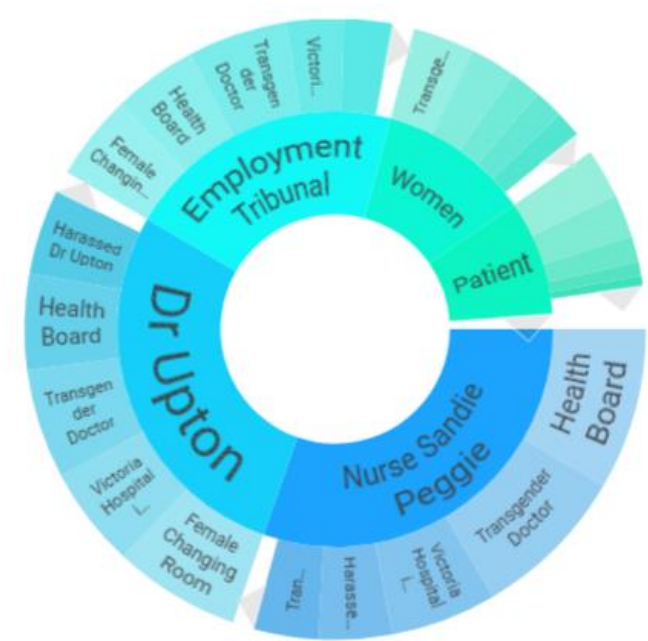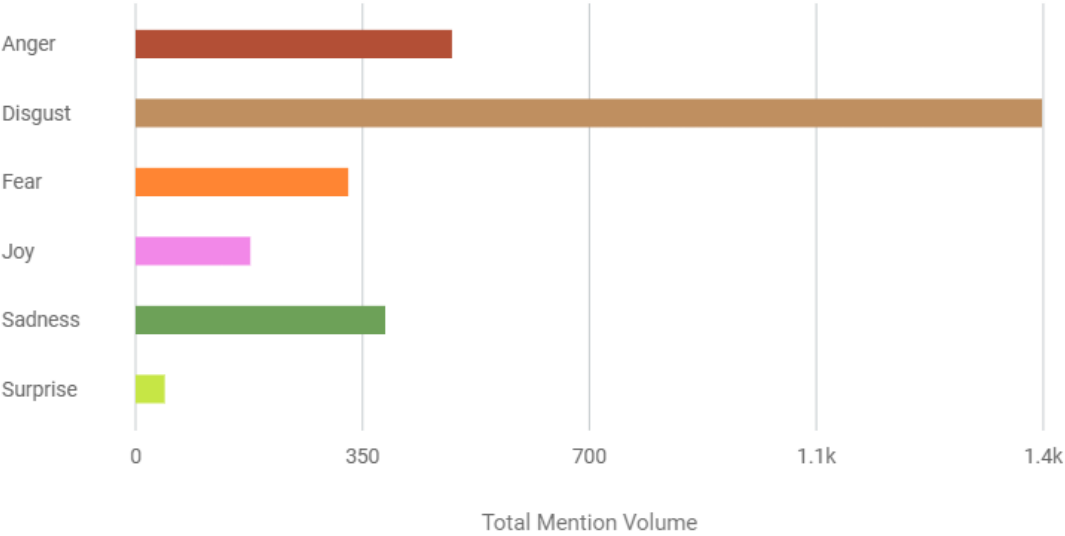
Section 3: StaffLink

The Stafflink app is used 24/7 and accessed via desktop and mobile devices.

Total Stafflink Opens by device type January-March	
Web	556,911
iOS	69,519
Android	19,217
Desktop (shortcut)	2,747

The graph below shows the average app openings by day and time.

Hour of Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
0	378	395	404	424	375	369	322
1	290	338	308	330	327	297	238
2	330	353	264	293	314	319	250
3	257	324	319	274	275	282	220
4	306	364	276	317	248	305	275
5	294	386	382	388	405	369	304
6	655	938	946	821	1035	369	324
7	2362	3091	3284	2926	2730	664	511
8	5876	6705	6962	5966	6028	904	809
9	7525	7964	7895	7668	7287	931	921
10	7489	8275	7629	7484	7185	1119	1020
11	8103	8457	7636	8156	7535	1111	1098
12	7181	7714	7113	6984	6945	1204	1052
13	7208	8145	6995	6981	7024	1439	1063
14	7632	8253	7358	7016	6859	1128	1149
15	7360	7923	6898	6804	6116	1112	1163
16	5434	5794	4873	4909	3927	1058	1054
17	2501	2885	2368	2223	2024	900	1037
18	1517	1667	1481	1453	1427	861	975
19	1287	1420	1228	1202	1177	750	1037
20	1208	1245	1178	1107	1079	680	920
21	1075	1031	995	1066	899	666	854
22	852	805	832	694	740	587	705
23	630	577	537	590	632	433	523

Average App Opens by Hour and Day of Week*

Newsfeed postings and interactions

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A total of **578** 'all staff' newsfeed posts were created over the period, generating **2367** reactions and **254** comments**.**

Newsfeed posts are divided into different categories for ease of access. These include:

News – key organisational news and information.

- Health and Wellbeing – latest news on staff health and wellbeing information and support.
- Training and Development – information on staff training and development opportunities.
- Staff Room – a range of #TeamNHSFife community information including staff achievements, events, and corporate discounts.

Trending posts

Trending posts are newsfeed posts which achieve a particularly high number of views, likes and comments. Staff achievement posts are consistently some of the highest trending posts on the central 'all staff' newsfeed.

Top trending posts between January and March 2025 were:

1. Storm Eowyn: Special Staff Update

| Reactions - 26 | Comments - 0 | Views – 12,402 |

2. Storm Eowyn: Urgent Advice for Staff

Priority · 23 Jan
To: All Staff

NHS Fife
Keeping employees up to date with what's going on at NHS Fife

Storm Eowyn: Urgent Staff Advice for Friday 24th January ⚠️

There is a red weather warning covering part of Fife and an amber warning in place for the rest of the region for tomorrow, **Friday 24th January.**

Police Scotland are asking people not to travel in these areas for the duration of the warning.

NHS Fife has made a decision to postpone all routine clinic appointments, di ...see more

| Reactions - 47 | Comments - 0 | Views – 11,202 |

3. Amber/Red Wind Warning

NHS Fife
Keeping employees up to date with what's going on at NHS Fife

Amber/Red Weather Warnings ⚠️

A red weather warning for very strong winds has been issued for parts of Fife and Central Scotland from **10am until 5pm on Friday 24th January**.
A further amber warning extends from **6am to 10pm on Friday 24th January** for wider parts of Fife and surrounding areas.
For the latest information and updates, including workforce guidance and travel information, please visit the dedicated severe weather pages here.

...see more

Reactions - 11	Comments - 2	Views – 7429

News posts – top 10

Position	News post	Reactions	Comments	Views
1	Reduction in Working Week – Cabinet Secretary Update	24	3	7065
2	Yellow Warning - Snow	-	-	5036
3	Reusable Tumblers on Wards	10	-	4617
4	Cash Office VHK Update	4	-	4522
5	Orthopaedic and MSK Staff Survey	2	-	4514
6	Medicines Supply Service – Potential Disruption	1	-	4445
7	Orders and Invoices: Financial Year End	-	-	4190
8	MIU at Adamson Re-opens	5	-	4061

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| 9 | NHS Scotland Event: Call for Posters | 8 | - | 4058 |
| 10 | Maggie's Drop-in for NHS Staff | 16 | - | 3993 |

News posts make up the bulk of posts within the newsfeed.

Health and wellbeing posts – top 5

Position	News post	Reactions	Comments	Views
1	NHS Fife E-bike Rental Scheme Live	10	2	4228
2	Values Based Reflective Practice Tasters	3	-	3233
3	National Wellbeing Hub – Peer Support Modules	4	-	2696
4	Free Yoga Sessions for NHS Staff	21	1	2636
5	Mind to Mind – Mental Health Support	12	-	2627

Staff room posts – top 5

Position	News post	Reactions	Comments	Views
1	Retirement of Myra Murray	38	17	7182
2	Retirement of Wendy McConville	52	18	6475
3	Death of Kenneth Eadie	40	-	5792
4	Death of Elizabeth Farmer	47	3	4347
5	Kingdom Fund – Spring Draw	42	-	3146

Hub usage

The Hub is currently segmented into four key areas:

- **Organisational Content** – the core area where staff information, guidance and documentation can be found.
- **Team Content** – content that is only available to view by a specific team or service area. Currently there are only a small number of teams using this on a regular basis. This is an area we continue to grow.
- **Quicklinks** – helpful shortcuts to key staff or service information.
- **StaffLink User Guides** – provides user guidance on StaffLink and hints and tips.

Hub opens	January 2025	February 2025	March 2025

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Organisational Content	102,496	89,572	82,683
Team content	15,078	15,437	15,478
Quicklinks	5001	4668	4699
Stafflink User Guides	197	198	158

Most popular hub folders and items January - March

	Hub Folder/Item	Views
1	Staff Room	11,859
2	Business Systems Quicklink	8634
3	FROG	6168
4	Vacancies	5802
5	Dining Room Menus	5010
6	Acute	4734
7	ADTC/Medicines Management	3390
8	Reference Quicklink	2868
9	Spring Prize Draw	2802
10	March Staff Lottery Winners	2592

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Section 4: Press and media

Highlights

There was a significant increase in media activity during quarter four, driven primarily by the ongoing employment tribunal and other associated enquiries. Almost three times as many reactive press enquiries were received in quarter 4 compared to the previous three-month period. Despite this additional pressure on the Corporate Communications and Engagement directorate, the number of proactive news releases still increased from quarter 3.

While interactions with local and national media in quarter four spanned a range of different topic areas, three topics accounted for more than half of all enquiries:

- **Student Midwife** – a student midwife on placement in Fife claimed to have been suspended after expressing pro-life views about the termination of pregnancy. This led to a significant number of press enquiries from local, national and even international media outlets.
- **Employment Tribunal** – there was significant coverage of an ongoing employment tribunal which NHS Fife is defending. This garnered significant attention before, during and after the tribunal was in session in February 2025.
- **Equality and Human Rights Commission** – the Commission wrote to NHS Fife in March 2025 to ask about the Boards provision of single-sex spaces, which generated considerable media attention. This letter was published on the Commissions website before it was received by NHS Fife and led to considerable media attention.

Section 4: Press and media

Proactive news releases

Corporate Communications and Engagement issued 10 proactive press releases in quarter four, an increase from four issued in the previous quarter. As always, the capacity within Corporate Communications and Engagement to gather and issue proactive releases is influenced by other work, such as ongoing campaigns and the number and complexity of reactive enquiries the service is required to field from the press. As a result, the majority of press releases were issued in March following the conclusion of the first sitting of the aforementioned employment tribunal.

The proactive news releases issued during Q3 are below:-

1. **NHS Fife announces appointment of new Director of Finance (Issued 16 January 2025)**
   NHS Fife announces appointment of new Director of Finance | NHS Fife

2. **NHS Fife Supports Lucky Ewe's Mission to Change Lives Through New Land Agreement (Issued 17 January 2025)**
   [NHS Fife Supports Lucky Ewe's Mission to Change Lives Through New Land Agreement | NHS Fife](#)
3. **New GP contractors appointed to take over running of two medical practices in Levenmouth (Issued 20 February 2025)**
   [New GP contractors appointed to take over running of two medical practices in Levenmouth | NHS Fife](#)
4. **New partnership is helping to reduce the harms caused by drug misuse (Issued 27 February 2025)**
   [New partnership is helping to reduce the harms caused by drug misuse | NHS Fife](#)
5. **NHS Fife pioneers use of virtual reality for management of chronic pain (04 March 2025)**
   [NHS Fife pioneers use of virtual reality for management of chronic pain | NHS Fife](#)
6. **NHS Fife pedals its way to success with Cycling Friendly Employer award (10 March 2025)**
   [NHS Fife pedals its way to success with Cycling Friendly Employer award | NHS Fife](#)
7. **NHS Fife doctor embarks on life changing cardiology mission to Nigeria (18 March 2025)**
   [NHS Fife doctor embarks on life changing cardiology mission to Nigeria | NHS Fife](#)
8. **Fife Health Charity helps support development of new treatment area at the Victoria Hospital (27 March 2025)**
   [Fife Health Charity helps support development of new treatment area at the Victoria Hospital | NHS Fife](#)
9. **NHS Fife leads the charge to achieve 100% electric for small and light vehicles by the end of this year (27 March 2025)**
   [NHS Fife leads the charge to achieve 100% electric for small and light vehicles by the end of this year | NHS Fife](#)
10. **New Gynaecology Unit at Queen Margaret Hospital aims to improve services in Fife (28 March 2025)**
    [New Gynaecology Unit at Queen Margaret Hospital aims to improve services in Fife | NHS Fife](#)

Reactive media responses

Reactive responses account for the majority of formal statements issued by NHS Fife, and January to March 2025 was no different. While press enquiries always span a variety of local and national topics, a number of topics and the ongoing tribunal in particular, dominated our interactions with the media. The table below shows the volume of enquiries received broken down by month between January and March 2025:

Number of press enquiries – Quarter 4 (2024/25)
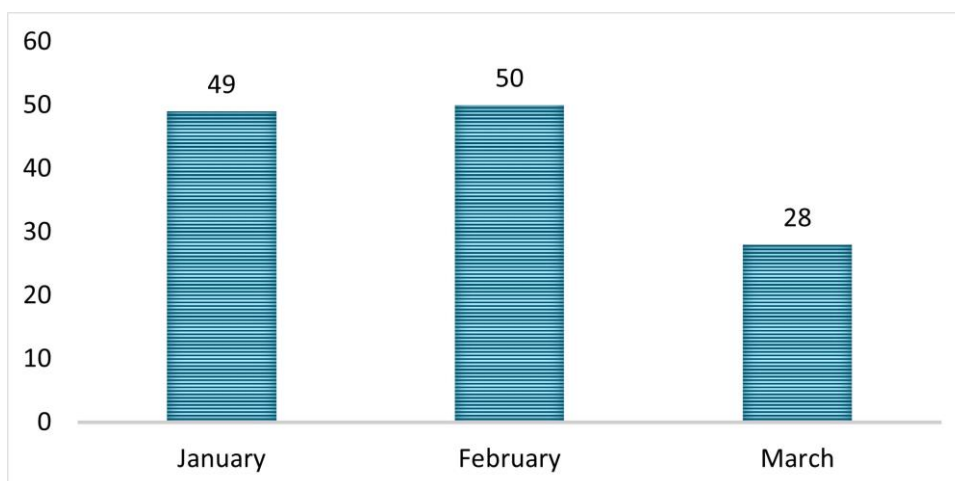
In quarter 4, NHS Fife received 127 media enquiries a considerable increase from 43 in the previous quarter.

Traditionally, national media accounted for less than a third of enquiries however, the national interest in the employment tribunal and associated topics led to a shift in the balance in quarter 4, with just over 62% of enquiries coming from national media outlets. A fuller breakdown of enquiries by publication/broadcaster is included in the following table:

Media enquiries by publication – Quarter 4 (2024/25)
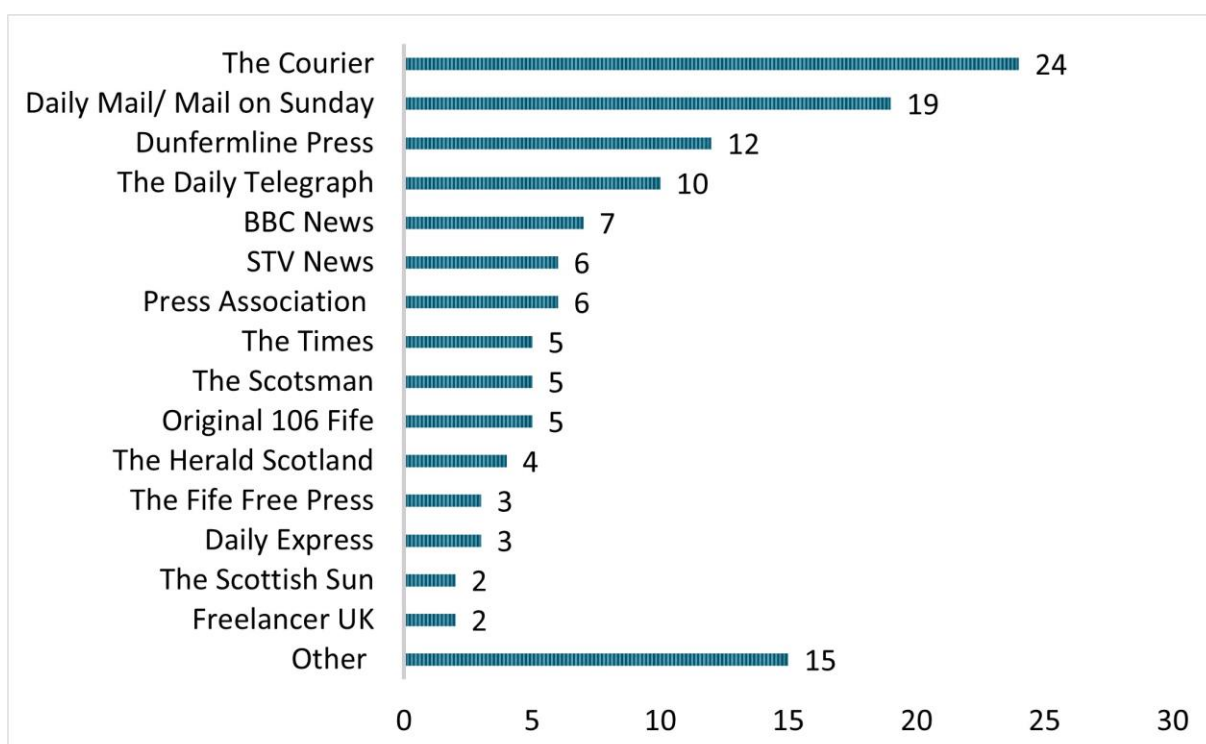
Corporate Communications and Engagement also record all reactive media enquiries by directorate. While this is usually fairly evenly spread across the various directorates, albeit with enquiries around our acute services featuring more often than others.

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In the most recent quarter these figures have been skewed significantly due to the volume of press enquiries related to the employment tribunal, and other related topics like single-sex changing areas and correspondence with the Equality and Human Rights Commission. Another matter involving a student midwife who claimed to have been suspended from her placement due to her pro-life stance of abortion generated a high volume of enquiries from the local, national and international press.

The enquiries resulted in a higher proportion of requests being recorded within the Corporate or Human Resources (now Workforce) directorates. A breakdown of media enquires by directorate is included below:-

Media enquiries by directorate – Quarter 4 (2024/25)

- Pharmacy and Medicines   0.4% (1)
- Finance   1.6% (4)
- Estates and Facilities   2.0% (5)
- Primary Care   2.0% (5)
- Public Health   2.5% (6)
- Women's and Children's Services   2.9% (7)
- Fife Health and Social Care Partnership   8.2% (20)
- Nursing Directorate   10.7% (26)
- Acute Services   11.5% (28)
- Human Resources   28.7% (70)
- Corporate   29.5% (72)
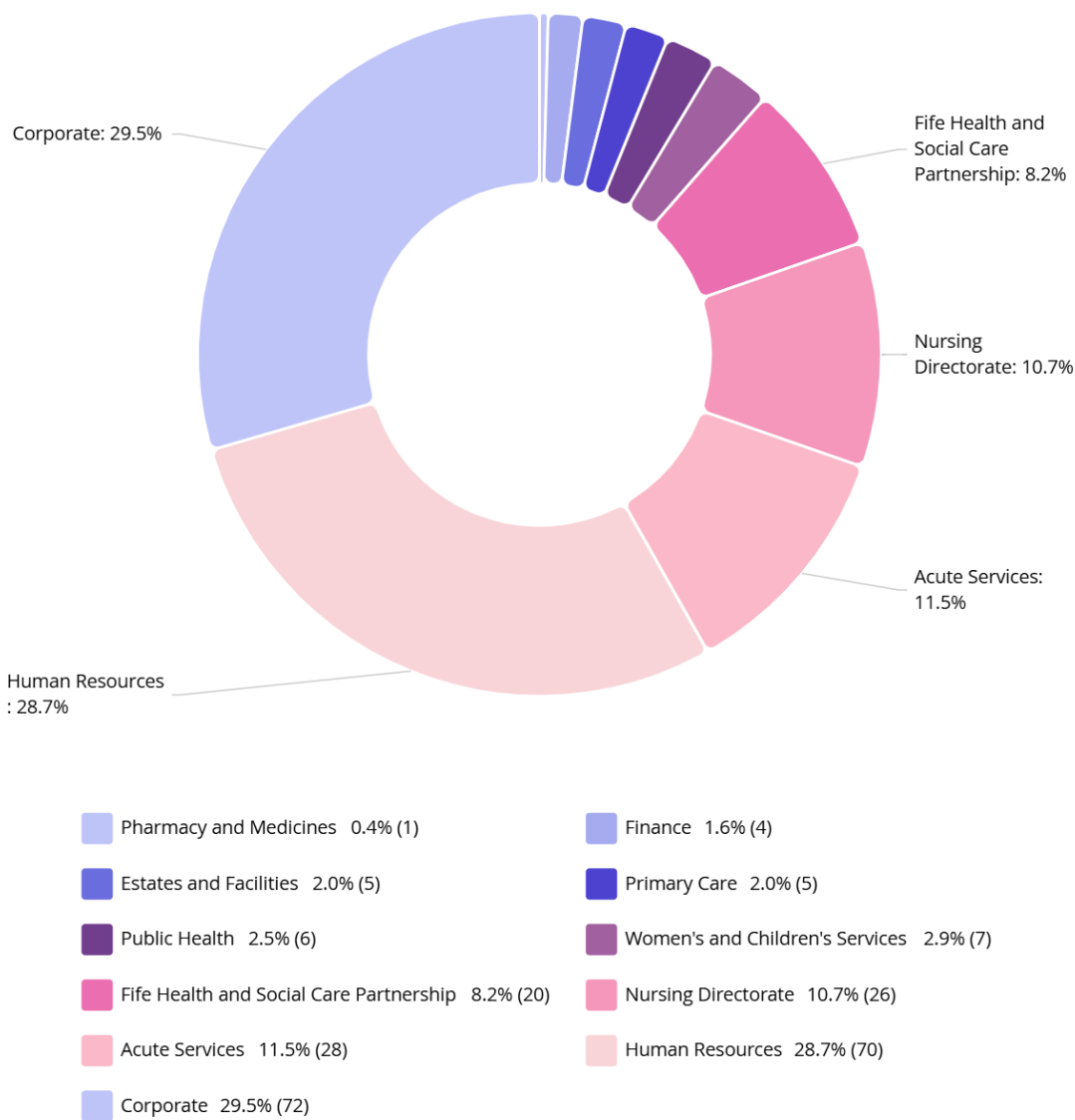
Planned proactive activity for next quarter

Over the coming months Corporate Communications and Engagement will be supporting publicity for a range of projects and programmes. This is over and above the day-to-day interaction with press and media.

These are wide-ranging and include the following:-

- **Employment tribunal –** the tribunal mentioned previously is due to resume in July 2025 and garner significant coverage throughout. The eventual outcome is likely to be known in the autumn and is also likely to be covered extensively by the local and national press.
- **1000th Robotic Procedure –** NHS Fife is likely to complete its 1000th robotic surgical procedure in June/ July. We will be marking this milestone and providing some context around the role played by robotic-assisted surgery in Fife.

Section 5: Elected member enquiries

To help expedite responses, corporate communications took over the function of responding to official enquiries by elected members on 4 November 2024. The function was previously undertaken by the chief executive's office.

A new inbox was established at fife.electedmember@nhs.scot. A target of response within ten working days was set for enquiries requiring that did not involve extensive investigation or research.

There was an increase in enquiries in Quarter 4, with 50 enquiries received between January to March 2025, up from 40 in the previous 3-month period. 30 of these enquiries were passed to our Patient Experience Team to answer as they related to the care individual patients, with the remaining 20 answered by Corporate Communications and Engagement - a breakdown of these remaining enquiries is included below:-

Enquiries answered by Corporate Communications and Engagement Directorate	20
Responses provided within ten working-day target	100%
Enquiries by political party	8 – Scottish National Party 6 - Liberal Democrats 5 – Scottish Conservatives 2 - Labour
Most common themes from enquiries received:	Waiting times Community Dentistry Provision Vaccination ADHD assessment

Glossary of terms

Stafflink

- **Active users** - users who have opened StaffLink within the last month.
- **App opens** - every time a user opens the app counts as an app open.
- **Newsfeed** - a targeted feed providing the latest up-to-the-minute organisational and #TeamNHSFife news.
- **Trending posts** - trending posts are some of the most popular newsfeed articles among users. Trending posts algorithms take account of the number of views, comments, and reactions.
- **Reactions** - staff can express their reaction (love, care, like, curiosity and happiness) to individual newsfeed posts.
- **Comments** - comments or questions left by members of staff on newsfeed posts.
- **Hub** - a central source for all files, documentation, and staff-facing information.

Social media

- **Brandwatch** – software used by NHS Fife to analyse social media content and performance, and gauge how others are interacting relative to local healthcare issues or services. The tool helps NHS Fife to extract more meaningful insight around campaigns.
- **Fans** – fans are unique users that identify as liking NHS Fife on their profile.
- **Followers** – followers are unique users who have subscribed to regular social media updates from NHS Fife.
- **Impressions** - the number of times the post or story was shown in a person's news feed.
- **Reach** – the number of unique people who have seen a post.
- **Engagements** – an aggregate of reactions, comments, and shares on a post.
- **Reactions** – where someone interacts with an NHS Fife post – such as a 'love' or a 'like.'
- **Comments** - where someone has posted a comment on a post/story.
- **Clicks** – where someone clicks into a post to find out more about it.
- **Labels** – thematic labels help us categorise and assess the performance of content and campaigns.
- **Unique authors** – an individual person who has written a post on social media.
- **Mentions** – where "NHS Fife" has been mentioned in a social media post.
- **Interaction analysis** - the process of tracking conversations and sentiment on social platforms to see what people are discussing and how they feel about them.

Website

- **Session** - each session has a unique identifier that is automatically sent to GA4 as an event parameter. Session ID is stored in one of the Google Analytics cookies, and the value is sent in the ga_session_id parameter.
- **User** - an individual who interacts with your website or app. Each user can visit your website multiple times. For example, one user could create three sessions on your website, with each session containing multiple page views.
- **Page views** - reports on the total number of times events have been collected. For example, a user who navigates to the 'about us' page, then the 'contact us' page, and then back to the 'about us' page will result in two views of the 'about us' page and one view of the 'contact us' page.
- **Total users** - the total number of users based on the selected date range. For example, if you have January selected as a date range and there are 1,000 users for that date range, this value would be reported as the total number of users.
- **First visit** - this is collected the first time someone visits the website.

Corporate Communications
NHS Fife

Hayfield House
Hayfield Road
Kirkcaldy, KY2 5AH

Communications mailbox: fife.communications@nhs.scot
Website mailbox: fife.webteam@nhs.scot
StaffLink mailbox: fife.stafflink@nhs.scot

www.nhsfife.org

ⓕ facebook.com/nhsfife
ⓨ x.com/nhsfife
ⓘ instagram.com/nhsfife
ⓘ linkedin.com/company/nhsfife

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Whistleblowing Annual Performance Report 2024/2025, incorporating Whistleblowing Quarter 4 2024/2025 Report**
Responsible Executive:	**Carol Potter, Chief Executive**
Report Author:	**Dr Gillian MacIntosh, Associate Director of Corporate Governance & Board Secretary** **Debbie McGirr, Speak Up / Whistleblowing Coordinator**

Executive Summary

- This paper contains the Annual Whistleblowing Report for 2024/25, as part of the Board's overall year-end assurance processes. Due to the date of submission, and overlap of time period, the regular quarterly report on performance has been included within this paper as a separate appendix.

- The Annual Report differs in format to previous years, to reflect the Independent National Whistleblowing Officer's recently published guidance informing the format and content of annual reports.

- The paper details the number of Whistleblowing concerns raised within 2024/25, the number concluded in-year, and thematic themes from cases submitted under the Whistleblowing Standards. Further narrative aims to enhance assurance about the regular work underway to promote speaking up within NHS Fife, in support of a culture of psychological safety for staff to raise concerns without fear of detriment. Detail is provided on the work of the Whistleblowing Oversight Group and the activities of the Board's Speak Up / Whistleblowing Coordinator, who started in post in September 2024.

- A **Moderate** Level of Assurance is suggested, reflecting the fact that the new part-time Speak Up / Whistleblowing Coordinator continues to undertake design and further development of the Board's Whistleblowing administrative and outreach processes, building on initial progress in the reporting year.

1. Purpose

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

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

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health & wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

All NHS Scotland organisations are required to follow the National Whistleblowing Standards and, as part thereof, publish an annual report setting out performance in handling Whistleblowing concerns. The annual report is required to include summaries of the Board's regular quarterly reports, including performance against key performance indicators (KPIs), comments about the issues raised during the year, and an overview of actions which inform learning as a result of Whistleblowing concerns.

2.2 Background

The Whistleblowing Annual Performance Report details Whistleblowing concerns received from 1 April 2024 to 31 March 2025, as required by the National Whistleblowing Standards.

This report also provides an update on Whistleblowing concerns, anonymous / unnamed concerns, local press articles related to Whistleblowing and data on the training modules undertaken from 1 April 2024 to 31 March 2025.

2.3 Assessment

As part of their ongoing engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice in the reporting of concerns. This Annual Performance Report for 2024/25 reflects the recently published 'Good Practice Guide for Annual Whistleblowing Reporting' guidance, published in autumn 2024, and is the first report provided to the Board in this new format.

Annual Reports are intended to set out performance in handling Whistleblowing concerns. This report summarises and builds on the quarterly reports produced by the Board; includes performance against key performance indicators (KPIs) as set out in the Standards; includes and comments on the issues that have been raised in the

Whistleblowing concerns received, and sets out the actions that have been or will be taken to improve services as a result of concerns.

Attached as Appendix 1 is the Whistleblowing Annual Performance Report for 2024/25, which details the concerns raised between 1 April 2024 and 31 March 2025. Appendix 2 provides the Whistleblowing Quarter 4 data for the period 1 January to 31 March 2025 in the usual quarterly reporting format.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		**X**		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

A **Moderate** Level of Assurance is suggested, reflecting the fact that the new part-time Speak Up / Whistleblowing Coordinator continues to undertake design and further development of the Board's Whistleblowing administrative and outreach processes.

2.3.1 Quality, Patient and Value-Based Health & Care

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

Procedures for raising concerns are intended to provide good-quality outcomes through a thorough but proportionate investigation as set out in the National Whistleblowing Standards. The standardised approach to handling Whistleblowing concerns ensures that learning and improvement is progressed for upheld/partially upheld Whistleblowing concerns, and subsequently shared across all relevant services.

2.3.2 Workforce

The monitoring of Whistleblowing or anonymous concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook. Supporting the appropriate raising and handling of concerns demonstrates NHS Fife's commitment to making a positive contribution to organisational change. It sets a tone and culture in our organisation that values the contribution of all staff, including those who identify the need for changes through speaking up.

The Standards overall support our ambition for an open and honest organisational culture where staff feel empowered and have the confidence to speak up without fear of detriment, knowing their voices will be heard and their concerns taken into consideration. This is focused through our organisational values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency, and Quality and Teamwork.

2.3.3 Financial

There is no direct financial impact related to the contents of this report.

2.3.4 Risk Assessment / Management

Dealing appropriately with Whistleblowing or anonymous / unnamed concerns are important factors in providing appropriate assurance to NHS Fife Board through robust identification and management of emerging risks.

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

In respect of the implementation of the Standards, there is a risk that if the Standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. To mitigate this risk, a dedicated Speak Up / Whistleblowing Coordinator was appointed in September 2024 with responsibility for central coordination of all Whistleblowing handling activity, promotion of organisation-wide communications and engagement, and update training for Confidential Contacts who have a vital role in supporting the Whistleblowing process.

2.3.5 Equality and Diversity, including Children's Rights, Health Inequalities and Anchor Institution Ambitions

This paper does not relate to the planning and development of specific health services which would contribute to increasing inequalities of outcome (Fairer Scotland Duty), nor any decisions that would significantly affect people with different protected characteristics (Public Sector Equality Duty), nor adversely affect the promotion and safeguarding of rights of children and young people in Scotland (UNCRC). The Speak Up / Whistleblowing Coordinator has been added as a regular attendee at the Equality & Human Rights Steering Group, to input into strategic discussions in this area and ensure that ongoing Whistleblowing activity is accessible to all and supportive of Board-wide ambitions to address inequality and discrimination.

The Speak Up / Whistleblowing Coordinator has also undertaken a range of outreach activities to staff across NHS Fife to promote the role and the ethos of Speaking Up to raise concerns more widely across the organisation. Engagement visits have taken place in-person across multiple sites (Estate & Facilities, Catering teams, Mental Health & Women / Children's Services) and via a number of departmental Teams meetings. Further visits and meetings are planned as part of a 2025/26 annual workplan.

2.3.6 Climate Emergency & Sustainability Impact

There is no direct impact in relation to this paper.

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2024/25 quarterly reports on Whistleblowing performance have been submitted for consideration to the Whistleblowing Oversight Group, Executive Directors' Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board. There is no requirement for formal engagement with external stakeholders in relation to the formulation of these reports.

There has been wide communication of the Standards across the organisation and this information continues to be refreshed by an ongoing programme of communication and outreach activity being developed by the Speak Up / Whistleblowing Coordinator and Corporate Communications team.

2.3.8 Route to the Meeting

En-route to the Board, this paper will be scrutinised by the Whistleblowing Oversight Group, Executive Leadership Team, Staff Governance Committee and the Area Partnership Forum. Their feedback has informed the development of the content presented in this report for formal Board approval.

2.4 Recommendation

The Whistleblowing Annual Performance Report 2024/2025, incorporating the Whistleblowing Quarter 4 2024/2025 report, is presented for **assurance** purposes, noting the work continuing at pace to enhance NHS Fife's Whistleblowing processes and encourage the raising of concerns for learning purposes.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Annual Performance Report 2024/2025
Appendix 2 – Whistleblowing Quarter 4 Report 2024/2025

Report Contacts:

Dr Gillian MacIntosh
Associate Director of Corporate Governance & Board Secretary
gillian.macIntosh@nhs.scot

Debbie McGirr
Speak Up / Whistleblowing Coordinator
debbie.mcgirr@nhs.scot

Whistleblowing Annual Performance Report 2024/2025

Table of Contents

1. Introduction

1.1 The National Whistleblowing Standards for the NHS in Scotland were introduced in 2021, requiring all NHS Boards to publish an annual report setting out their performance in handling whistleblowing concerns. The Standards apply to all services which are delivered on behalf of the NHS and are designed to:

- support an open and learning culture;
- ensure all people providing services for or on behalf of NHS Scotland have recourse to a structured process for raising concerns; and
- provide access to an independent review by the Independent National Whistleblowing Officer (INWO) where local process has not been effective.

1.2 NHS Fife supports and encourages an environment where employees can feel confident to raise concerns about practices in their workplace. This Annual Report summarises and builds upon the quarterly reports provided to NHS Fife Board and includes our performance against key performance indicators (KPIs) as set out in the Standards. It also includes information about whistleblowing concerns which have been received and any associated learning actions which have been identified as a result of raising concerns.

1.3 Following the introduction of the Whistleblowing Standards, work has continued within NHS Fife and the Health and Social Care Partnership, including Primary Care, to embed the Standards and promote the culture of raising concerns via a dedicated Speak Up / Whistleblowing service. Plans for 2025/26 will focus on embedding the central Speak Up / Whistleblowing service, raising the profile of 'speaking up / being heard' via a dedicated communications plan, providing more outreach activity for staff across NHS Fife and reporting into the Whistleblowing Oversight Group to begin triangulation of learning from upheld / partially upheld concerns as part of organisational learning.

2. Implementation during 2024/25

2.1 Regular updates on speaking up and awareness raising of the Whistleblowing Standards are provided via our Chief Executive's newsletter and the weekly staff newsfeed. The dedicated Whistleblowing information in our employee app, StaffLink, has been refreshed, revised and relocated into one specific area for ease of access.

2.2 Publication of Independent National Whistleblowing Officer (INWO) materials, such as the Quick Reference Guide for Managers Receiving Concerns, Checklist for Managers Raising Concerns, and a Guide to Whistleblowing for Anyone Delivering NHS Services, continues to be located on StaffLink and highlighted at departmental meetings.

2.3 Quarterly reporting has been reviewed to include progress being made on formal Whistleblowing concerns. There is additional explanation relating to senior manager approval of any extensions to prescribed timeframes for response and resolution. Information relating to actions taken following the conclusion of a formal Whistleblowing concern has been incorporated into quarterly reports.

2.4 Quarterly reporting includes additional information on anonymous concerns received and press articles that highlight any concerns externally, and describes learning and actions taken to implement changes.

2.5 A Whistleblowing Concern Activity Tracker has been created to ensure that a single point of recording on our risk management system, Datix, is maintained to enhance our governance reporting processes

2.6 A Whistleblowing Champion Feedback letter is in place to be sent to all people who have raised concerns under Stage 2 of the Standards. Additional feedback forms are being created in partnership with staff support services and staff-side representatives, which will offer people raising concerns, and the investigative team, the opportunity to provide feedback, in confidence, on their experience of Speaking Up. This information will be used to improve experience and make necessary changes to support an open and learning culture. Anyone involved in the process of raising concerns, whether under the Whistleblowing Standards or as business as usual, is encouraged to provide feedback to support with enhancing our Speak Up Culture.

2.7 As part of the strategic work being undertaken by the Whistleblowing Oversight Group, a Whistleblowing Action Plan continues to be updated and progression is provided within the quarterly reporting through the Board's formal governance structure. The Action Plan and annual review of formal reporting includes action target dates and responsible persons.

2.8 The key role of Confidential Contacts has been highlighted through newsfeed items to staff, with additional refresher training being undertaken by our Confidential Contacts, who provide a crucial role in helping guide staff to the most appropriate channel through which to raise concerns. Where staff do not have access to e-mail, hard-copy information is visible in their place of work and updates are printed and distributed by managers.

2.9 The second of a regular series of Confidential Contact Network Meetings took place in October 2024, with quarterly dates being agreed for 2024/25. The next meeting is scheduled to take place in May 2025, focusing on sharing learning experiences through anonymous case reflections.

2.10 A dedicated Microsoft Teams channel for Confidential Contacts has been established as a routine communication channel and central location for relevant local and national updates relating to Whistleblowing.

2.11 Development links have been established with key service provider leads in Fife Health & Social Care Partnership and Primary Care Services to share relevant information around the relevance and application of the National Standards for all Contractors and Primary Care employees.

2.12 Development links have been established with Workforce colleagues to ensure accurate Datix reporting around any Whistleblowing concerns that are raised in relation to safe staffing, referencing the Board's obligations under The Health and Care (Staffing) (Scotland) Act 2019.

2.13 Update training sessions about Whistleblowing and associated processes / avenues of support offered within NHS Fife have been delivered in partnership with Fife College, for HNC Healthcare students, and with General Medical Council in their updates on raising concerns.

2.14   We have started a rolling programme of monthly Departmental updates about the role of the Speak Up / Whistleblowing Coordinator and the importance of supporting staff to speak up and raise concerns as part of everyday practice. Further activity is planned for 2025/26 to include Primary Care and Independent Contractors

2.15   In collaboration with our central Corporate Communications team, we have refreshed and updated NHS Fife Board's external website pages relating to Whistleblowing and Speaking Up, to ensure approach reach to volunteers and contractors who might not otherwise have access to internal channels of communication.

2.16   The Board has introduced a collaborative working agreement between NHS Fife, our Health & Social Care Partnership and our partners in Fife Council to produce a collaborative report of all Whistleblowing activity, which has been considered by the Fife Integration Joint Board (IJB).

3.   Key Performance Indicators

3.1   KPI 1: Learning, changes / improvements from Whistleblowing concerns

During 2024/25 NHS Fife has undertaken a number of actions to implement improvements to our Whistleblowing procedures and our approach to capturing learning. We have:

- re-located our Whistleblowing administration responsibilities from the Workforce Directorate to the Corporate Governance function and created a dedicated confidential email and voicemail account to improve accessibility and confidentiality for all staff.
- appointed a dedicated Speak Up / Whistleblowing Coordinator in September 2024, with responsibility for the administration, coordination, management, monitoring and reporting of all Whistleblowing activity within NHS Fife. This post helps to also support investigators and provides detailed feedback to the person raising the concern, including information about outcomes and subsequent learning / actions being taken forward.
- established a Whistleblowing Oversight Group, with responsibility for strategic development and direction of all Whistleblowing activity.
- increased support for Confidential Contacts through regular refresher training, quarterly meetings and creation of a dedicated Microsoft Teams channel for communication and dissemination of key Whistleblowing updates.
- refreshed communication activity by establishing regular meetings between the Speak Up / Whistleblowing Coordinator and our central Communications team to highlight ways in which people can confidentially raise their concerns in a supported manner. This has included refreshing Whistleblowing documentation, updating and publicising the list of Confidential Contacts and linking to the wide variety of Staff Support services available across NHS Fife.

Learning from individual concerns concluded in 2024/25:

As a result of named and anonymous Whistleblowing concerns received this year, we have identified a number of opportunities for learning across the organisation. All named concerns were investigated through the Whistleblowing Standards, whilst any anonymous concerns submitted raising issues of a Whistleblowing nature were investigated as fully as possible as part of good governance processes. The concerns raised during 2024/25 related to the following themes:

- Alleged fraud
- Patient safety (medical staffing levels)
- Patient quality of care (staff attitudes and behaviour; ineffective communication preventing learning opportunities)
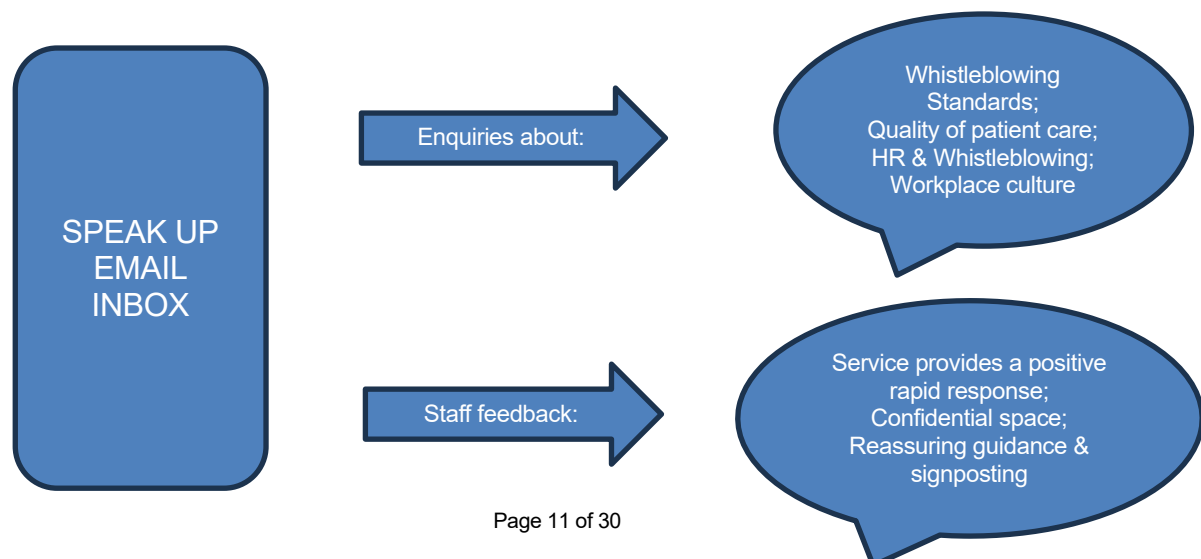- Workplace culture

In response to the concerns raised, we have undertaken the following actions:
- acknowledged concerns and undertaken timely, local investigations and instructed other relevant reviews as part of Whistleblowing investigation processes;
- Via the Board's Reform, Transform, Perform (RTP) ongoing transformation programme of work, sought to address cultural workplace issues;
- Ensured key messages about workplace culture are clearly and consistently communicated across the system;
- Consistently highlighted the benefits of submitting named concerns over anonymous ones, to enable a detailed investigation of any reported issues and;
- Improved support to staff by making substantive increases to staffing levels in areas where related concerns have been upheld; assisting staff to consistently apply relevant patient safety protocols; and highlighted the importance of early escalation and mitigation processes in relation to safe staffing.

All upheld / partially upheld Whistleblowing concerns have recommendations identified and agreed by the Lead Investigator and the Commissioning Manager. A documented action plan is created and overseen by the responsible Director / Head of Service to address any shortcomings and apply the identified learning acknowledged during the investigation. An additional action we have implemented during 2024/25 is to ensure that Quarterly updates are shared between the Head of Service and Speak Up / Whistleblowing Coordinator to assess the status of actions plans, gain assurance of progress and enable reporting into the Whistleblowing Oversight Group for the purposes of organisational learning

3.2 KPI 2: Experiences of those involved in the Whistleblowing procedure

NHS Fife recognises the importance of confidentially receiving feedback from individuals who have used the Standards to raise concerns. In Quarter 3 of 2024/25, we launched a single point of contact email address and a dedicated voicemail service for staff concerns to be logged and responded to. The roll-out of this service has seen an uptake in staff contact, as reflected in this year's Whistleblowing number of concerns. This also presents an opportunity to seek feedback from those who have contacted the service seeking specific advice and support.

SPEAK UP EMAIL INBOX

Enquiries about:

Whistleblowing Standards;
Quality of patient care;
HR & Whistleblowing;
Workplace culture

Staff feedback:

Service provides a positive rapid response;
Confidential space;
Reassuring guidance & signposting

- *Thank you very much for taking the time to listen to our concerns and for taking the time to help us find answers.*
- *The meetings have been incredibly helpful and I do feel hopeful that my original concerns will be highlighted and addressed.*
- *I've valued the ability to speak with a Confidential Contact for support.*
- *As a Confidential Contact, it's great to be able to quickly act on the enquiry and gain extra support – it's made me feel more confident within the Confidential Contact role.*
- *It makes me feel personally valued as a student. It's easy for us to be a bit overlooked.*

To further enhance formal feedback mechanisms, the Speak Up / Whistleblowing Coordinator is collaborating with the Board's Employee Director, Staff-side and Spiritual Care colleagues to produce standard questionnaires for:

- staff raising concerns and;
- investigators / Confidential Contacts involved in concerns raised.

Further feedback is also available from Confidential Contacts via their meetings with staff, who are raising concerns with them directly. A dedicated referral form has been introduced this year, to ensure consistency of approach. This allows for the opportunity to refine the overall Whistleblowing contact process and ensure it meets the needs of staff and Confidential Contacts.

As part of the annual iMatter Survey, staff have been asked if they were confident that they could safely raise concerns about issues within their workplace and if they were confident that these would be followed up and responded to. An overview of the NHS Fife and H&SCP 2024/25 iMatter responses for this section of the survey is provided below:

Raising Concerns Report, NHS Fife

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

Number of respondents: 7562

	Strongly Agree / Agree	Slightly Agree	Slightly Disagree	Disagree / Strongly Disagree	Average score
I am confident that I can safely raise concerns about issues in my workplace.	71%	15%	6%	8%	80
I am confident that my concerns will be followed up and responded to.	59%	21%	9%	11%	74
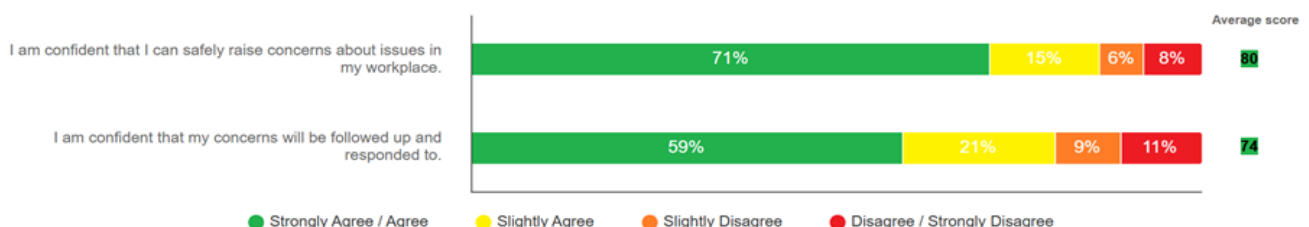
3.3 KPI 3 – staff perceptions, awareness and training

National Training guidance materials from INWO are promoted Board-wide, such as general information on the Whistleblowing Standards, receiving concerns, Confidential Contact training and webinars. In the reporting year refresher update training using INWO guidance and case studies has been delivered to 75% of our Confidential Contacts, with the remainder undergoing training in April 2025.

During Speak Up Week in October 2024, we focused on an internal organisational approach to promote the following content and activities:

- Dedicated daily updates and INWO newsfeeds
- Site walkabouts involving the Chief Executive & Non-Executives
- Videos from the Director of Workforce & Employee Director
- Pledges in support of 'Speaking Up from Senior Leaders
- Site walkabouts from Whistleblowing Champion
- Desktop graphics and promotion on internal news platform

Data analytics provided by our Corporate Communications team showed almost 3,000 views of some of the content, however there is acknowledgement of the need for a more consistent approach to promoting the importance of Speak Up throughout the year, including across external platforms.

Following Speak Up Week, we created a short video introducing the role of the Speak Up / Whistleblowing Coordinator, which enforced the message to staff about the Whistleblowing Standards and the importance of speaking up to protect patients and staff and enhance learning.

Whistleblowing TURAS learning modules form part of the staff corporate induction programme and continue to be publicised on our internal digital platform and within the mandatory training section of the TURAS Learn platform. All members of staff are required to complete the TURAS learning programme relevant to, and required for, their role and we continue to monitor uptake, effectiveness, and appropriateness of training available through our core training compliance reports considered by the Staff Governance Committee and the Board. We review and refine training and courses as appropriate and continue to raise awareness of Whistleblowing training during organisational learning events and through local team manager meetings.

The training undertaken per quarter between 1 April 2024 and 31 March 2025 is summarised below:

Whistleblowing Training Undertaken During 2024/25

Whistleblowing modules	Q1	Q2	Q3	Q4	Total
eLearning – Whistleblowing: an overview	213	186	179	135	**713**
eLearning – Whistleblowing for Line Managers/Senior Managers	44	36	20	41	**141**
Classroom based Prevent / Whistleblowing – hotel services	0	53	12	0	**65**

Overall, compliance for the mandatory Whistleblowing TURAS modules is (still to be confirmed by learning & development).

Total Board Completion Rates since Launch of the Standards in 2021

Turas Module	Total Staff completion
Whistleblowing Overview	6,970
Whistleblowing for line managers	530
Whistleblowing for senior managers	645
Whistleblowing / Prevent classroom training for hotel services	139

It is an expectation that all NHS Scotland employees complete this learning according to the requirements of their role. However, without role-specific information, it is difficult to determine the learning applicable to some employees. There would be benefits to providing in future a clearer definition of the roles expected to engage in the Line Manager and Senior Manager learning components, and consideration could also be given to making the components mandatory for all staff. This will be discussed as part of the 2025/2026 workplan.

3.4 KPI 4 – number of concerns received

Whistleblowing Concerns Received by Quarter During 2024/25

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Whistleblowing Concerns Received	1	0	2	2	5
Reviewed at Stage 1 (5 days)	0	0	1	1	2
Reviewed at Stage 2 (20 days)	1	0	1	1	3

NHS Fife received five Whistleblowing concerns during 2024/25 from across Acute Services, Primary Care providers and services delegated to the Fife Health & Social

Care Partnership. The reported themes of concern related to: staff conduct; workplace culture / patient safety / quality of patient care; alleged fraud and; alleged inconsistent recruitment processes. Comparison of our data from the last two years shows an increase in the number of Whistleblowing concerns being raised, with a spike of activity in Quarter 3 and Quarter 4 of 2024/25. This may be attributable to the activities of Speak Up week and the employment of a dedicated Speak Up / Whistleblowing Coordinator at the end of Quarter 2 / beginning of Quarter 3.

Anonymous / Unnamed Concerns Received by Quarter During 2024/25

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Number of Anonymous Concerns Received	2	2	0	1	**5**
Number of Unnamed Concerns Received	0	0	0	0	**0**

An anonymous concern is one that "has been shared with NHS Fife in a way that means nobody knows who provided the information". Alternatively, someone may raise a concern with NHS Fife but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern' (as their identity is known to another person, it is not a completely anonymous concern).

Whilst the Standards do not allow for concerns to be raised anonymously, nor can they be subsequently considered by the INWO, NHS Fife has adopted good practice and follows the National Whistleblowing Standard principles as far as is practicable to investigate any concerns raised. NHS Fife has agreed that anonymous / unnamed concerns should be recorded for management information purposes.

NHS Fife received five anonymous concerns during 2024/2025 involving services within Acute Services, Corporate areas and Fife Health & Social Care Partnership. The reported themes of concern related to: staff conduct; alleged fraud; and patient safety / quality of patient care / workplace culture. One of the anonymous concerns raised during Quarter 4 related to potential patient safety issues and additional HR-related / workforce issues. Under the Whistleblowing Standards there is a requirement to investigate any patient safety-related concerns as a matter of urgency.

Where appropriate, and applicable, the outcomes from the investigations into Anonymous / Unnamed Concerns are shared with the service area and form part of the reporting to Executive Directors, Area Partnership Forum, Staff Governance Committee and the Board to share lessons learned and provide assurance on actions.

Primary Care and Contractors Concerns Received by Quarter During 2024/25

	Quarter 1	Quarter 2	Quarter 3	Quarter 4	Total
Primary Care and Contractors Concerns Received	0	0	0	0	**0**

Primary Care Contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards. To assist the timely

reporting of any Whistleblowing concerns, additional support and regular update meetings have been established between Primary Care Manager and Speak Up / Whistleblowing Coordinator. A need has been highlighted for refresher update training about use of the Standards within Primary Care and Independent Contractors for all staff who are delivering services on behalf of the NHS. The Primary Care Manager continues to remind all independent practices and community pharmacies that they are required to have their own procedures in place to meet the requirements of the National Whistleblowing Standards.

Primary Care Contractors and Contractors are required to report using the same key performance information as NHS Fife, i.e., quarterly reports on number of cases, cases closed etc. In instances where no concerns have been raised within either Primary Care or other contracted services, there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or providing an explanation that there have been no concerns raised.

3.5 KPI 5 - Concerns Closed at Stage 1 and Stage 2 as a % of all concerns closed

The definition of a Stage 1 Concern: Early Resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

The definition of a Stage 2 Concern: Investigation is for concerns that tend to be serious or complex and need a detailed examination before the organisation can provide a response, ideally within 20 working days.

Outcome of concerns closed at Stage 1 and Stage 2

Stage 1		Stage 2	
No.	%	No.	%
1	100%	1	33.3%

There were two Whistleblowing concerns raised at Stage 1 during the annual reporting period, one of which was closed after reaching a conclusion. The second concern was investigated at Stage 1, before progressing to Stage 2 at the beginning of 2025/26, to enable more thorough discussions to take place in relation to the concerns raised. Therefore, for the purposes of data reporting, the latter concern is not included in the overall percentage figures for the annual reporting period for 2024/25. It will, however, be noted in the Quarter 1 report for 2025/2026. The overall percentage of concerns closed at Stage 1 in 2024/25 is 100%. There was one Stage 2 concern closed within the annual reporting period, therefore the overall percentage is 33.3%.

3.6   KPI 6 - Concerns Upheld, Partially Upheld and Not Upheld at each stage of the WB procedure as a % of all concerns closed in full at each stage

Outcome of concerns upheld, partially upheld and not upheld at Stage 1 and Stage 2

	Upheld		Partially Upheld		Not Upheld		Total
	No.	%	No.	%	No.	%	
Stage 1	-	-	-	-	1	50%	1
Stage 2	-	-	1	50%	-	-	1

The outcome of the Stage 1 Whistleblowing concern received and closed within the annual reporting period was not upheld. The concern related to an allegation of unprofessional staff behaviour which was promptly investigated alongside the undertaking of a Significant Adverse Event Review (SAER), which has yet to formally conclude at the end of the annual reporting period. In full agreement with the complainant, the Stage 1 Whistleblowing concern was closed, pending the outcome and recommendations of the SAER, which will be shared with the Speak Up / Whistleblowing Coordinator and inform future learning

The Stage 2 concern which was partially upheld related to the theme of patient safety (safe staffing levels and poor communication). The outcome of the investigation acknowledged a need for Senior Managers and colleagues to provide more support for staff through increasing staffing levels, encouraging more consistent implementation of escalation / mitigation processes to manage patient safety concerns, and re-evaluating mechanisms to build confidence and improve more effective communication.

3.7   KPI 7 - The Average Time in Working Days for a Full Response to concerns at each stage of the WB procedure

Average Response Times by Division

	Acute (Working Days)	Corporate (Working Days)	HSCP (Working Days)	Total Average (Working Days)
Stage 1	55	-	-	55
Stage 2	245	-	-	245

Two concerns were closed during the 2024/25 annual reporting period. The Stage 1 concern resulted in extended timeframes being approved by the complainant and the reviewing Service Manager due to complexities of the intervening festive holidays, staff availability to attend meetings and establishment of facts alongside a Serious Adverse Event Review. The complainant was fully involved in all decision-making processes, regularly updated throughout the timeframe and agreed formal closure of the concern at 55 days.

The Stage 2 concern originally occurred in 2023/24 and was investigated and dealt with under business-as-usual procedures, prior to the case subsequently being logged as Whistleblowing. Due to it being managed locally, an administrative error prevented the concern being logged appropriately on Datix, which resulted in a lack of timely reporting and significant delay in bringing the case to a recordable conclusion (hence the significantly extended timeframe). Formal reflection on the processes used has indicated that the concern should have been reported as a Whistleblowing case on Datix at the point of first communication, to enable efficient and timely reporting, rather than being investigated and managed under business-as-usual processes. Learning has been undertaken from this and the new dedicated central administrative resource in place to assist with Whistleblowing administration will prevent such an occurrence in future.

3.8   KPI 8 – Number and % of Concerns at each stage, which were closed in full within the set timescales of 5 and 20 working days

The number and percentage of Whistleblowing concerns closed within the set timescale by stage is detailed below:

Stage 1 (5 days)		
	Number of concerns closed in full within 5 working days	0 (0%)
Stage 2 (20 days)		
	Number of concerns closed in full within 20 working days	0 (0%)

3.9   KPI 9 – number of Concerns at Stage 1 where an Extension Was Authorised as a % of all concerns at Stage 1

Under the terms of the Standards, for Stage 1 Whistleblowing concerns, there is the ability in some instances (for example staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the timeframe in which a response is provided. The person raising the concern must be:
- advised that additional time is required and;
- informed when they can expect a response

The number of concerns closed at Stage 1 where an extension was authorised is detailed below:

Concern	Numbers received	Extension authorised	As 100% of all concerns
Stage 1	**1**	1	100%

3.10   KPI 10 – number of Concerns at Stage 2 where an Extension Was Authorised as a % of all concerns at Stage 2

Under the terms of the Standards, for Stage 2 Whistleblowing concerns, there is the ability in some instances (for example staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the timeframe in which a response is provided. The person raising the concern must be:
- advised that additional time is required;
- informed when they can expect a response, and;

• provided with a written update on the progress every 20 days.

The number of concerns closed at Stage 2 where an extension was authorised is detailed below:

Concern	Numbers received	Extension authorised	As 100% of all concerns
Stage 2	1	1	100%

4. Independent National Whistleblowing Officer Referrals and Investigations

There were no referrals escalated to INWO during 2024/25.

5. Future Planning for 2025/26

NHS Fife is committed to ongoing learning and improvement, and we will make several enhancements to our Whistleblowing arrangements in the year ahead, as follows:
• Development of a user-friendly infographic 'Speak Up so we can Listen and Learn' will be created to use on promotional materials, at learning events and Speak Up Week engagement events;
• Continued monthly engagement with our Corporate Communications team to create a rolling programme of coverage to raise the profile of Speaking Up / Whistleblowing;
• Review of guidance on the role of Confidential Contacts;
• Creation of feedback surveys to understand the experiences of staff, Confidential Contacts, lead investigators and commissioning managers involved in Speaking Up / Whistleblowing processes;
• Continual review of investigative team debriefs following individual Whistleblowing cases, to aid learning and understanding;
• Exploring ways of sharing learning from all Whistleblowing concerns more widely across the organisation through close working with our Whistleblowing Oversight Group and our Organisational Learning Group;
• Exploring the use of digital technology to capture themes of learning and the experience of those involved in a concern, using common reporting processes between departments;
• Continual monitoring and review of Speaking Up Guidance and informational materials;
• Continual liaison with Workforce colleagues to ensure accurate data reporting around any Whistleblowing concerns that are raised in relation to 'safe staffing' and;
• Provision of more outreach site visits from the Speak Up / Whistleblowing Coordinator, to develop staff relations, reach wider groups of particularly patient-facing staff and promote the culture of Speaking Up as part of everyday working practices.

6. Whistleblowing Champion Statement

Kirstie Macdonald, the Board's Non-Executive Whistleblowing Champion since 2021, stood down from her post in December 2024, three months prior to the end of her term, due to her external work commitments. We are grateful to Ms Macdonald for her guidance, commitment, dedication and objective viewpoint in promoting the importance of Whistleblowing and Speaking Up across the organisation during her

time in post. At the time of writing, the Scottish Government's Public Appointments team is currently actively recruiting to this post, with a new appointee expected to start in August 2025. Given these circumstances, it is not possible to include a statement from the Whistleblowing Champion in this year's report. Whilst NHS Fife has been without a Non-Executive Whistleblowing Champion, assurance has been available to the Board via the roles of the Employee Director and Chair of the Staff Governance Committee, who regularly review Whistleblowing performance data, and via the Board Chair, who has reported directly on Fife's activities to Scottish Government.

The areas for developments highlighted by the Whistleblowing Champion in last year's report have been updated to indicate progress in delivery as follows:

Area for development	Status
Launch of a new Whistleblowing Oversight Group	Completed
Improved reporting to include feedback from anyone involved in any part of the concerns process	Underway
Improved tracking of concerns and triangulation with Quality & Patient Safety data	To be taken forward in 2025/26
Review of Governance arrangements to move Whistleblowing oversight and administration away from the Workforce Directorate	Completed
Increased support for Confidential Contacts	Completed
Renewed communication on all channels through which people can raise concerns and how people will be supported	Completed

7. Whistleblowing At A Glance 2024/25

N. B. Graphics input has been requested from Comms for the final version. The following data will be required as per INWO template:
- *quotations from CC;*
- *% of training undertaken;*
- *statement about awareness of staff around standards*
- *total concerns/how many closed at Stage 1, how many at Stage 2;*
- *average timescales;/how many upheld/partially/not;*
- *how many extensions granted at each stage*

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report demonstrates our performance in the national key indicators, as required by the Independent National Whistleblowing Officer (INWO), and includes key areas of Whistleblowing handling, in addition to highlighting outcomes and providing more detail on emerging Whistleblowing themes.

2. Whistleblowing Concerns Received during Quarter 4

There were two Whistleblowing concerns received during Quarter 4. One is being investigated at Stage 2 and the other at Stage 1.

The concern being investigated at Stage 2 focuses on workplace culture, resulting in personal detriment, patient and staff safety and potential financial irregularities. It was submitted through the Speak Up email inbox and discussed with the Speak Up / Whistleblowing Coordinator, before being referred to one of the Confidential Contacts, as chosen by the complainant. Following discussion with the Whistleblowing Decision Making Group, it was agreed the complexities of the concerns (that had been raised without success under business-as-usual procedures) should progress directly to investigation at Stage 2. The investigation has required one time extension to be approved by the Commissioning Manager, due to the number of interviews that require to be undertaken. The complainant has been informed of current progress through written correspondence, as expected by the National Whistleblowing Standards.

The detail of this concern is given below:

Quarter 4 1 January 2025 to 31 March 2025	Theme	Division	Service
One	**Unsuitable working conditions**	**HSCP**	**Complex and Critical Care**

Current Stage	Investigation (Stage 2)
First received	17/12/24
Days at Stage One	n/a
Days at Stage Two	70 as at 31 March 2025
Closed date	n/a
Service Area(s)	Complex and Critical Care

Additional Detail: - provided from Datix report for Q4

Does this Whistleblowing concern include an element of any of the following?
Grievance
Does this Whistleblowing concern relate to any issue of patient safety
Infrastructure (Accommodation / Availability / Staffing)
Has the person raising the concern experienced any detriment?

Yes	
Has an incident been logged on Datix in relation to this concern?	
No	
How was the Whistleblowing concern received?	
Received by e-mail	
Was this escalated from Early Resolution (Stage 1)?	
No	
Is this Whistleblowing concern being raised on behalf of another person?	
Yes	
Date Closed	
Still Open	
Outcome - Early Resolution (Stage 1)	
N/a	
Outcome - Investigation (Stage 2)	
TBC	
Findings	
Under investigation	
What key themes and trends were identified in relation to this Whistleblowing concern?	
Under investigation	

The concern investigated at Stage 1 focused on concerns around recruitment bias within a specific service. It was submitted through the Speak Up email inbox and discussed with the Speak Up / Whistleblowing Coordinator. Additional support was offered by signposting the complainant to NHS Fife Confidential Contacts and the wider staff support services. Although this concern was generally related to HR Workforce processes, the complainant felt there was an additional aspect of concern around patient / service safety and therefore it was agreed the case should be progressed through Stage 1 of the National Whistleblowing Standards. The concern was shared with the relevant Director of the service to complete a report within the required 5-working day timeframe. The report has now been completed and shared with the complainant for further comment.

The detail of this concern is given below:

Quarter 4 1 January 2025 to 31 March 2025	Theme	Division	Service
One	Unsuitable working conditions	Corporate	Preventative Care

Current Stage	Early Resolution (Stage 1)
First received	26/02/25
Days at Stage One	24 as at 31 March 2025
Days at Stage Two	n/a
Closed date	n/a
Service Area(s)	Corporate

Additional Detail:

Does this Whistleblowing concern include an element of any of the following?	
Other HR Process	
Does this Whistleblowing concern relate to any issue of patient safety	
None	
Has the person raising the concern experienced any detriment?	
No	
Has an incident been logged on Datix in relation to this concern?	
No	
How was the Whistleblowing concern received?	
Received by e-mail	
Was this escalated from Early Resolution (Stage 1)?	
N/a	
Is this Whistleblowing concern being raised on behalf of another person?	
No	
Date Closed	
Still Open	
Outcome - Early Resolution (Stage 1)	
N/a	
Outcome - Investigation (Stage 2)	
N/a	
Findings	
Under investigation	
What key themes and trends were identified in relation to this Whistleblowing concern?	
Under investigation	

There was an additional concern of a Whistleblowing nature raised during the quarter relating to unsafe nursing staffing levels. Following discussion with the complainant, guidance was provided that resulted in the concern being diverted to business-as-usual processes for action and conclusion.

3. **Ongoing Whistleblowing Concern Received during Quarter 1 – Reasons for Extension to Investigation**

Under the terms of the Standards, for both Stage 1 and Stage 2 Whistleblowing Concerns, there is the ability in some instances (for example, staff absence, the number of witnesses involved or difficulty in arranging meetings) to extend the period in which a response is provided.

A Stage 2 Whistleblowing concern, submitted originally in Quarter 1 of 2024/25, has required three extensions to be approved by the Commissioning Manager due to the: complexities of the investigation; multiple providers involved; number of interviews to be undertaken; and unanticipated staff absence within the investigating team. The complainant received regular written updates regarding progress at relevant stages of the ongoing investigation into their concerns. At the time of writing, the final investigation report is being considered by the Commissioning Manager prior to sharing the findings with the original complainants, and the case is expected to formally conclude early in the new reporting year.

The detail of this ongoing concern is given below:

Quarter 1 1 April 2024 to 30 June 2024	Theme	Division	Service
One	Conduct	H&SCP	Complex & Critical Care

Current Stage	Investigation (Stage 2)
First received	06/06/24
Days at Stage One	n/a
Days at Stage Two	207 as at 31 March 2025
Closed date	Still open
Service Area(s)	Complex & Critical Care

Additional Detail:

This Whistleblowing concern includes an element of the following:
Conduct
Does this Whistleblowing concern relate to any issue of patient safety
No
Has the person raising the concern experienced any detriment?
No
How was the Whistleblowing concern received?
Received by e-mail
Was this escalated from Early Resolution (Stage 1)?
No
Is this Whistleblowing concern being raised on behalf of another person?
No
Date the event occurred (if known)
Not known
Date Closed
Still open
Outcome - Early Resolution (Stage 1)
-
Outcome - Investigation (Stage 2)
Still open
Findings
Currently under investigation
What key themes and trends were identified in relation to this Whistleblowing concern?
Currently under investigation

4. **Whistleblowing Concerns – Themes, Actions Taken and Lessons Learned During Quarter 4**

As the investigation into the Whistleblowing Concern received during Quarter 1 has not yet concluded, we are unable to provide an update in relation to the themes, actions taken and lessons learned at this time. The concern that was received in Quarter 3 and concluded in Quarter 4, is awaiting the outcome of an Significant Adverse Event review, after which there will be relevant updates provided for consideration by the Whistleblowing Oversight Group.

5. Anonymous / Unnamed Concerns

The Standards do not allow for concerns to be raised anonymously, nor can they be subsequently considered by the INWO. However, it is considered good practice for the Board to follow the Whistleblowing principles and investigate any concerns raised, in line with the Standards, as far as they can. NHS Fife has agreed that anonymous / unnamed concerns should be recorded for management information purposes.

An anonymous concern is one that has been shared with NHS Fife in a way that means nobody knows who provided the information. Alternatively, someone may raise a concern with NHS Fife but not be willing to have their name or personal details recorded. This is known as an 'unnamed concern'. As their identity is known to another person, it is not a completely anonymous concern.

There was one, new anonymous concern received during Quarter 4, relating to potential patient safety and additional HR-related workforce issues. Under the Whistleblowing Standards there is a requirement to investigate any patient safety-related concerns as a matter of urgency. A Significant Adverse Event Review had already been commenced prior to the Anonymous Concern being received and therefore findings relating to any learning will be shared with the Speak Up / Whistleblowing Coordinator on conclusion of the review investigation.

Staff have other avenues / opportunities to raise concerns, both anonymously and named, and are supported to either resolve the concern or to progress it using formal processes. Additional routes are available for staff to raise pertinent issues or concerns, including the submission of information to a dedicated and confidential 'Speak Up' email box, where direct and timely support can be offered to staff. This method of communication provides staff with a central point of contact to raise concerns, share queries or obtain advice about specific work issues of concern to them. Since the inception of the dedicated email inbox, we have seen increased levels of enquiries, from individuals seeking support and advice. Initial responses are by email, with the additional offer of meeting face to face or via Teams, or speaking by telephone to provide further guidance, support and direction for staff. The aim of these varied response mechanisms is to ensure staff feel listened to and are able to take appropriate action to resolve their specific concerns. In some instances, concerns may be also directed to the Whistleblowing process via Confidential Contact support staff.

6. 2023/24 Quarter 3 concern concluded in Quarter 4

A Whistleblowing concern was received in Quarter 3 about staff conduct in relation to patient care. The concern was highlighted through line manager escalation and processed under Stage 1 of the Whistleblowing Standards by the service's Senior Manager, in agreement with the member of staff raising the concern. Two extensions were approved in line with the National Standards, due to the approaching Christmas and New Year leave periods, in addition to ascertaining facts relating to an ongoing Serious Adverse Events Review.

Overview:

Current Stage	Closed
First received	12/12/24
Days at Stage One	55
Days at Stage Two	n/a
Closed date	28/02/25

Service Area(s)	Medical Directorate

Overview / Additional Detail:

Does this Whistleblowing concern include an element of any of the following?
Conduct
Does this Whistleblowing concern relate to any issue of patient safety
No
Has the person raising the concern experienced any detriment?
No
How was the Whistleblowing concern received?
Received in person
Was this escalated from Early Resolution (Stage 1)?
n/a
Is this Whistleblowing concern being raised on behalf of another person?
Yes
Date logged on Datix
16/12/2024
Date the event occurred (if known)
29/11/2024
Date Closed
28/02/25
Outcome - Early Resolution (Stage 1)
not upheld, awaiting outcome of SAER
Outcome - Investigation (Stage 2)
n/a
Findings
Senior Nursing staff acknowledged the concerns raised in relation to unprofessional staff behaviours during patient care delivery. Several meetings were held between the complainant and Senior Management to ascertain the facts and reassure the complainant that they were being listened to. A local investigation into the concerns was instructed at the same time as a Significant Adverse Event Review (SAER) had commenced into care delivery and outcomes for the same patient. The importance of staff attitudes and effective communication was shared within the area of concern, however specific findings cannot be attributed until the outcome of the SAER, which will then inform future learning. The complainant was fully involved in all decisions and agreed to close the Whistleblowing Investigation at Stage 1, pending the outcome of the SAER. Relevant actions and learning from the review, in relation to the concerns raised, will be shared with the Speak Up / Whistleblowing Coordinator by the Senior Nursing Manager and the complainant on conclusion of the SAER process.
What key themes and trends were identified in relation to this Whistleblowing concern?
To be reported following conclusion of the SAER. Key themes and learning / action points will be shared in future reports.

7. Local Press Coverage During Quarter 4

There were no new Whistleblowing / unnamed staff concerns reported in the local press during Quarter 4. There was, however, ongoing media coverage / enquiries about a current legal case regarding the availability of single-sex changing areas for staff within NHS Fife, as originally reported in Quarter 1. Responses to each enquiry were provided by the Communications team, using their normal processes for responding to media enquiries.

8. Experience of Individuals Raising Concerns

We recognise the importance of receiving feedback from individuals who have used the Standards to raise concerns. In Quarter 3, we launched a single point of contact email address (fife.speak-up@nhs.scot) and a dedicated voicemail service (01383 674016) for staff concerns to be logged and responded to. This presents an opportunity to seek feedback from those who have contacted the service seeking advice and support. Since its launch, there have been a number of separate enquiries relating to requests for guidance in relation to:

- Whistleblowing Standards advice;
- Quality of patient care;
- Complex situations that contain elements of ongoing HR processes and Whistleblowing concerns; and
- advice and support for concerns about workplace culture.

Feedback from the early operation of the generic inbox has indicated that staff are complimentary about the rapid response turnaround to enquiries and the ability to meet and confidentially share their concerns with staff who sit outwith their service. Feedback received indicates that staff feel reassured about the level of advice, guidance and signposting to avenues of support that they have received following their initial contact. To date, the following feedback comments have been collected at the end of each concern, providing useful data in which to monitor the effectiveness of the single point of contact:

- *"Thank you very much for taking the time to listen to our concerns and for taking the time to help us find answers. It has been most helpful and reassuring!"*
- *"Thank you so much for your emails and your ongoing support. My meetings have been incredibly helpful and I do feel very hopeful that my original concerns will be highlighted and addressed".*
- *"Thank you for all your kind emails, reassurance, updates and ongoing support - it is greatly appreciated".*
- *"I have valued the ability to speak with a Confidential Contact for support".*
- *"Many thanks for listening and providing detailed information".*
- *(from a Confidential Contact): "It was great to be able to quickly act on the enquiry and your support was very much appreciated. I was grateful to be able to meet with you really quickly and I think this experience has made me feel more confident within the Confidential Contact role".*
- *"Really informative and actually makes me personally feel valued as a student. It's easy for us students to feel a bit overlooked in placements as we're not qualified staff"*
- *"Really important for students to know"*

To further enhance formal feedback mechanisms, the Speak Up / Whistleblowing Coordinator is collaborating with the Employee Director, staff-side and Spiritual Care colleagues to produce standard questionnaires for staff raising concerns and for the investigation team / confidential contacts. This will enable identification of specific trends and feedback from staff about how they feel their concerns have been handled using the Speak Up service.

Further feedback is also available from Confidential Contacts, collecting information from their meetings with staff who are raising concerns with them directly. This

feedback allows opportunity to refine the overall Whistleblowing contact process and ensure it meets the needs of staff and Confidential Contacts. Revisions to current role guidance for the Confidential Contact role is being planned with Speak Up / Whistleblowing Coordinator, Employee Director and Head of Workforce, Resourcing & Relations.

Additional activity is planned in Quarter 1 of 2025/26 to address the needs of Commissioning Managers and Lead Investigators in active Whistleblowing cases.

In accordance with the National Standards, at the conclusion of any Stage 2 Whistleblowing Concern, staff usually have the opportunity to provide feedback by speaking to the Board's Whistleblowing Champion in confidence. Whilst the post is vacant, we have not been able to offer this option, but will resume doing so once this position is filled.

10. Whistleblowing Training Data

Staff are encouraged to complete training in Whistleblowing, with the 'Overview' module part of the Board's mandatory training offering. The data for training undertaken during Quarter 4 is summarised below:

Total number of completions in Qtr 4 (01.01.25 - 31.03.25)

Category	Completions
eLearning - Whistleblowing : an Overview	135
eLearning - Whistleblowing for line managers	35
eLearning - Whistleblowing for senior managers	6
Classroom-based Whistleblowing and Prevent Training - Hotel Services	0
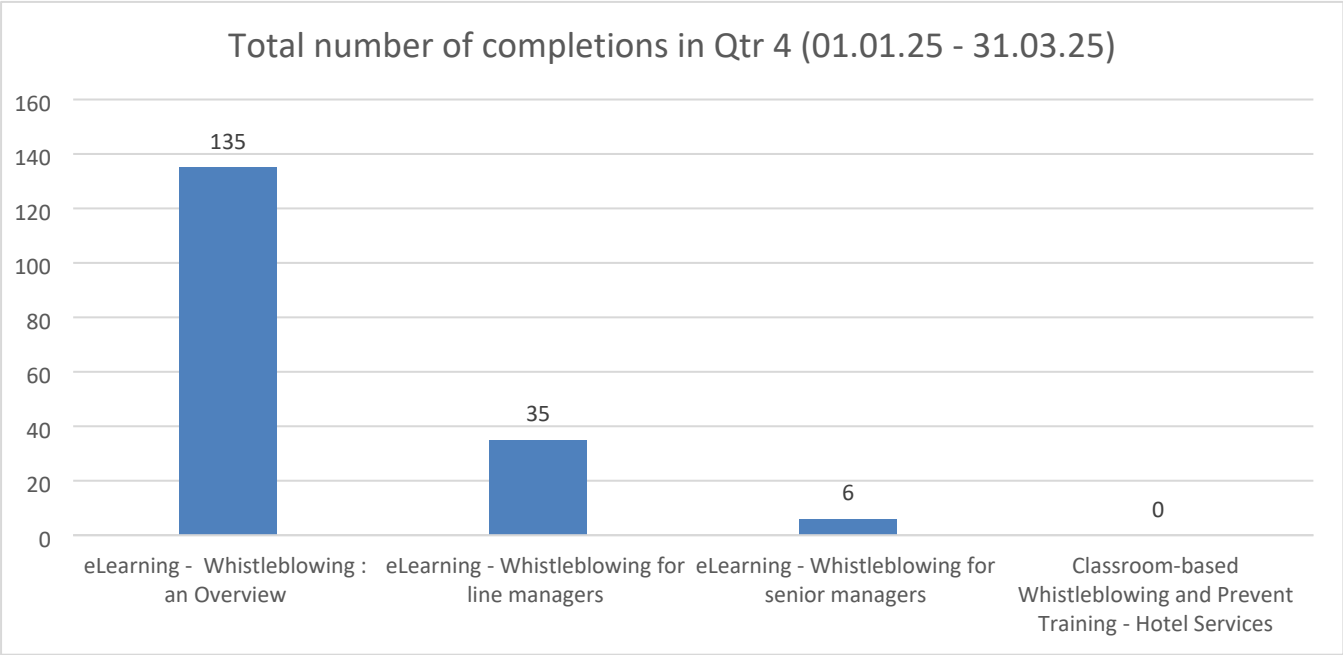
*Hotel services job family includes domestics, laundry, etc.

Total Board Completion Rates since Launch of the Standards

- For the Whistleblowing Overview module 6,970 staff have now completed the module. This represents an increase of 115 since the last quarter

- For the Whistleblowing for line manager module 503 staff have now completed the module. This represents an increase of 35 since the last quarter.

- For the Senior manager module 645 staff have now completed the module. This represents an increase of 6 since the last quarter.

- 139 staff members have completed classroom-based training in Whistleblowing / Prevent. There has been no increase since the last quarter.

11. Whistleblowing Oversight / Governance

Responsibility for the governance and reporting of Whistleblowing within NHS Fife is now part of the Corporate Governance & Board Administration function.

The recently established role of a Speak Up / Whistleblowing Coordinator, who took up post in September 2024, continues to enhance operational support for Whistleblowing activity through outreach work to encourage staff to report concerns and ensuring Board compliance with reporting requirements of the National Whistleblowing Standards.

The Speak Up / Whistleblowing Coordinator has led on the following key activities during this quarter:
- coordination / follow-up for all active Whistleblowing investigations;
- establishing supportive links with the Independent National Whistleblowing Officer;
- establishing national links to represent NHS Fife through participation in National Whistleblowing Practitioner Forum meetings;
- establishing local links with Independent and Primary Care services to provide bespoke training on National Whistleblowing Standards
- collaboration with the Corporate Communications team to produce proposed 'Speak Up' logo and branding;
- commencement of bespoke refresher training for all Confidential Contacts in collaboration with the Learning & Development team;
- liaising with Organisational Learning colleagues to create processes for triangulation of learning from all Whistleblowing cases;
- testing the provision of administrative support for Whistleblowing investigative teams;
- provision of Whistleblowing workshop activity for Fife College HNC and direct entry nursing & paramedic students; and
- participation in Junior Doctors' Grand Round training update with the General Medical Council to raise profile of Speak Up / Whistleblowing service in NHS Fife.

A core part of the role moving forward will be an ongoing programme of regular outreach work to visit staff across Acute, Community and Primary Care settings, promoting speak up and awareness of the Board's Whistleblowing processes, to ensure staff feel listened to and are able to raise concerns in a timely manner.

The Whistleblowing Oversight Group, chaired by the Chief Executive, held its fourth meeting in January 2025. The Group focuses on enhancement of current Whistleblowing processes, developing new documents and procedures as appropriate to ensure a robust level of reporting and associated learning takes place. To enhance opportunities for collaborative learning after concerns have been raised, the group have approved a formal 'concern tracker', which follows guidance in the National Whistleblowing Standards around identifying themes for future learning. Although the roll-out and use of the document is still in its infancy, current evidence demonstrates the same three categories of concern being highlighted: quality of patient care / patient safety; unsafe / unsuitable working conditions; and workplace culture. These themes

are now being shared and discussed during meetings, with the future aim of exploring methods for data triangulation across the organisation.

12. Outstanding Whistleblowing Actions from Concerns raised or related Internal Audit Reports

There are no actions outstanding from Whistleblowing concerns raised in previous quarters or related Internal Audit reviews of NHS Fife's Whistleblowing processes.

Meeting:	**Whistleblowing Oversight Group**
Meeting dates:	**October 2024, January and April 2025**
Title:	**Chair's Assurance Report**

1. Group Establishment

The Whistleblowing Oversight Group assists with providing assurance to the Board, via the Staff Governance Committee, that whistleblowing concerns are being discharged in compliance with the Independent National Whistleblowing Officer's (INWO) National Whistleblowing Standards. The Group ensures that all learning and improvement actions are taken forward from the investigation of any concerns raised under the Standards and is responsible for the governance oversight of operational Whistleblowing arrangements and reporting within NHS Fife.

The Staff Governance Committee received a last report from the Group in September 2024. The Group has met quarterly during 2024 / 2025 to progress items of relevant business and will continue to do so in 2025 / 2026.

2. The Group has considered the following items of business at recent meetings:

October 2024 Meeting

At its second full meeting the group welcomed the appointment of a new part-time (0.5 WTE) role of a Speak-Up / Whistleblowing Coordinator. This is a standalone resource based within the Corporate Directorate, providing the necessary independence from staff conduct and disciplinary processes to support effective Whistleblowing promotion and encourage staff to raise concerns without detriment and in line with the Standards. The post provides a dedicated resource to improve the Board's promotion and co-ordination of its Whistleblowing processes, creating dedicated capacity to support the delivery of key strategic and operational priorities, at both the local level and in relation to the postholder's respective national commitments as the Board's INWO Liaison Officer. The Group approved the following documentation for implementation:

- A formal 'concern tracker', which follows guidance in the National Whistleblowing Standards around identifying themes for future learning. Initial usage indicates three categories of concern being highlighted: quality of patient care / patient safety; unsafe / unsuitable working conditions; and workplace culture. These themes are now being shared and discussed during meetings, with the future aim of exploring methods for data triangulation across other learning and development departments.

- Staff meeting summary form for Confidential Contacts to use when meeting staff who are raising concerns.

The Group also approved the following activities:

- Creation of refresher update training for all Confidential Contacts facilitated by the Organisational Learning team and Speak Up / Whistleblowing Coordinator;

- Establishing quarterly Confidential Contact support meetings facilitated by the Speak Up / Whistleblowing Coordinator;

- Establishing sharing monthly updates of the central concern tracker with the Board's Non-Executive Whistleblowing Champion.

The Group considered initial feedback from the communications team on activities from Speak Up Week 2024 with more detailed analysis to be shared at the January 2025 meeting.

January 2025 Meeting

The Group discussed the following activities:

- A detailed report reflecting on the activities undertaken during Speak Up Week;

- Quarterly performance reporting, for onward submission via the governance structure;

- A list of defined themes, to use for classification of concerns and enquiries;

- A refresh of bespoke NHS Fife whistleblowing step-by-step process documents, with clear alignment to the requirements of the National Standards;

- Establishment of a central communications workplan, including initial review and streamlining of whistleblowing information available on Stafflink;

- Encouragement of the Speak Up / Whistleblowing Coordinator's input into a range of existing fora, such as the APF, Equality & Diversity Steering Group, Staff Health & Wellbeing Steering Group and national groups such as the Whistleblowing Practitioners' Forum.

April 2025 Meeting

The Group held a short meeting to:

- Discuss the initial draft of the Whistleblowing Quarter 4 Report and Annual Performance Report;

- Consider initial ideas of new branding for use with Speaking Up promotional material, discussing a number of examples provided by the Corporate Communications team; and

- Noted concerns raised during the previous quarter and related thematic information.

3. Any Other Issues to Highlight to the Board

The Group looks forward to the recruitment of a new Whistleblowing Champion Non-Executive Board member to help contribute to its future work.

Carol Potter
Chief Executive / Chair of the Whistleblowing Oversight Group

NHS Fife

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Integrated Performance & Quality Report**
Responsible Executive:	**Ben Hannan, Director of Planning & Transformation**
Report Author:	**Susan Fraser, Deputy Director of Planning & Transformation**

Executive Summary

There are five metrics reported via the IPQR relating to Workforce, of which 3 (relating to Vacancies) have no defined trajectory/target.

- Sickness Absence in Feb-25 did not achieve reduced trajectory but did see a reduction to below the 24-month average.
- PDPR compliance is not achieving trajectory.
- This report provides a **Limited** Level of Assurance.

1. Purpose

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

This report relates to:
- Annual Delivery Plan

This report aligns to the following NHS Scotland quality ambition(s):
- Safe, Effective & Person Centred
- NHS Board Strategic Priorities:
    - To Improve Health & Wellbeing
    - To Improve Quality of Health & Care Services
    - To Improve Staff Experience & Wellbeing
    - To Deliver Value & Sustainability

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

This report informs the Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key health and wellbeing measures (as defined by Scottish Government 'Standards' and local targets).

The period covered by the performance data is up to the end of Dec-24 for Vacancies; end of Feb-25 for Sickness Absence; and end of Mar-25 for PDPR.

2.2 Background

The Integrated Performance & Quality Report (IPQR) is the main corporate reporting tool for the NHS Fife Board and is produced monthly. Each Governance Committee will receive separate extracts of the IPQR to scrutinise the performance areas relevant to each Committee. Reports which are not prepared for Governance Committees are data only and contain neither data analysis nor service commentary.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities with risk level incorporated into the Assessment section.

Statistical Process Control (SPC) charts continue to be used for applicable indicators.

2.3 Assessment

The IPQR provides a full description of the performance, achievements and challenges relating to key measures in the report. There are no changes to measures or planned trajectories to report relating to Workforce.

Highlights of March 2025 IPQR

A summary of the status of the Staff Governance metrics is shown in the table below. Performance RAG highlighted in Assessment & Performance Exception Reports is based on, if applicable, agreed trajectories for 2024/25, otherwise against National/Local target.

	meeting trajectory/target
	within 5% of trajectory/target
	out with 5% of trajectory/target

Workforce	Current Position	Reporting Period	Planned Trajectory	Target
Sickness Absence	6.84%	Feb-25	6.5%	6.5%
PDPR	44.6%	Mar-25	60.0%	60%
Vacancies (Medical & Dental)	5.2%	Dec-24	-	-
Vacancies (Nursing & Midwifery)	2.4%	Dec-24	-	-
Vacancies (AHPs)	2.6%	Dec-24	-	-

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level			x	
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1   Quality, Patient and Value-Based Health & Care

The Quality and Care section of the IPQR includes comprehensive reporting on quality measures to ensure continuous oversight and enhancement of patient care standards across NHS Fife. This section focuses on a broad range of indicators designed to monitor patient safety, clinical effectiveness, patient experience, and value-based care delivery. Regular assessment of these metrics facilitates timely identification of potential risks or variations in care quality, enabling proactive measures and improvement initiatives. By systematically evaluating these quality indicators, NHS Fife promotes optimal patient outcomes, improved care experiences, and effective utilisation of resources in line with national healthcare priorities.

2.3.2   Workforce

The Workforce section of the IPQR provides detailed reporting on workforce measures, ensuring robust oversight and management of staffing resources within NHS Fife. This section evaluates key indicators including staff sickness absence, vacancies, and Personal Development and Performance Review (PDPR) compliance. Monitoring these metrics enables identification of workforce pressures, informs targeted interventions, and supports effective workforce planning and engagement strategies. Through continuous analysis of workforce data, NHS Fife aims to enhance staff wellbeing, optimise performance, and maintain sustainable staffing levels to deliver safe, high-quality patient care.

2.3.3   Financial

The Finance section of the IPQR summarises key financial performance measures, providing high-level assurance and highlighting areas that require ongoing attention. This section ensures the Board remains informed of overarching financial risks, trends, and pressures affecting NHS Fife. It should be noted that comprehensive financial reporting, including detailed analysis and performance evaluation, is presented separately to the Board in a dedicated Financial Performance Report. This separate report enables deeper scrutiny and detailed discussion on financial matters, supporting informed decision-making and effective financial governance.

2.3.4   Risk Assessment / Management

The IPQR includes a detailed mapping of key corporate risks aligned to performance measures, presented through the Risk Summary Table and supported by narrative within the Executive Summary of the IPQR. This structured approach enables NHS Fife to systematically identify, evaluate, and manage risks that may impact organisational objectives, patient care, operational delivery, and overall performance. Regular assessment

ensures that risks are effectively monitored, mitigated, and escalated as appropriate, strengthening governance processes and supporting informed strategic decision-making.

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

The IPQR contributes to NHS Fife's commitment to addressing equality, human rights, children's rights, and reducing health inequalities. Through ongoing review and analysis of relevant performance metrics, NHS Fife identifies disparities in patient outcomes, and patient experience. This supports targeted improvement efforts aligned to statutory obligations and strategic ambitions as an Anchor Institution, promoting equitable healthcare delivery, enhancing community wellbeing, and fostering social value across the region.

2.3.6 Climate Emergency & Sustainability Impact

The IPQR will be enhanced to support NHS Fife's response to the climate emergency and sustainability commitments through targeted performance monitoring. By highlighting relevant measures, the report will enable assessment of progress toward reducing environmental impacts, such as carbon emissions and sustainable resource utilisation. This alignment encourages environmentally responsible healthcare practices, promoting sustainability objectives that contribute to NHS Scotland's wider climate ambitions and statutory responsibilities.

2.3.7 Communication, involvement, engagement and consultation

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

The Staff Governance extract of the Position at March IPQR has been made available for discussion at the meeting on 13 May 2025.

2.3.8 Route to the Meeting

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

- Executive Leadership Team, 17 April 2025
- Clinical Governance Committee, 03 May 2025
- Finance, Performance & Resources Committee, 08 May 2025
- Public Health and Wellbeing Committee, 12 May 2025

2.4 Recommendation

This paper is provided to Staff Governance Committee members for:

- **Assurance** – This report provides a Limited Level of Assurance.
- **Endorse** – Endorse the Workforce section of the IPQR.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: IPQR Position at March 2025 SG v1.0

Report Contact(s):

Bryan Archibald
Planning and Performance Manager
Email bryan.archibald@nhs.scot

Fife Integrated Performance & Quality Report (IPQR)

Position (where applicable) at March 2025
Produced in April 2025

Introduction

The purpose of the Integrated Performance and Quality Report (IPQR) is to provide assurance on NHS Fife's performance relating to National Standards and local Key Performance Indicators (KPI). At each meeting, the Governance Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

A. Corporate Risk Summary
Summarising key Corporate Risks and status.

B. Indicatory Summary
Summarising performance against full list of National Standards and local KPI's. These are listed showing current performance against target/trajectories with comparison with 'previous' performance.

C. Assessment & Performance Exception Reports
More detailed Indicator Summary for each area of Governance including (where appropriate) benchmarking, 'sparkline' trend, comparison with 'previous year' performance. There is also a column indicating performance 'special cause variation' based on SPC methodology. All charts with SPC applied will be formatted consistently based on the following;

| —— 24-month Average | - - - - Control Limit | ● Outlier |

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

Also incorporated into this section is an assessment for indicators of continual focus or concern. Content includes data analysis, service narrative and additional data presented in charts, incorporating SPC methodology, where applicable.

C1. Quality & Care	C2. Operational Performance & Finance	C3. Workforce	C4. Public Health & Wellbeing

Ben Hannan
Director of Planning & Transformation
14 April 2024

Prepared by:
SUSAN FRASER
Associate Director of Planning & Performance

A. Corporate Risk Summary

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	3	2	-	-	◄►	Hungry
To improve the quality of health and care services	7	5	2	-	-	◄►	Open
To improve staff experience and wellbeing	2	2	-	-	-	◄►	Open
To deliver value and sustainability	6	5	1	-	-	◄►	Open
Total	**20**	**15**	**5**	**0**	**0**		

Risk Key

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

Movement Key

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

There are currently 20 risks on the Corporate Risk Register. This includes two new risks under consideration: **Drug Related Morbidity and Mortality** and **Hospital Acquired Harm**. These have been through the March Committees and will go through the Board in May before final adoption.

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Risk Appetite	Hungry	Eager to be innovative and choose options offering potentially higher business rewards, despite greater inherent risk.
	Open	Willing to consider all potential delivery options and choose the one that is most likely to result in successful delivery while also providing an acceptable level of reward (and value for money etc).
	Cautious	Preference for safe delivery options that have a low degree of residual risk and may only have limited potential for reward.
	Averse	Avoidance of risk and uncertainty is a key organisational objective.

Quality & Care

		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
	SAER - Median Working Days to Report Approved	342	260	▼		HSMR	0.96	0.96	▬		Stroke Care Bundle	70.3%	69.0%	◆
	Inpatient Falls	8.59	8.32	◆		Tissue Viability	1.31	1.38	◆		Ligature Incidents (Mental Health)	2.76	0.54	▼
	Incidents of Restraint (Mental Health)	15.17	9.95	▼		Incidents of Physical Violence (Mental Health)	13.98	14.12	◆		Incidents of Self Harm (Mental Health)	3.74	0.72	▼
	SAB HAI	21.7	6.4	▼		C Diff HAI	21.7	9.7	▼		ECB HAI	65.0	12.9	▼
	S1 Complaints Closed in Month on Time	66.7%	57.1%	▲		S2 Complaints Closed in Month on Time	13.8%	29.0%	▼					

Operational Performance

			Current	Previous	Change				Current	Previous	Change				Current	Previous	Change
	Emergency Access	A&E	71.2%	71.5%	◆		Delayed Discharges (Standard)	Acute/Comm	58.2	54.0	▼		Cancer	31-day DTT	92.9%	94.5%	▼
		ED	61.4%	61.5%	◆			MH/LD	10.7	17.0	▲			62-Day RTT	68.9%	67.1%	◆
	Patient TTG	% <=12weeks	43.1%	44.5%	▼		New Outpatients	% <=12weeks	37.6%	37.0%	▲		Diagnostics	% <=6weeks	88.2%	86.6%	◆
		>52 weeks	648	687	▲			>52 weeks	5320	5268	◆			>26 weeks	29	32	◆

Finance

		Current	Change			Current	Change
	Revenue Resource Limit Performance	Breakeven			Capital Resource Limit Performance	Breakeven	

Workforce

		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
	Sickness Absence	6.84%	7.99%	▲		Personal Development Plan & Review	44.6%	44.6%	◆		Vacancies — Medical & Dental	5.2%	3.3%	▼
											Nursing & Midwifery	2.4%	2.7%	◆
											AHPs	2.6%	4.0%	▲

Public Health & Wellbeing

		Current	Previous	Change			Current	Previous	Change			Current	Previous	Change
	Smoking Cessation 40% Most Deprived	217	195	▬		Alcohol Brief Interventions	103%	96%	▬		Drugs & Alcohol	92.3%	94.5%	▼
	CAMHS	100.0%	98.8%	◆		Psychological Therapies	78.0%	74.8%	▲		Mental Health Readmissions within 28 days	4.8%	5.6%	▲
	Breast Screening	73.4%		▬		Bowel Screening	65.8%	66.2%	▼		AAA Screening	86.6%	87.3%	▼
	Infant Feeding	32.3%	32.0%	◆		Childhood Immunisation 6-in-1 @ 12 months	93.5%	94.0%	▼		Winter Vaccination Influenza	40.6%		▬
	Child Development	16.7%	17.1%	◆		MMR2 @ 5 years	86.8%	85.7%	▲		Covid	39.2%		▬

Key

▲	Improved performance from previous month
◆	No significant change from previous month
▼	Reduction in performance from previous month

C3. Workforce
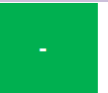
Indicator	Current Position	Reporting Period		Planned Trajectory	Target	SPC	Vs Previous	Vs Year Previous	Trend	Benchmarking	
Sickness Absence	6.84%	Month	Feb-25	6.5%	6.5%	◯	▲	▲		●	YE Jan-25
Personal Development Plan & Review (PDPR)	44.6%	Month	Mar-25	60.0%	60%	●	◆	▲		●	
Vacancies (Medical & Dental)	5.2%	Quarter	Dec-24			●	▼	▲		●	
Vacancies (Nursing & Midwifery)	2.4%	Quarter	Dec-24			●	◆	▲		●	
Vacancies (AHPs)	2.6%	Quarter	Dec-24			●	▲	▲		●	

Performance Key

meeting trajectory/target
within 5% of trajectory/target
out with 5% of trajectory/target

SPC Key

◯ Within control limits

◯ Special cause variation, out with control limits

● No SPC applied

Change Key

▲ "Better" than comparator period

◆ No Change

▼ "Worse" than comparator period

— Not Applicable

Benchmarking Key

● Upper Quartile

● Mid Range

● Lower Quartile

● Not Available

Sickness Absence

To achieve a sickness absence rate of 6.5% or less by March 2025

6.84%

4,117 ⬇ Hours to achieve trajectory

Data Analysis

Sickness absence decreased from 7.99% in Jan-25 to 6.84% in Feb-25. Short-term absence decreased from 3.75% in Jan-25 to 3.30% in Feb-25, with a decrease in long term absence from 4.24% to 3.53%.

Most sickness absence episodes and hours lost continue to relate to mental health related reasons for absence (amounting to 28.8% of all absences).The number of hours lost dropped from 108,451 in Jan-25 to 83,818 in Feb-25.

Within HSCP, Community Care the sickness absence rate dropped below 10%, Complex & Critical Care is below 8%. Within Acute Services, the Medical Directorate is above 8%.

The latest benchmarking for Jan-25 shows NHS Fife to be in the low-range of all the territorial NHS Boards.

Achievements

Completion of a multifactorial review within H&SCP and development of an implementation plan based on recommendations.

Continue to highlight the importance of recording sickness absence data accurately.

Future/Ongoing

- Attendance management training is being updated to take account of reviewed OfS implementation and to incorporate NHS Fife's Leadership Framework.
- Continue to identify areas of good practice to develop shared learning. Continue to identify priority areas and carry out a deep dive with a solutions-based focus.
- Directly engage with teams / services where absence figures are higher than 10% and support managers to develop recovery plans.

Challenges

Pressures associated with reduced working week / Ageing workforce with complex health needs.

Sickness Absence
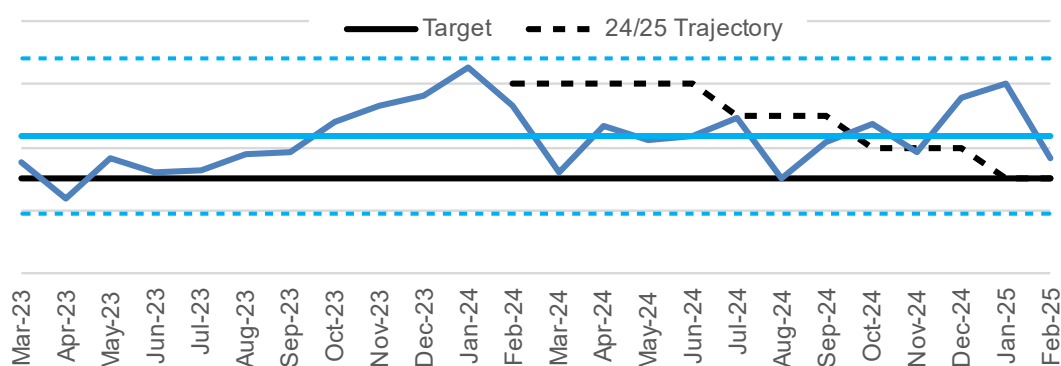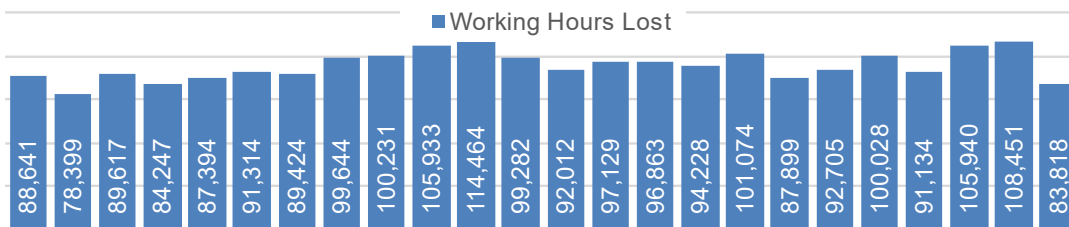
Hours Lost by Reason; Feb-25
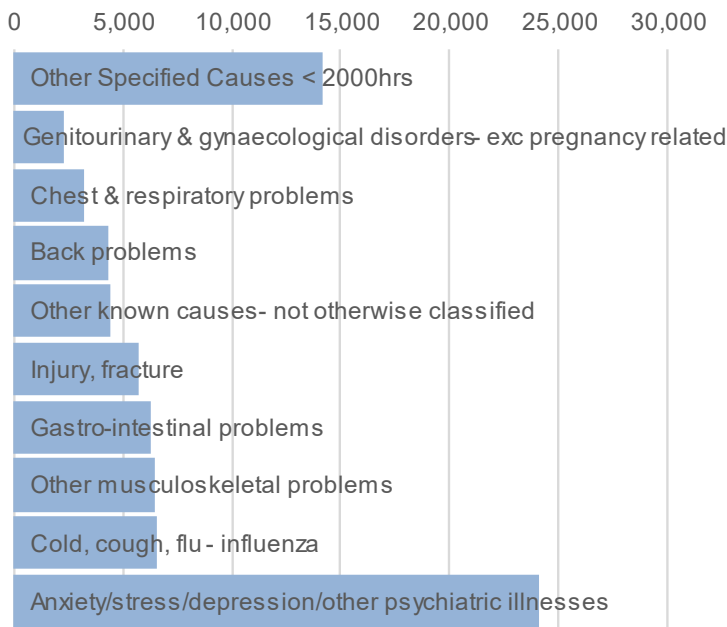
Benchmarking; Jan-25
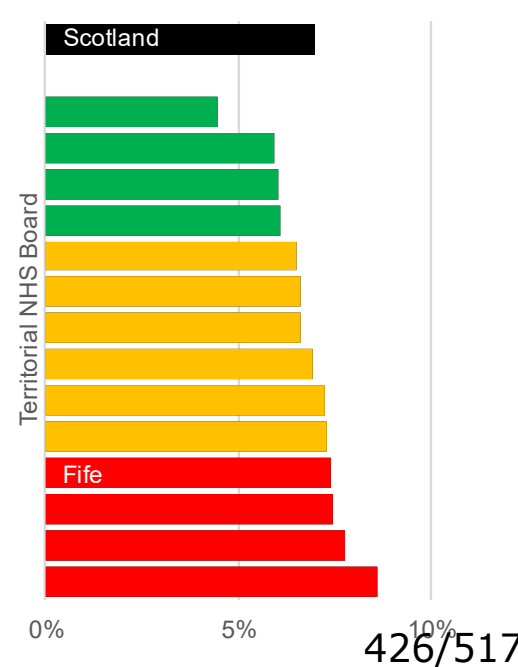
PDPR
Personal Development Plan & Review

To achieve PDPR compliance rate of 60% by March 2025

44.6%

15.5% ⬆ To achieve trajectory as of Mar-25

Data Analysis

Compliance was 44.6% in Mar-25, unchanged from the previous month, but an increase of 3.7% on the same month in 2024. This is below the locally agreed trajectory of 60.0%.

The number of reviews held in Mar-25 increased by 15.8% to 440 from month prior. In 2024/25 there have been a total of 3,919 reviews held compared to 3,701 in 2023/24.

Compliance was highest in HSCP at 45.6% with Primary & Preventative Care the highest with 50.6% and Complex & Critical Care the lowest at 39.4%; the latter decreased by 2.9% on the previous month.

Corporate Services compliance is 44.1%, an increase of 1.1% from the previous month and 10.4% higher than the previous year.

Acute Services compliance is 43.0%., both the WCCS and Surgical Directorates have increased compliance to 56.5% and 57.0% respectively, the Medical Directorate is at 20.2% compliance its 2nd lowest level in financial year 2024/25.

Achievements & Challenges

Actions identified as part of the PDPR recovery plan initiated in December 2024 are progressing. All managers in the Corporate Directorates and in HSCP have been provided with PDPR status reports. Acute Services managers are receiving these reports currently.

All NHS Fife and HSCP managers have received a reminder of their responsibilities in this process and relevant guidance has been provided to support this. Additional TURAS Appraisal training sessions are being provided to accommodate anticipated increases in demand. Follow up actions to reduce our numbers of partially signed off appraisals and data reconciliation work to reduce the number of standalone TURAS accounts have been progressed. All paper-based appraisals to date are accounted for at this time.

An engagement session with the HSCP SLT has taken place, securing their commitment to drive up completion rates sustainably going forward. A session with the Acute Services SLT will take place in April 2025.

PDPR Compliance

Reviews Held
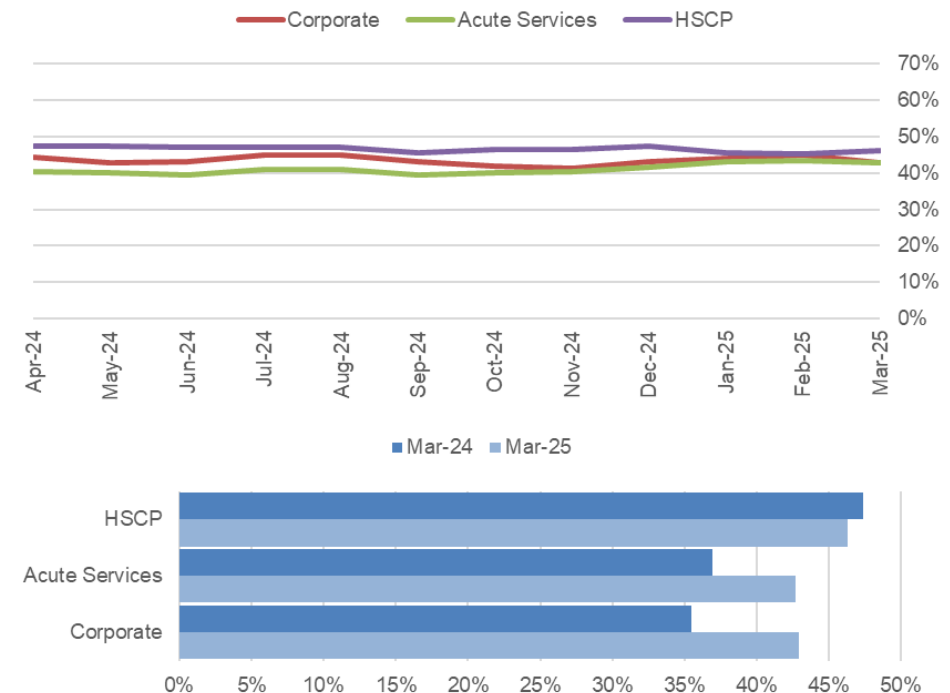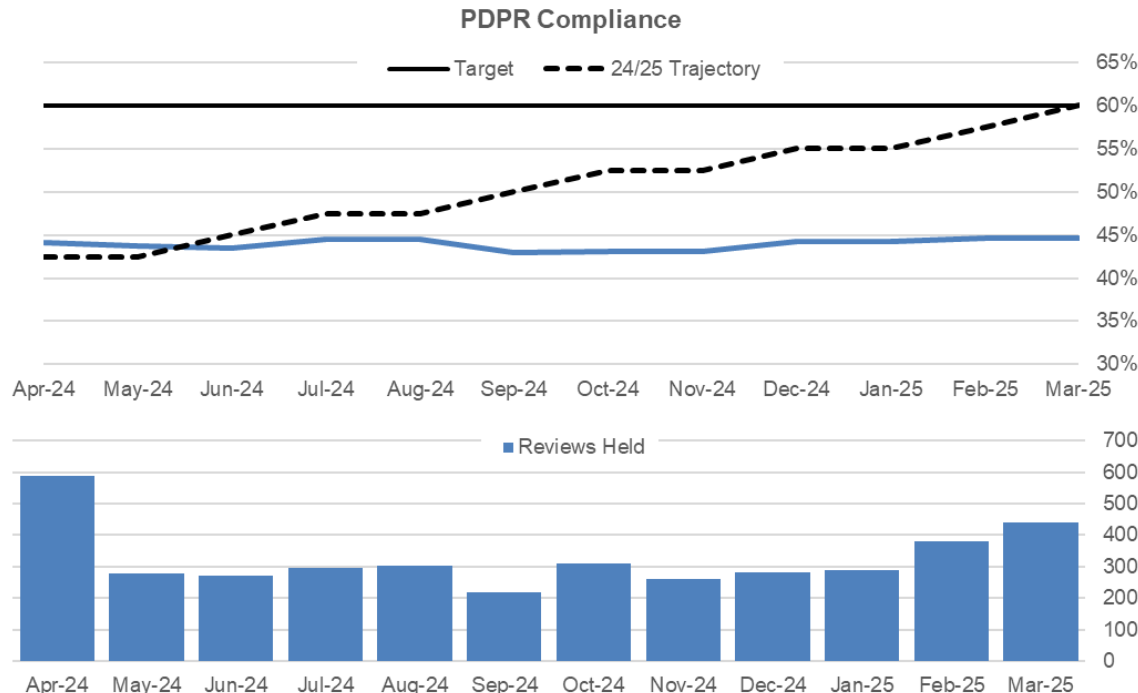
Vacancies

Reduce the number of vacancies in the following professions:

Medical & Dental (M&D)	5.2%
Nursing & Midwifery (N&M)	2.4%
Allied Health Professionals (AHPs)	2.6%

C3. Workforce

Medical & Dental

WTE vacancies saw increase from the Sep-24 figure to 16.3 in Dec-24. Elements of the increased recruitment activity is focused on those specialisms incurring supplementary spend (e.g. Psychiatry). The vacancies are spread evenly amongst Anaesthetics, Urology, Paediatrics, Intensive Care, Histopathology, Geriatric Medicine, Forensic Psychiatry.

Nursing & Midwifery

WTE vacancies has seen a decrease for this reporting quarter dropping from 116.9 WTE to 103.2 WTE. 74.5% of vacancies are for qualified staff Bands 5 to Band 7+.

This reduction is related to the intake of newly qualified registrants during the autumn of 2024.

AHP

WTE vacancies have fallen to 18.9 WTE. The largest number of vacancies lie within Occupational Therapy and Physiotherapy and this amounts to 68.3% of all vacancies.

This reduction is related to the intake of newly qualified registrants during the autumn of 2024.

Medical & Dental Vacancy Rate

Nursing & Midwifery Vacancy Rate

AHP Vacancy Rate

NHS Fife
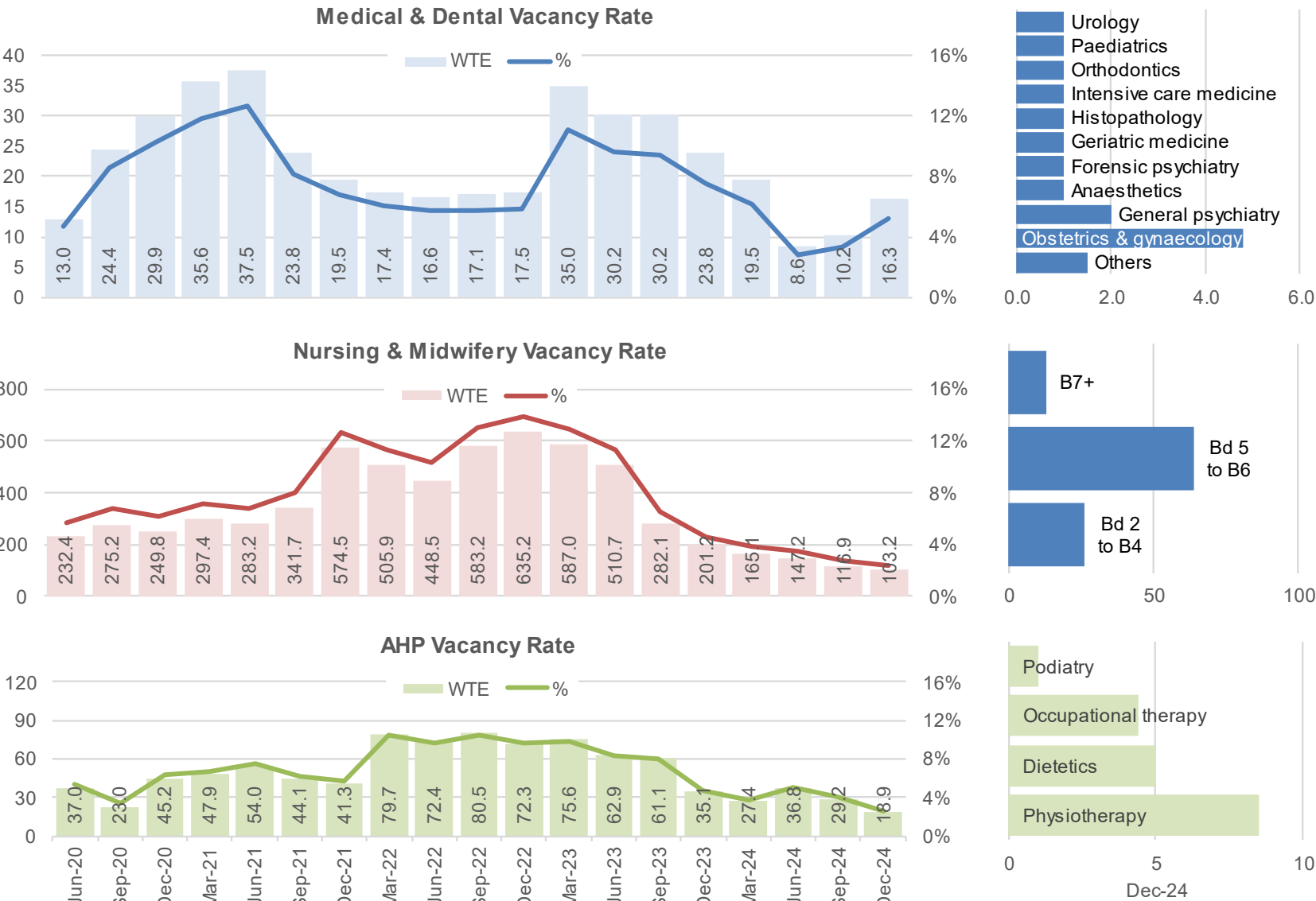
Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Equal Pay Audit 2025**
Responsible Executive:	**David Miller, Director of People & Culture**
Report Author:	**Brian McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead**

Executive Summary

- Since 2013, NHS Fife has had legislative duty to publish biennial Gender Pay Gap information highlighting the percentage difference in the average basic hourly earnings between male and female employees. The legislation was extended in 2017, with public bodies required to publish pay gap information for disabled and employees from a Diverse Ethnic background. This report details the results of the Pay Gap analysis undertaken in 2025. Whilst this report does not provide specific actions, it is anticipated that action planning will be undertaken in respect of the wider Equalities agenda.

- This report provides a **Moderate** level of assurance.

1. Purpose

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

This report relates to:
- Legal requirement

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed

2. Report Summary

2.1 Situation

NHS Fife has a legislative duty to publish biennial Pay Gap information for the Protected Characteristics of Disability, Gender and Race. This SBAR details the results of the Pay Gap analysis undertaken in 2025.

2.2 Background

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

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

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

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

Nursing Directorate

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

Workforce Directorate

- Gather and use employee information
- Publish Pay Gap information relating to the Protected Characteristics of Disability, Sex and Race
- Publish statements on Equal Pay

Finance Directorate

- Consider award criteria and conditions in relation to public procurement

Attached at Appendix 1 are the results of the 2025 Equal Pay Audit, along with NHS Fife's Equal Pay Statement at Appendix 2.

2.3 Assessment

Findings

The Equal Pay Audit undertaken in 2025 was based on the average basic hourly earnings for all employees who provided a positive response in respect to their Disability (46.8%), Gender (100%), and Race (68.8%). The Pay Gap results for each of these characteristics are detailed below:

Protected Characteristic	2013	2015	2017	2019	2021	2023	2025
Disability (% variation between disabled v's non-disabled)	-	-	-0.88%	-4.94%	-4.44%	-7.84%	-9.39%
Gender (% variation between male v's female)	21.47%	20.43%	20.69%	19.90%	19.36%	16.85%	18.18%
Race (% variation between employees from a Diverse Ethnic background v's white)	-	-	32.65%	5.55%	28.25%	22.44%	14.80%

The details of the 2025 Equal Pay Gap Analysis are included as Appendix 1 and incorporates the following information:

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

The conclusion of the 2025 Equal Pay Gap Analysis is that the implementation of nationally agreed Workforce Policies and Procedures ensures that any pay gaps highlighted in this report are not linked to an employee's Protected Characteristic status, rather they are explained by other factors such as the capture of Protected Characteristic information within the recruitment process or by occupational (gender) segregation, particularly how the higher prevalence of male employees within non Agenda for Change pay rates has had the impact of increase the average hourly rate of pay for male employees.

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

• All employees will be encouraged to update their personal information, including their protected characteristic status, via the eESS Employee Self Service Functionality. This will facilitate a higher positive response rate for each of the characteristic groups, thereby improving the robustness of future audits.
• Although analysis of the pay gap audit indicates that employees are not disadvantaged based on their Protected Characteristic status, the results of this audit will be measured against other Health Boards within NHS Scotland once published.

NHS Fife's Equal Pay Statement is included as Appendix 2. This Statement was agreed collectively by NHS Scotland, reflecting current case law and best practice. In addition, arrangements will be made for an infographic to be prepared to support publication of the Equal Pay Audit 2025.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level		X		
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

N/A

2.3.2 Workforce

Analysis of the Equal Pay Audit ensures that the practices and processes within NHS Fife in respect to Pay and Remuneration collectively treat employees fairly and consistently, in an environment where diversity is valued. While it provides reassurance that the practices of NHS Fife do not negatively impact employees who share the Protected Characteristics of Disability, Sex and Race there is a commitment to continuously review recruitment and on-boarding processes as part of a wider project focused on capturing and utilising information collated during the recruitment process more efficiently.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

N/A

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

The results of the Equal Pay Audit will be shared with the Equality & Human Rights Strategy Group on 7/5/25; Staff Governance Committee on 13/5/25; Area Partnership Forum on 21/5/25 and the Diverse Ethnic Staff Network (TBC).

2.3.8 Route to the Meeting

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

2.4   Recommendation

This paper is provided to the Staff Governance Committee for:

- **Assurance** – This report provides a **Moderate** Level of Assurance.
- **Confirms** that NHS Fife has published the required information.

3.   List of Appendices

The following appendices are included with this report:

- Appendix 1: 2025 Equal Pay Gap Analysis
- Appendix 2: Equal Pay Statement

Report Contact:
Brian McKenna
HR Workforce Planning Lead
Email: brian.mckenna@nhs.scot

Appendix 1: 2025 Equal Pay Gap Analysis

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

This paper summarises the findings of the Equal Pay Audit carried out in 2025. It meets the requirements detailed within the Equality Act 2010, and our obligations under the Equality Act (Specific Duties) (Scotland) Regulations.

WORKFORCE CATEGORIES

Under nationally agreed terms and conditions of employment, NHS employees are linked to broad organisational groupings or job categories. These job categories are:

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

The level of remuneration within these job categories is determined by two factors:

1) Job evaluation processes determine the pay band and pay grades of jobs in the first two categories. This ensures employees receive equal pay for the same or broadly similar work, or work rated as equivalent and for work of equal value. There should therefore be no variation in the basic hourly earnings of employees employed on the same pay band or grade, due to their Protected Characteristic status.

2) With the exception of the Executive and Senior Managers scales, the majority of employees move up scale points within each pay band or pay grade, based on annual increments. Each year of service on a pay band or pay grade equates to moving up one incremental scale point. Executive and Senior Manager progression includes an element of performance related pay progression.

PAY DATA AND AUDIT METHODOLOGY

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

Characteristic	Disability	Gender	Race
Response	46.8%	100.0%	68.8%
% Change since 2023	- 5.7%	-	+ 7.8%

The reduction in the number of employees providing a positive response for the Protected Characteristic of disability is explored further in the section below on Occupational Segregation and Closing the Pay Gap.

For the purposes of this Audit, the monetary and percentage pay gap value identified is based on the average hourly pay (excluding overtime) among our employees, between persons who identified as holding a particular Protected Characteristic and persons who did not hold the Protected

Characteristic. The Audit utilises payroll records extracted in January 2025. NHS Fife processed a total of 10,045 payments during this pay period, involving 9,954 employees. This reflects a small number of employees holding multiple positions.

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

RESULTS OF THE 2025 PAY AUDIT

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

Disability Pay Gap

Agenda for Change	Disabled			Non-Disabled			Monetary Variance Non-Disabled to Disabled (£)	Monetary Variance Non-Disabled to Disabled (%)	Total Count	Average of Basic Hourly Rate
	Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
Agenda for Change	312	£18.37	7.14%	4,057	£19.69	92.86%	-£1.32	-6.69%	4369	£19.59
Medical & Dental	15	£48.62	5.36%	265	£52.93	94.64%	-£4.31	-8.14%	280	£52.70
Senior Managers	-	-	-	6	£59.14	100.00%	-	-	6	£59.14
Grand Total	327	£19.75	7.02%	4328	£21.79	92.98%	-£2.05	-9.39%	4655	£21.65
MEDIAN Basic Hourly Rate	-	£16.53	-	-	20.60	-	-£4.07	-19.74%	-	£20.60
MODE Grade		Band 5			Band 5					

Gender Pay Gap

Reporting Category	Female			Male			Monetary Variance Male to Female	Monetary Variance Male to Female %	Total Count	Average of Basic Hourly Rate
	Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
Agenda for Change	8092	£19.57	86.45%	1268	£19.53	13.55%	-£0.05	-0.25%	9360	£19.57
Medical & Dental	317	£50.37	54.47%	265	£52.73	45.53%	£2.35	4.46%	582	£51.45
Senior Managers	8	£57.99	66.67%	4	£57.17	33.33%	-£0.81	-1.42%	12	£57.71
Grand Total	8417	£20.77	84.56%	1537	£25.38	15.44%	£4.61	18.18%	9954	£21.48
MEDIAN Basic Hourly Rate	-	£17.66	-	-	20.60	-	£2.93	14.24%	-	£17.66
MODE Grade		Band 5			Band 2					

Race Pay Gap

Agenda for Change	Ethnic Minority Groups			White			Monetary Variance White to Non White (£)	Monetary Variance White to Non White (%)	Total Count	Average of Basic Hourly Rate
	Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
Agenda for Change	376	£19.32	3.37%	6124	£19.68	96.63%	£0.36	1.85%	6500	£19.66
Medical & Dental	104	£40.83	25.48%	239	£51.62	74.52%	£10.79	20.90%	343	£48.36
Senior Managers	-	-	-	6	£50.95	100.00%	-	-	6	£50.95
Grand Total	480	£24.02	7.01%	6429	£20.92	93.87%	-£3.10	-14.80%	6849	£21.14
MEDIAN Basic Hourly Rate	-	£20.60	-	-	17.66	-	-£2.93	-16.60%	-	£20.52
MODE Grade		Band 5			Band 5					

OCCUPATIONAL SEGREGATION INDICATORS AND CLOSING THE PAY GAP

Disability

1)   7.0% of all those who provided a positive response to this Protected Characteristic identified themselves as disabled (4.7% in 2023), with the percentage of staff identifying themselves as disabled when measured against the wider NHS Fife workforce, increasing to 3.3% (2.5% in 2023). There are a variety of factors contributing to this increase, ranging from targeted recruitment campaigns, improved data capture and applicants being more confident in disclosing this information.

2) Despite improved data capture on those who identify themselves as disabled, the Pay Gap between those identifying themselves as disabled versus those who do not is -9.4%. This pay gap has steadily increased since the requirement to measure the disability pay gap started in 2017 (0.8% in 2017).

	2013	2015	2017	2019	2021	2023	2025
Disability Pay Gap	-	-	-0.8%	-4.9%	-4.4%	-7.8%	-9.4%
Staff Identifying within PC			80	127	131	240	327

3) The percentage of our workforce who have not provided a positive response to this Protected Characteristic has reduced by -5.7% in the previous 2 years. This decrease is believed to be associated with new applicants not recording instances where they do not identify themselves as disabled during the recruitment and on-boarding process. There is concern that these contrasting trends have resulted in distorting the average basic hourly rates used as part of the Equal Pay Audit calculations.

4) The Recruitment and on-boarding processes will be reviewed as part of a wider project focused on capturing and utilising information collated during the recruitment process more efficiently.

5) Focusing on those employees who have answered "Yes" and identified themselves as disabled, 71.4% of people who identify themselves as disabled work in job families associated with clinical activities versus 73.7% of people who did not. As shown in the chart below, there are small variations in the distribution of employees across individual job families when measured against an average of 7.0%.
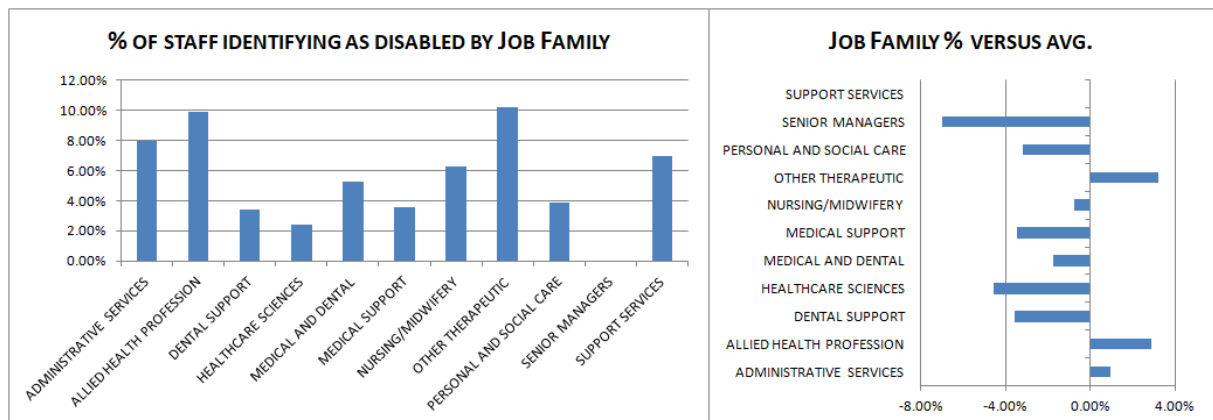
6) 60.2% of employees, who identified themselves as disabled, were engaged within professional roles remunerated on Agenda for Change Band 5 or above, compared to 59.1% of people who did not. As shown in the chart below, there were some variations in the distribution of staff across individual bandings when measured against an average of 7.0%.
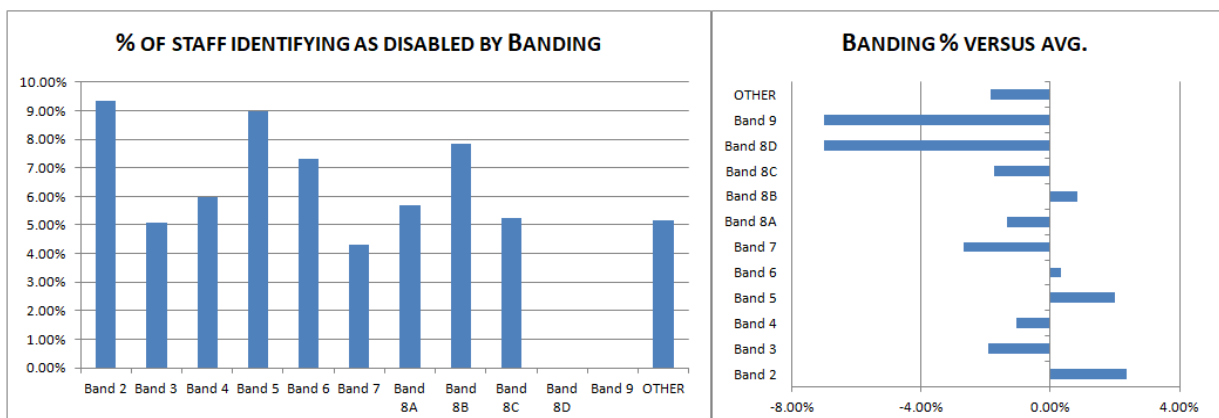
Gender

1) 84.6% of the NHS Fife workforce is female. The pay gap between female and male employees is 18.18%, with this figure reducing to 14.24% when based on the median (middle) value.

2) In relation to the nature of work performed by those individuals who identified themselves as female, 74.6% of people who identify themselves as female worked in job families associated with clinical activities versus 60.5% of people who did not. As shown in the chart below, there were variations in the distribution of employees across individual job families, although females were in the largest majority across all job families.
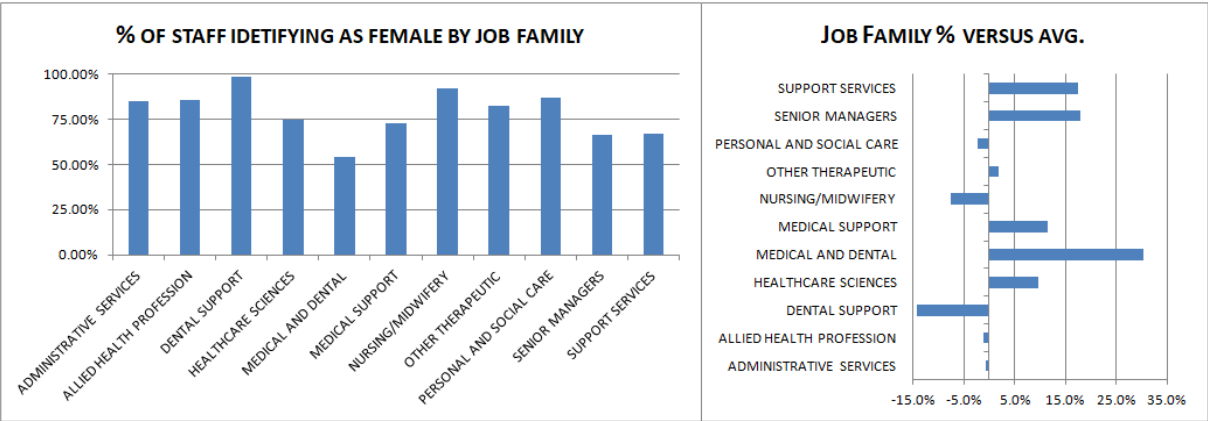
3) The gender pay gap is influenced by occupational segregation factors. Specifically, the proportion of the female and male employees engaged within the Medical and Dental plus Executive / Senior Manager Pay Grades. These grades are typically remunerated at higher hourly rates when compared to the Agenda for Change job families. Although there are a greater proportion of females engaged in both job categories, overall the distribution of the female workforce engaged in non Agenda for Change job families was 3.9% versus 17.6% for males. This higher proportion of males engaged in non Agenda for Change pay grades had a greater impact in increasing the average basic hourly rate for males.
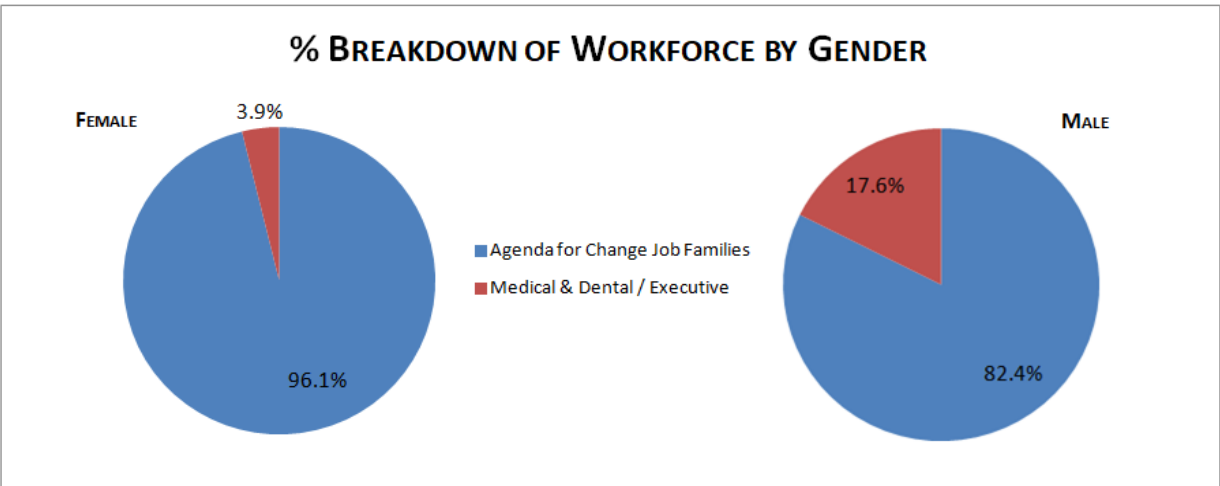
4) The results of the 2025 Gender Pay Audit are provided at the end of this report.

Race

1) 7.0% of all those who provided a positive response to this Protected Characteristic identified themselves as belonging to a non-white racial group (4.8% in 2023). This group of employees are described as a minority racial group for the purposes of determining Occupational Segregation. The percentage of employees identifying themselves as belonging to a minority

racial group as measured against the wider NHS Fife workforce has risen to 4.8% (2.8% in 2023). Similar to increases in the data capture for those identifying as disabled, there are a variety of factors contributing to this increase, ranging from international recruitment campaigns, improved data capture and applicants and staff being more confident in disclosing this information.

2) Those who identify themselves as belonging to a minority racial group have been remunerated, on average, at a higher basic hourly rate compared to those who do not. The pay gap sits at 14.8%. There has been more fluctuation in this pay gap since 2017, in part due to the move to the Regional employer model for Doctors and Dentists in Training introduced in August 2018, resulting in a reduction in the number of staff identifying as a minority racial group between 2017 and 2019, and a targeted international recruitment campaign between 2023 and 2024.

	2013	2015	2017	2019	2021	2023	2025
Race Pay Gap	-	-	1.2%	5.5%	28.3%	22.4%	14.8%
Staff Identifying within PC			142	98	160	272	480

3) There is a greater concentration of persons from a minority group engaged within clinical job families. 90.4% of persons from a minority group are engaged within job families associated with clinical work compared to 70.5% of persons who are not. As shown in the chart below, the greatest concentration of employees from this Protected Characteristic are engaged within the Medical and Dental job family, with the lowest concentration engaged within the Administrative Services job family.
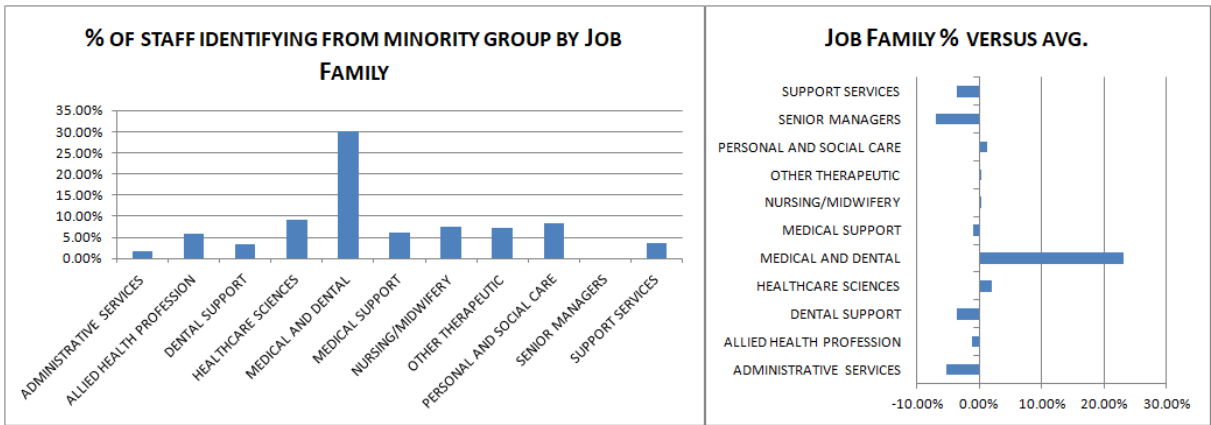
4) 78.2% of individuals who identified themselves from a minority group were engaged within professional roles remunerated on Agenda for Change Band 5 or above, compared to 57.1% of people who did not. As shown in the chart below, the largest concentration of employees were remunerated on Agenda for Change Band 5 and the Medical & Dental pay grades.
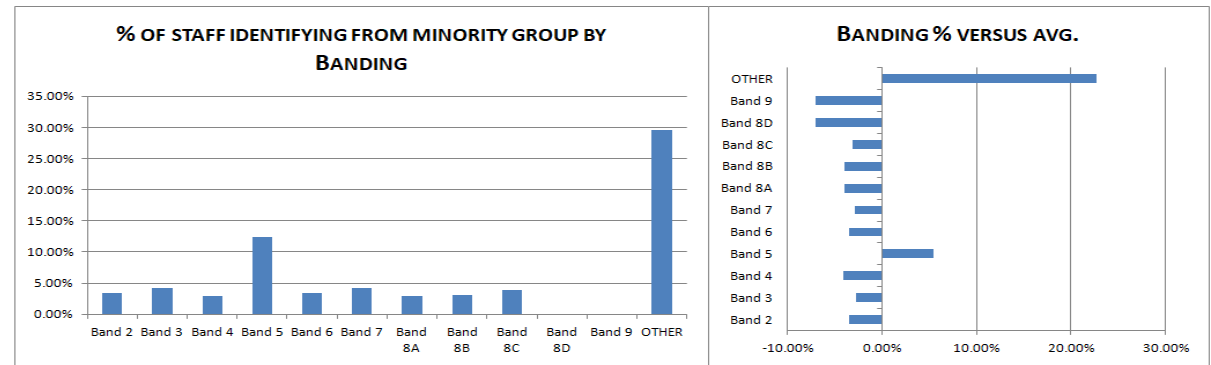
CONCLUSION

Workforce Policies and Procedures are agreed nationally and in partnership with Trade Unions and Professional Organisations. Their implementation ensures that any pay gaps highlighted in this report are not linked to an employee's Protected Characteristic status, rather they are explained by other factors such as improvement in the capture of Protected Characteristic information within the recruitment process or by occupational (gender) segregation, particularly how the higher prevalence of male employees within non Agenda for Change pay rates has had the impact of increase the average hourly rate of pay for male employees.

To ensure continued compliance with the Equality Act, Workforce Policies and Procedures will continue to be subject to equality impact assessments, and the recruitment and on-boarding processes relating to capturing information on a person's disability will continue to be reviewed. NHS Fife will also monitor its published Equal Pay Gap information against other NHS Scotland organisations to ensure there is no apparent deviation from NHS Scotland averages.

Reporting Category: Agenda for Change – Gender Equal Pay Audit

Job Family	AFC Band	Female			Male			Monetary Variance Male to Female	Monetary Variance Male to Female %	Total Count	Average of Basic Hourly Rate
		Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
ADMINISTRATIVE SERVICES	Band 2	310	13.63	87.08%	46	13.61	12.92%	-£ 0.02	-0.18%	356	13.63
	Band 3	362	14.85	92.35%	30	14.75	7.65%	-£ 0.11	-0.71%	392	14.85
	Band 4	401	16.08	93.69%	27	15.78	6.31%	-£ 0.30	-1.88%	428	16.06
	Band 5	128	18.85	74.42%	44	18.49	25.58%	-£ 0.36	-1.96%	172	18.76
	Band 6	75	23.02	66.96%	37	23.33	33.04%	£ 0.31	1.34%	112	23.12
	Band 7	63	26.83	67.74%	30	26.69	32.26%	-£ 0.14	-0.53%	93	26.79
	Band 8A	23	32.13	60.53%	15	31.99	39.47%	-£ 0.14	-0.45%	38	32.08
	Band 8B	18	37.65	69.23%	8	37.44	30.77%	-£ 0.21	-0.57%	26	37.58
	Band 8C	9	44.50	81.82%	2	*	18.18%	-	-	11	44.88
	Band 8D	6	51.96	75.00%	2	*	25.00%	-	-	8	51.87
ADMINISTRATIVE SERVICES (TOTAL)		**1382**	**17.20**	**85.20%**	**240**	**20.53**	**14.80%**	**£ 3.33**	**16.22%**	**1622**	**17.69**
ALLIED HEALTH PROFESSION	Band 2	12	13.51	85.71%	2	13.87	14.29%	£ 0.37	2.64%	14	13.56
	Band 3	118	14.91	89.39%	14	14.95	10.61%	£ 0.04	0.29%	132	14.91
	Band 4	57	15.93	91.94%	5	15.62	8.06%	-£ 0.31	-1.96%	62	15.90
	Band 5	71	17.21	76.34%	22	17.39	23.66%	£ 0.19	1.08%	93	17.25
	Band 6	229	23.86	83.88%	44	22.99	16.12%	-£ 0.87	-3.79%	273	23.72
	Band 7	206	28.20	89.18%	25	27.74	10.82%	-£ 0.46	-1.65%	231	28.15
	Band 8A	46	32.83	85.19%	8	32.09	14.81%	-£ 0.74	-2.31%	54	32.72
	Band 8B	6	37.65	66.67%	3	*	33.33%	-	-	9	37.65
	Band 8C	1	*	50.00%	1	*	50.00%	-	-	2	43.45
	Band 9	1	*	100.00%				-	-	1	63.67
ALLIED HEALTH PROFESSION (TOTAL)		**742**	**22.99**	**85.88%**	**122**	**22.71**	**14.12%**	**-£ 0.28**	**-1.23%**	**864**	**22.95**
DENTAL SUPPORT	Band 2	2	*	100.00%				-	-	2	*
	Band 3	10	14.92	100.00%				-	-	10	14.92
	Band 4	36	15.97	97.30%	1	*	2.70%	-	-	37	15.99
	Band 5	16	19.61	100.00%				-	-	16	19.61
	Band 6	11	23.90	100.00%				-	-	11	23.90
	Band 7	3	*	100.00%				-	-	3	*
DENTAL SUPPORT (TOTAL)		**78**	**18.08**	**98.73%**	**1**	*****	**1.27%**	**-**	**-**	**79**	**18.06**

Job Family	AFC Band	Female			Male			Monetary Variance Male to Female	Monetary Variance Male to Female %	Total Count	Average of Basic Hourly Rate
		Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
HEALTHCARE SCIENCES	Band 2	1	*	100.00%			-	-	-	1	*
	Band 3	34	14.93	70.83%	14	15.03	29.17%	£ 0.10	0.65%	48	14.96
	Band 4	10	16.28	90.91%	1	*	9.09%	-	-	11	16.17
	Band 5	15	19.27	68.18%	7	17.85	31.82%	-£ 1.42	-7.94%	22	18.82
	Band 6	41	24.75	77.36%	12	25.21	22.64%	£ 0.46	1.83%	53	24.85
	Band 7	19	28.26	76.00%	6	28.89	24.00%	£ 0.62	2.16%	25	28.41
	Band 8A	10	32.65	83.33%	2	*	16.67%	-	-	12	32.61
	Band 8B	3	*	50.00%	3	*	50.00%	-	-	6	38.50
	Band 8C	1	*	100.00%			-	-	-	1	*
	Band 8D	1	*	100.00%			-	-	-	1	*
HEALTHCARE SCIENCES (TOTAL)		**135**	**22.69**	**75.00%**	**45**	**22.37**	**25.00%**	**-£ 0.32**	**-1.44%**	**180**	**22.61**
MEDICAL SUPPORT	Band 2	1	*	100.00%			-	-	-	1	*
	Band 3	1	*	50.00%	1	*	50.00%	-	-	2	*
	Band 4	2	*	100.00%			-	-	-	2	*
	Band 5	34	18.34	80.95%	8	19.07	19.05%	£ 0.73	3.82%	42	18.48
	Band 6	2	*	22.22%	7	24.69	77.78%	-	-	9	24.81
	Band 7	5	27.96	83.33%	1	*	16.67%	-	-	6	28.20
	Band 8B	1	*	100.00%			-	-	-	1	*
MEDICAL SUPPORT (TOTAL)		**46**	**19.78**	**73.02%**	**17**	**21.76**	**26.98%**	**£ 1.98**	**9.08%**	**63**	**20.31**
NURSING/MIDWIFERY	Band 2	320	13.62	91.69%	29	13.49	8.31%	-£ 0.13	-0.93%	349	13.61
	Band 3	856	14.85	89.45%	101	14.88	10.55%	£ 0.02	0.16%	957	14.86
	Band 4	166	15.69	92.22%	14	15.56	7.78%	-£ 0.12	-0.80%	180	15.68
	Band 5	1712	19.44	92.94%	130	19.50	7.06%	£ 0.06	0.29%	1842	19.45
	Band 6	829	23.13	92.73%	65	23.51	7.27%	£ 0.38	1.63%	894	23.16
	Band 7	543	27.31	94.60%	31	27.46	5.40%	£ 0.15	0.55%	574	27.32
	Band 8A	65	31.89	90.28%	7	32.93	9.72%	£ 1.05	3.17%	72	31.99
	Band 8B	26	37.20	83.87%	5	36.79	16.13%	-£ 0.41	-1.11%	31	37.14
	Band 8C	2	*	66.67%	*	43.45	-	-	-	3	*
	Band 8D	4	*	100.00%			-	-	-	4	*

Job Family	AFC Band	Female			Male			Monetary Variance Male to Female	Monetary Variance Male to Female %	Total Count	Average of Basic Hourly Rate
		Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
NURSING/MIDWIFERY (TOTAL)		**4505**	**19.96**	**92.18%**	**382**	**19.55**	**7.82%**	**-£ 0.41**	**-2.10%**	**4887**	**19.93**
OTHER THERAPEUTIC	Band 2	26	13.58	76.47%	8	13.73	23.53%	£ 0.16	1.15%	34	13.61
	Band 3	35	14.56	85.37%	6	14.48	14.63%	-£ 0.08	-0.54%	41	14.55
	Band 4	47	15.50	82.46%	10	15.21	17.54%	-£ 0.29	-1.90%	57	15.45
	Band 5	44	18.56	83.02%	9	18.01	16.98%	-£ 0.55	-3.04%	53	18.47
	Band 6	43	21.55	84.31%	8	22.72	15.69%	£ 1.17	5.16%	51	21.74
	Band 7	79	27.33	86.81%	12	27.33	13.19%	£ 0.00	0.01%	91	27.33
	Band 8A	86	32.32	82.69%	18	32.21	17.31%	-£ 0.11	-0.34%	104	32.30
	Band 8B	45	37.91	78.95%	12	37.65	21.05%	-£ 0.26	-0.69%	57	37.86
	Band 8C	18	45.02	81.82%	4	*	18.18%	-	-	22	44.88
	Band 8D	3	*	60.00%	2	*	40.00%	-	-	5	52.92
	Band 9	2	*	100.00%			-	-	-	2	*
OTHER THERAPEUTIC (TOTAL)		**420**	**25.90**	**82.68%**	**88**	**26.30**	**17.32%**	**£ 0.40**	**1.52%**	**508**	**25.97**
PERSONAL AND SOCIAL CARE	Band 3	8	15.03	100.00%			-	-	-	8	15.03
	Band 4	3	*	100.00%			-	-	-	3	*
	Band 5	14	18.68	93.33%	1	*	6.67%	-	-	15	18.81
	Band 6	13	23.12	86.67%	2	*	13.33%	-	-	15	23.16
	Band 7	9	27.90	90.00%	1	*	10.00%	-	-	10	27.74
	Band 8A	3	*	60.00%	2	*	40.00%	-	-	5	33.15
	Band 8B	1	*	100.00%			-	-	-	1	*
	Band 8D	2	*	50.00%	2	*	50.00%	-	-	4	*
PERSONAL AND SOCIAL CARE (TOTAL)		**53**	**23.17**	**86.89%**	**8**	**33.26**	**13.11%**	**£ 10.09**	**30.34%**	**61**	**24.49**
SUPPORT SERVICES	Band 2	664	13.67	73.21%	243	13.67	26.79%	£ 0.00	0.03%	907	13.67
	Band 3	56	14.79	56.00%	44	14.80	44.00%	£ 0.01	0.07%	100	14.80
	Band 4	6	16.19	13.04%	40	16.32	86.96%	£ 0.12	0.74%	46	16.30
	Band 5			0.00%	7	19.60	100.00%	-	-	7	19.60
	Band 6	7	21.72	29.17%	17	23.83	70.83%	£ 2.10	8.83%	24	23.21
	Band 7	2	*	18.18%	9	27.23	81.82%	-	-	11	27.63
	Band 8A	3	*	75.00%	1	*	25.00%	-	-	4	31.16
	Band 8B			-	2	*	100.00%	-	-	2	36.79

| Job Family | AFC Band | Female | | | Male | | | Monetary Variance Male to Female | Monetary Variance Male to Female % | Total Count | Average of Basic Hourly Rate |
		Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
	Band 8C			-	1	*	100.00%	-	-	1	46.58
	Band 8D			-	1	*	100.00%	-	-	1	51.59
SUPPORT SERVICES (TOTAL)		737	13.96	66.88%	365	15.37	33.12%	£ 1.41	9.20%	1102	14.43
GRAND TOTAL		8092	19.57	86.45%	1268	19.53	13.55%	-£ 0.05	-0.25%	9360	19.57

Reporting Category: Medical & Dental – Gender Equal Pay Audit

Job Family	AFC Band	Female			Male			Monetary Variance Male to Female	Monetary Variance Male to Female %	Total Count	Average of Basic Hourly Rate
		Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
MEDICAL & DENTAL	Associate Specialist	3	*	75.00%	1	*	25.00%	-	-	4	*
	Clinical Director	1	*	100.00%			-	-	-	1	*
	Clinical Fellow	27	£ 23.29	55.10%	22	£ 23.14	44.90%	-£ 0.15	-0.65%	49	£ 23.22
	Consultant	161	£ 60.19	48.64%	170	£ 60.68	51.36%	£ 0.49	0.81%	331	£ 60.44
	Dental Officer	18	£ 40.14	85.71%	3	*	14.29%	-	-	21	£ 40.68
	Director of Public Health	1	*	100.00%			-	-	-	1	*
	Foundation House Officer Year 1	3	*	33.33%	6	£ 16.54	66.67%	-	-	9	£ 16.54
	Foundation House Officer Year 2	8	£ 20.69	66.67%	4	*	33.33%	-	-	12	£ 20.85
	Medical Director			-	1	*	100.00%	-	-	1	*
	Other	5	£ 61.19	83.33%	1	*	16.67%	-	-	6	£ 61.27
	Salaried GP	41	£ 53.15	56.94%	31	£ 53.53	43.06%	£ 0.38	0.71%	72	£ 53.32
	Senior Dental Officer	7	£ 47.10	100.00%			-	-	-	7	£ 47.10
	Specialist Doctor			-	1	*	100.00%	-	-	1	*
	Specialty Doctor	41	£ 38.64	64.06%	23	£ 38.94	35.94%	£ 0.30	0.77%	64	£ 38.74
	Specialty Registrar	1	*	25.00%	3	*	75.00%	-	-	4	*
MEDICAL & DENTAL (TOTAL)		**317**	**£ 50.37**	**54.47%**	**265**	**£ 52.73**	**45.53%**	**£ 2.35**	**4.46%**	**582**	**£ 51.45**

Reporting Category: Executive / Senior Managers – Gender Equal Pay Audit

| Job Family | AFC Band | Female | | | Male | | | Monetary Variance Male to Female | Monetary Variance Male to Female % | Total Count | Average of Basic Hourly Rate |
		Count	Avg Basic Hourly Rate	% of Staff Group	Count	Average of Basic Hourly Rate	% of Staff Group				
EXECUTIVE / SENIOR MANAGERS	EXECUTIVE MANAGER COHORT - GRADE A			0.00%	1	*	100.00%	-	-	1	*
	EXECUTIVE MANAGER COHORT - GRADE C	2	*	100.00%			0.00%	-	-	2	*
	EXECUTIVE MANAGER COHORT - GRADE E	3	*	50.00%	3	*	50.00%	-	-	6	£ 60.69
	EXECUTIVE MANAGER COHORT - GRADE F	1	*	100.00%			0.00%	-	-	1	*
	EXECUTIVE MANAGER COHORT - GRADE H	1	*	100.00%			0.00%	-	-	1	*
	EXECUTIVE MANAGER COHORT - TRANSITIONAL GRADE C	1	*	100.00%			0.00%	-	-	1	*
EXECUTIVE / SENIOR MANAGERS (TOTAL)		8	£ 57.99	66.67%	4	£ 57.17	33.33%	-£ 0.81	-1.42%	12	£ 57.71

Appendix 2: Equal Pay Statement

1.   NATIONAL CONTEXT

Each year, [Close the Gap](#) produces information on the gender pay gap in Scotland. The purpose of this is to outline and analyse the key trends in the gender pay gap across various measures to show how it has changed over time.

Recent data from the Office for National Statistics (ONS) Annual Survey of Hours and Earnings data, found the mean gender pay gap has risen by 30%. The mean pay gender pay gap rose from 6.4% in 2023 to 8.3% in 2024, with men seeing an increase of £1 to their pay packet, while women only saw their pay go up by 74 pence. On average, a woman in Scotland earns £16.74 an hour, and a man earns £18.44 an hour. This increase has been driven by a rise in the pay gap within the public sector, while in the private sector the divide has fallen.

Mean pay gap data is calculated by adding together all employee basic hourly rates of pay, for a particular cohort, and dividing this amount by the total number of employees within the same grouping. Median pay gap data is calculated by listing all employee hourly rates of pay, for a particular cohort, and finding the midpoint in the range.

Given that the mean pay gap is calculated from the basic hourly rates of all individual employees, it therefore includes the highest and lowest rates and provides an overall indication of the size of the pay gap. The median basic hourly rate, on the other hand, is calculated by taking the mid-point from a list of all employees' basic hourly rates of pay and provides a more accurate representation of the 'typical' difference in pay that is not skewed by the highest or lowest rates. It is possible however that the median pay gap can obscure pay differences that may be associated with gender, ethnicity or disability.

The gender pay gap is a key indicator of the inequalities and differences that still exist in men and women's working lives.

However, women are not a homogenous group, and their experiences of the labour market are shaped by their multiple, intersecting identities, which often compound and contribute to the inequalities they face. For example, disabled women and women from particular ethnic groups are more likely to be underemployed in terms of skills and face higher pay gaps.

There is a clear business case for organisations to consider gender equality key to enhancing profitability and corporate performance. Research data indicates that considering gender equality enabled organisations to:

- Recruit from the widest talent pool
- Improve staff retention
- Improve decision making and governance

1.2   National Terms and Conditions

NHS Fife employs staff on nationally negotiated and agreed NHS contracts of employment which includes provisions on pay, pay progression and terms and conditions of employment. These include National Health Service Agenda for Change (AfC) Contract and Terms & Conditions of Employment, NHS Medical and Dental (including General Practitioners) contracts of employment. Some staff are employed on the NHS Scotland Executive and Senior Managers contracts of employment which are evaluated using national grading policies with prescribed pay range and terms of conditions of employment.

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

NHS Scotland is a Living Wage employer and, as such, the lowest available salary of £24,518 translates into an hourly rate of £12.71 per hour, which is above the Scottish Living Wage rate of £12.60 per hour.

2. LEGISLATIVE FRAMEWORK

The Equality Act 2010 protects people from unlawful discrimination and harassment in employment, when seeking employment, or when engaged in occupations or activities related to work. It also gives women and men a right to equal pay for equal work. It requires that women and men and paid on equally favourable terms where they are employed in 'like work', 'work related as equivalent' or 'work of equal value'.

In line with the Public Sector Equality Duty of the Equality Act 2010, NHS Fife's objectives are to ensure we have due regards to the need to:

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

3. STAFF GOVERNANCE STANDARD

NHS Boards work within a Staff Governance Standard which is underpinned by statute. The Staff Governance Standard sets out what each NHS Scotland employer must achieve in order to continuously improve in relation to the fair and effective management of staff.

The Standard requires all NHS Boards to demonstrate that staff are:

- well informed;
- appropriately trained and developed;
- involved in decisions;
- treated fairly and consistently, with dignity and respect, in an environment where diversity is valued; and
- provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

Delivering equal pay is integrally linked to the aims of the Staff Governance Standard.

4. EQUAL PAY AND THE GENDER PAY GAP

Equal pay is a legal requirement. Women and men performing work of the same value must be paid at the same rate.

In contrast, the Gender Pay Gap is a comparison of the average rate of pay for all female staff compared to the average rate of pay for all male staff, regardless of their role.

5. EQUAL PAY POLICY

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

It is well recognised that the gender pay gap is caused by a range of societal and organisational factors which include:

- Occupational segregation
- A lack of quality part-time and flexible working opportunities
- The economic undervaluing of work which is stereotypically seen as female work such as care, retail, admin and cleaning
- Women's disproportionate responsibility for unpaid care
- Bias and a lack of transparency in recruitment, development and progression employment practices
- Workplace cultures
- Pay and grading systems

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

NHS Fife understands that worker have a right to equal pay between women and men. In addition, the Equality Act 2010 (Specific Duties) (Scotland) Regulations require NHS Fife to take the following steps:

- Publish gender pay gap information by 30 April 2025, and every two years thereafter, using the specific calculation set out in the Regulations;
- Publish a statement on equal pay between men and women; people who are disabled and who are not; and people who fall into a minority racial group and who do not, to be updated every four years; and
- Publish information on occupational segregation among its employees, being the concentration of men and women; people who are disabled and who are not; and people who fall into a minority racial group and who do not, to be updated every four years.

NHS Fife also recognises underlying drivers of pay inequality, including occupational segregation, inequality of unpaid care between men and women, lack of flexible working opportunities, and traditional social attitudes. NHS Fife will take steps within its remit to address these factors in ways that achieve the aims of the NHS Scotland Staff Governance Standard and the Equality Duty.

6.   **EQUAL PAY ACTIONS**

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

- Review this policy, statement and action points with trade unions, staff networks and professional organisations as appropriate, every 2 years and provide a formal report within 4 years;
- Inform employees how pay practices work and how their own pay is determined;
- Provide training and guidance for managers and for those involved in making decisions about pay and benefits and grading decisions to ensure fair, non-discriminatory and consistent practice;
- Examine our existing and future pay practices for all our employees, including part-time workers, those on fixed term contracts or contracts of unspecified duration, and those on pregnancy, maternity or other authorised leave;
- Undertake regular monitoring of our practices in line with the requirements of the Equality Act 2010; including carrying out and using the results of equality impact assessments;

- Consider, and where appropriate, contribute to equal pay reviews in line with guidance to be developed in partnership with the workforce and Trade Union representatives.

Responsibility for implementing this policy is held by the NHS Fife's Chief Executive with the Director of Workforce having lead responsibility for the delivery of the policy.

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

NHS Fife

NHS SCOTLAND

Meeting:	**Staff Governance Committee**
Meeting Date:	**Tuesday 13 May 2025**
Title:	**Area Partnership Forum Assurance Report**
Responsible Non Executive:	**Lynne Parsons, Employee Director**
Report Author:	**Lynne Parsons, Employee Director**

Executive Summary:

- This report provides assurance that the Area Partnership Forum (APF) has fulfilled its remit for the financial year 2024 / 2025.

1. Purpose

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

This report relates to:
- NHS Board

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

This report aligns to the following strand/s of the NHS Scotland Staff Governance Standard:
- Well informed
- Appropriately trained & developed
- Involved in decisions
- Treated fairly & consistently, with dignity & respect, in an environment where diversity is valued
- Provided with a continuously improving & safe working environment, promoting the health& wellbeing of staff, patients and the wider community

2. Report Summary

2.1 Situation

All formal Committees of the NHS Board are required to provide a mid-year and an Annual Statement of Assurance for the NHS Board. The requirement for these statements is set out in the Code of Corporate Governance.

This report is an annual statement of assurance that the Area Partnership Forum has fulfilled its remit.

2.2 Background

The recent work undertaken by Co-Chairs and members of the APF has been to increase the profile of the Forum. This report is part of the commitment from the Board to assist the APF in this action and this is the first annual statement of assurance report being provided by the APF.

2.3 Assessment

The annual statement of assurance report is an appendix to this paper, which indicates the span of business considered by the APF and draws out any areas of concern to be highlighted.

This report provides the following Level of Assurance:

	Significant	Moderate	Limited	None
Level	X			
Descriptor	There is robust assurance that the system of control achieves, or will achieve, the purpose that it is designed to deliver. There may be an insignificant amount of residual risk or none at all.	There is sufficient assurance that controls upon which the organisation relies to manage the risk(s) are suitably designed and effectively applied. There remains a moderate amount of residual risk.	There is some assurance from the systems of control in place to manage the risk(s), but there remains a significant amount of residual risk, which requires further action to be taken.	No assurance can be taken from the information that has been provided. There remains a significant amount of residual risk

2.3.1 Quality, Patient and Value-Based Health & Care

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

2.3.2 Workforce

The APF is the principal vehicle for partnership working and reports into the Staff Governance Committee which ensures the five strands of the staff Governance standard are embedded throughout the organisation as we strive to be an exemplar employer.

2.3.3 Financial

The production and review of mid and year-end assurance statements are a key part of the governance process with no financial impact.

2.3.4 Risk Assessment / Management

The identification and management of risk is an important factor in providing appropriate assurance to the NHS Board. There is a risk that the five strands of Staff Governance are not aligned to the work of the forum, to ensure our strategic ambitions are achieved. To mitigate any risk the forum, have a Workplan that compliments the Staff Governance Committee workplan and is agreed and delivered in partnership

2.3.5 Equality and Human Rights, including children's rights, health inequalities and Anchor Institution ambitions

The Area Partnership forum ensure that staff, through their accredited representatives are involved in strategic decision making and that the views of the workforce are properly and fully considered by the Board and the Executive Leadership Team's thinking and decision-making on issues affecting the workforce.

Working in partnership with staff side colleagues, the workplan of the APF ensures the work is aligned to the five Staff Governance Standards and ensures our strategic ambitions are achieved.

2.3.6 Climate Emergency & Sustainability Impact

No direct impact from this paper.

2.3.7 Communication, involvement, engagement and consultation

Both LPFs have contributed to the development of both the mid-year review and annual statement of assurance report.

2.3.8 Route to the Meeting

Both LPFs have fed into the APF which has informed the development of the content presented in this report.

2.4 Recommendation

The paper is provided to Staff Governance Committee for:

- **Assurance** – For Members to take significant assurance that the forum has delivered on its remit annual statement of assurance in the reporting year.

3. List of Appendices

The following appendix is included with this report:

- Appendix 1, Area Partnership Forum Annual Assurance Report

Report Contacts

Carol Potter
Chief Executive, Co-Chair APF
Email carol.potter@nhs.scot

Lynne Parsons
Employee Director, Co-Chair APF
Email lynne.parsons@nhs.scot

ANNUAL STATEMENT OF ASSURANCE FOR
NHS FIFE AREA PARTNERSHIP FORUM

1.   Purpose

1.1   The Area Partnership forum will ensure that staff, through their accredited representatives are involved in strategic decision making. The purpose of the Area Partnership Forum is to ensure that the views of the workforce are properly and fully considered by the NHS Board and the Executive Leadership Team's thinking and decision-making on issues affecting the workforce.

1.2   The Area Partnership Forum is supported by two Local Partnership Forums:

- Health & Social Care Partnership Local Partnership Forum
- Acute and Corporate Directorates Local Partnership Forum

2.   Membership

2.1   During the financial year to 31 March 2025, membership of the Area Partnership Forum comprised, at date of writing the annual assurance statement as below: -

Name	Role / Designation
Lynne Parsons	Employee Director (Co-Chair)
Carol Potter	Chief Executive (Co-Chair)
Sharon Adamson	Royal College of Nursing
Jennifer Bell	Chartered Society of Physiotherapists
Vicki Bennett	British Dietetic Association
Helen Caithness	Royal College of Nursing
Claire Dobson	Director of Acute Services
Kevin Egan	UNITE
Fiona Forrest	Acting Director of Pharmacy & Medicines
Lynne Garvey (started 04.11.24)	Director of Health & Social Care
Mary Ann Gillan	Royal College of Midwives
Neil Groat	Society of Radiographers
Benjamin Hannan	Director of Reform and Transformation
Paul Hayter	UNISON
Joy Johnstone	Federation of Clinical Scientists
Jenni Jones	Associate Director of Culture, Development & Wellbeing
Janette Keenan	Director of Nursing
Angela Kopyto	British Dental Association
Chu Lim	British Medical Association
Roddy MacEwan	British Orthoptic Society
Kirsty MacGregor	Director of Communications & Engagement
Wendy McConville	UNISON
Neil McCormick	Director of Property & Asset Management
Margo McGurk	Director of Finance & Strategy
Christopher McKenna	Medical Director
David Miller	Director of Workforce
Benjamin Morrison	Royal College of Podiatry
Louise Noble	UNISON
Joanna Pickles	British Medical Association
Sandra Raynor	Head of Workforce Resourcing & Relations
Wendy Rowbotham	GMB
Caroline Somerville	UNISON
Jane Surtees	Royal College of Nursing
Joy Tomlinson	Director of Public Health

| Andrew Verrecchia | UNISON |
| Rhona Waugh | Head of Workforce Planning & Staff Wellbeing |

2.2 The Area Partnership Forum may invite individuals to attend meetings for agenda particular items determined by the Co-chairs. Other attendees, deputies and guests are recorded in the individual minutes of each meeting.

3. Meetings

3.1 The Area Partnership Forum have met to date during the financial year to 31 March 2025 on the undernoted dates:

22 May 2024
24 July 2024
18 September 2024
20 November 2024
22 January 2025
19 March 2025

4. Business

4.1 **Area Partnership Forum inclusion and engagement:** the work continues by the Chair and Co-Chair to increase engagement with key stakeholders and widen attendance both on management and staff side on a regular basis to the forum.

4.2 **Population Health and Wellbeing Strategy:** the strategy has sought to support the development of a vision for NHS Fife in the coming years. The strategy underpins NHS Fife ongoing recovery from the Covid-19 pandemic and begins to address a range of current and emergent challenges. The Area Partnership Forum recognised the importance of engagement in the strategy development and offered to be involved in providing feedback as and when required. The Area Partnership Forum now receives regular updates and feedback regarding the progress of the strategy.

4.3 **Scottish Health and Care Staffing Act:** The Act aims to ensure safe and effective staffing levels across health and social care settings. The Area Partnership Forum have offered to feedback regarding the current challenges being experienced in staff recruitment and retention strategies, workforce vacancies and workforce development. The Area Partnership Forum now receives regular feedback on the development of the implementation of the Act.

4.4 **Reform, Transform & Perform**: The Area Partnership Forum receives regular updates and feedback regarding the financial position of the Board. There is recognition of the need to focus attention on the work being undertaken through the Re-form, Transform, Perform programme. The Area Partnership Forum Co-Chairs have received a presentation to the group on the current initiatives being planned and receives regular updates at each forum.

4.5 **Non-Financial Aspects of the AFC Pay Deal 2023 / 2024**: The Area Partnership Forum receives regular updates on the reduced working week, band 5 nursing review and protected learning time. The Area Partnership Forum has offered feedback regarding the current challenges being experienced around the reduced working week and are provided with regular updates on the implementation of the first 30 minutes.

4.6 **PDPR and Core Skills Recovery Plan:** The Area Partnership Forum receives regular updates on the current performance metrics of both PDPR completion and core skills / mandatory training compliance rates across the organisation. The Area Partnership Forum has offered feedback regarding the current challenges being experienced around compliance rates and on the long-term sustainability plan identifying actions required to increase performance metrics into 2025 / 2026.

5.   Risk Management

5.1   The provision of a multi professional perspective on the development of the Annual Workplan for the Area Partnership Forum and the strategic objectives of the NHS Board.

5.2   Sharing best practice and encouraging multi-professional working in healthcare and health improvement.

5.3   Through the Area Partnership Forum Co Chair, being fully engaged in NHS Board business.

5.4   Supporting the NHS Board in the conduct of its business through the provision of multi professional advice

6.   Other Highlights

6.1   The Co-Chair of the Health & Social Care Partnership Forum has recently been appointed in October 2024, Vicki Bennett, is the new LPF co-chair.

7.   Conclusion

7.1   As a Co-Chair of the Area Partnership Forum during financial year 2024 / 2025, I am satisfied that the integrated approach, the frequency of meetings, the breadth of the business undertaken and the range of attendees at meetings of the Area Partnership Forum has allowed us to fulfil our remit to date. As a result of the work undertaken during to the year, I can confirm that adequate and effective governance arrangements were in place in the areas under our remit during the year.

7.2   I can confirm that that there were no significant control weaknesses or issues at the annual review which the Area Partnership Forum considers should be disclosed in the Governance Statement, as they may have impacted financially or otherwise in the year or thereafter.

7.3   I would pay tribute to the dedication and commitment of fellow members of the Area Partnership Forum and to all attendees. I would thank all those members of staff who have prepared reports and attended meetings.

Signed: Date:

Lynne Parsons, Co-Chair
On behalf of the Area Partnership Forum

Appendix 1 – Attendance Schedule

NHS Fife Area Partnership Forum Attendance Record
1 April 2024 to 31 March 2025

	22.05.24	24.07.24	18.09.24	20.11.24	22.01.25	19.03.25
Members						
Lynne Parsons, Employee Director (Co-Chair)	☞	x	☞	x	☞	☞
Carol Potter, Chief Executive (Co-Chair)	x	☞	☞	☞	x	☞
Sharon Adamson, Royal College of Nursing	☞	☞	☞	☞	☞	☞
Yvonne Batehup, Welfare Officer, UNISON	☞	☞	x	☞	☞	☞
Jennifer Bell, Chartered Society of Physiotherapists	x	x	☞	x	x	x
Vicki Bennett, British Dietetic Association	x	☞	x	☞	☞	☞
Helen Caithness, Royal College of Nursing			Added to APF Oct	☞	☞	☞
Claire Dobson, Director of Acute Services	☞	☞	x	☞	☞	☞
Kevin Egan, UNITE	x	x	x	x	x	x
Simon Fevre, British Dietetic Association - National Employment Relations Officer, Scotland & NI	x	x	x	x	x	x
Fiona Forrest, Acting Director of Pharmacy and Medicines	x	☞	x	x	x	x
Lynne Garvey, Director of Health and Social Care			Started in post 4 Nov	☞	☞	☞
Mary Ann Gillan, Royal College of Midwives	☞	x	x	x	☞	x
Alistair Graham, Director of Digital & Information	☞	☞	x	☞	☞	x
Neil Groat, Society of Radiographers	x	x	x	x	x	x
John Hackett, UNISON – Regional Officer	☞	x	☞	☞	x	x
Ben Hannan, Director of Reform and Transformation	☞	x	☞	☞	x	x
Paul Hayter, UNISON	☞	☞	☞	x	☞	x
Joy Johnstone, Federation of Clinical Scientists	x	x	☞	☞	☞	x
Jenni Jones, Associate Director of Culture, Development & Wellbeing	☞	☞	☞	x	☞	☞
Janette Keenan, Director of Nursing	☞	☞	x	☞	☞	x
Angela Kopyto, British Dental Association	x	x	x	x	x	x
Chu Lim, British Medical Association	x	x	☞	☞	x	☞
Roddy MacEwan, British Orthoptic Society	x	x	x	x	x	x

	22.05.24	24.07.24	18.09.24	20.11.24	22.01.25	19.03.25
Kirsty MacGregor, Director of Communications & Engagement	✓	✓	✓	✓	✓	✓
Liam Mackie, Royal College of Nursing	✓	x	x	x	x	✓
Wendy McConville, UNISON	x	✓	✓	x	✓	
Neil McCormick, Director of Property & Asset Management	x	x	x	✓	✓	x
Debbie McGirr, Speak Up/ Whistleblowing Coordinator				✓	✓	✓
Margo McGurk, Director of Finance & Strategy	✓	✓	x	✓	x	✓
Fiona McKay, Interim Director of Health & Social Care	x	✓	✓			
Christopher McKenna, Medical Director	✓	✓	x	✓	x	✓
David Miller, Director of Workforce	✓	✓	✓	✓	✓	✓
Benjamin Morrison, Royal College of Podiatry	✓	x	✓	✓	x	✓
Louise Noble, UNISON	✓	✓	✓	✓	✓	✓
Joanna Pickles, British Medical Association	x	x	x	x	✓	x
Sandra Raynor, Head of Workforce Resourcing & Relations	✓	✓	✓	✓	✓	✓
Susan Robertson, UNITE – Regional Officer	x	x	x	x	x	x
Wendy Rowbotham, GMB	x	x	x	x	x	x
Caroline Somerville, UNISON	✓	✓	✓	✓	x	✓
Jane Surtees, Royal College of Nursing			Added to APF Oct	x	x	x
Gillian Tait, Royal College of Nursing – Regional Officer	✓	✓	✓	✓	✓	x
Joy Tomlinson, Director of Public Health	✓	✓	✓	✓	✓	✓
Andrew Verrecchia, UNISON	✓	✓	✓	✓	✓	x
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing	✓	✓	x	✓	✓	✓
In Attendance						
Hazel Close, Deputy Director of Pharmacy & Medicines	✓ Deputising					
Lynne Garvey, Head of Community Care Services, H&SCP	✓ Deputising					
Jim Rotheram, Head of Facilities	✓ Deputising	✓ Deputising				✓ Deputising
Susan Fraser, Associate Director of Planning & Performance	✓ Item 07.3			✓ Items 08.4 and 08.5	✓ Deputising	✓ Deputising

	22.05.24	24.07.24	18.09.24	20.11.24	22.01.25	19.03.25
Michaela Lessels, UNISON	⚑		⚑			
Isla Bumba, Equality & Diversity Lead		⚑ Item 02				
Jackie Millen, Interim Learning & Development Manager		⚑ Item 07.1	⚑ Item 03.1	⚑ Item 09.1	⚑ Item 09.1	
Maxine Michie, Deputy Director of Finance			⚑ Deputising	⚑ Deputising	⚑ Deputising	
Miriam Watts, General Manager, Medical Directorate			⚑ Deputising			
Paula Lee, Head of Procurement			⚑ Item 04.1			
Brian McKenna, Workforce Planning Lead			⚑ Items 07.1 and 09.1			
William Nixon, Health & Safety Manager			⚑ Item 07.3			
Jane Anderson , General Manager, WCCS				⚑ Item 05.2	⚑ Item 05.2	
Nicola Morris, UNISON					⚑	⚑
Lynn Barker, Director of Nursing, H&SCP						⚑ Deputising
Claire Weir, Royal College of Midwives						⚑
Elaine Rae, Chief Executive, NHS Credit Union						⚑

STAFF GOVERNENCE COMMITTEE

AREA PARTNERSHIP FORUM

Wednesday 19th March 2025

The main area of focus of the Area Partnership Forum meeting held on 19th March 2025 was 'Planning for 2025/26' with updates from Executive Leads, and discussion thereof; and the ongoing challenging financial situation.

In addition:
- there was a presentation on the NHS Credit Union
- updates on the implementation of the Reduction in the Working Week, the Workforce Plan 2025/26, PDPR and Mandatory Training Recovery Plan and the Confidential Contacts role
- and progress reports on the East Region Health Promotion Service On Call arrangements and the enactment of the Health and Social Care (Staffing) (Scotland) Act 2019 within Fife.

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

NHS Fife
AREA PARTNERSHIP FORUM

NHS Fife

<u>**UNCONFIRMED**</u> **MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 19ᵀᴴ MARCH 2025 AT 13:30 HRS IN BOARD ROOM, STAFF CLUB, VICTORIA HOSPITAL**

Chair: Lynne Parsons, Employee Director; Carol Potter, Chief Executive (from Item 3)

Present:

Sharon Adamson, Royal College of Nursing
Lynn Barker, Director of Nursing, H&SCP (for Janette Keenan)
Yvonne Batehup, Welfare Officer, UNISON
Vicki Bennett, British Dietetic Association
Helen Caithness, Royal College of Nursing
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance (for Ben Hannan)
Lynne Garvey, Director of Health & Social Care
Jenni Jones, Associate Director of Culture, Development & Wellbeing
Chu Lim, British Medical Association
Kirsty MacGregor, Director of Communications & Engagement
Liam Mackie, Royal College of Nursing - Officer

Debbie McGirr, Speak Up/ Whistleblowing Co-ordinator
Margo McGurk, Director of Finance & Strategy
Christopher McKenna, Medical Director
David Miller, Director of Workforce
Nicola Morris, UNISON - FTO
Ben Morrison, Royal College of Podiatry
Louise Noble, UNISON
Sandra Raynor, Head of Workforce Resourcing & Relations
Jim Rotheram, Head of Facilities
Caroline Somerville, UNISON
Joy Tomlinson, Director of Public Health
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Claire Weir, Royal College of Midwives

In Attendance:
Elaine Rae, Chief Executive, NHS Credit Union (Item 2)
Janet Melville, Personal Assistant (Minutes)

Actions

01. **WELCOME, INTRODUCTIONS AND APOLOGIES**

L Parsons welcomed everyone to the meeting, in particular guest presenter, E Rae; and C Weir attending her first Area Partnership Forum (APF) meeting.

Apologies for absence were noted from Jennifer Bell, Mary Ann Gillan, Alistair Graham, Ben Hannan (Susan Fraser attending), Janette Keenan (Lynn Barker attending), Neil McCormick (Jim Rotheram attending) and Andrew Verrecchia.

02. **PRESENTATION: NHS CREDIT UNION**

L Parsons invited E Rae, Chief Executive, NHS Credit Union to present.

E Rae delivered her presentation on the NHS Credit Union which was set up 27 years ago as a not-for-profit cooperative to challenge unethical lending and encourage a savings culture. It is member-owned and run solely for the benefit of NHS staff and their families (currently around 25,000 members). Members (including retired NHS staff) have access to confidential support to improve their financial wellbeing through savings, debt management or loan support and free life protection. Another important aim is to provide a safe harbour and to tackle financial abuse. Members can make use of the payroll deduction

facility; have instant access to their money through the NHS Credit Union app; and all profits are returned to members as annual dividends. There is a Festive Savings option and a new offering, Vehicle Loan. The NHS Credit Union also supports NHS Staff Awards and donates to NHS Charities.

Post meeting note: E Rae agreed to share the slide deck with APF members and would be delighted to present to other groups, if asked.

APF **noted** the presentation.

03.   MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the APF meeting held on 22nd January 2025 were approved as a true and accurate record.

The Action List was reviewed, and the status of actions agreed: L Parsons confirmed Brian McKenna, Workforce Planning Lead has been invited to attend an APF Staff Side meeting to present workforce data and to discuss workforce planning, and therefore it was agreed to close this action.

04.   MATTERS ARISING

There were no matters arising that were not on the agenda.

05.   TREATED FAIRLY AND CONSISTENTLY

05.1   Workforce Policies Update

S Raynor explained that HR15 – NHS Fife Organisational Change Policy was amended to reflect national guidance and is brought to APF for approval.

S Raynor advised that Phase 3 of the Once for Scotland Workforce Policy programme has commenced with a consultation on the 'Managing Health at Work' suite of policies; and informed colleagues that the planned launch of the Phase 2 policies in mid-February 2025 is currently paused.

APF **approved** the policy and **noted** the update.

05.2   Whistleblowing 2024/25 Quarter 3 Report

D McGirr referred to the report which details activity during Quarter 3 (October – December 2024).

D McGirr advised that the focus has been on updating and delivering confidential contact training to support those in the role and extending the scope of their practice; with regular meetings to be held every quarter.

L Noble indicated she has received requests for greater engagement during the investigation process; individuals would appreciate being kept informed with more regular progress updates.

APF **noted** the report.

05.3   Reduction in the Working Week

D Miller confirmed that the Scottish Government (SG) has directed NHS Boards to implement the final 1-hour reduction in the working week for Agenda for Change (AfC) staff, to 36 hours, in one tranche, effective from 1 April 2026. Boards are required to provide SG with their plans for implementation. It was recognised the timeline did not sit comfortably with staff side colleagues.

D Miller advised that decisions will be made in partnership regarding priority areas and services requiring investment to ensure NHS Fife meets its national targets. D Miller stressed SG monies of £10.2m is to fund all of the recommendations of the AfC non-pay reform.

During the discussion that followed, staff side colleagues raised concerns in terms of staff unable to take TOIL or annual leave due to work pressures, and the associated costs involved; and the disparity in the implementation of the reduction in the working week (RWW) across the organisation.

The challenges with transitioning to a reduced working week were acknowledged – predominately within clinical areas – and that the anticipated benefits to staff health and wellbeing have not yet been realised. L Noble **LN** suggested she share, in due course, the results of a short UNISON survey on the RWW. Lessons learned from the first phase and feedback from services will be utilised to ensure a robust, consistent and workable approach across the organisation. Managers are encouraged to seek support, advice and guidance, and to resolve issues jointly.

APF **noted** the update

06.   PLANNING FOR 2025/26

06.1   Financial Plan

M McGurk referred to the paper presented to the APF in January 2025 following the Scottish Government (SG) budget announcement in December 2024: at that stage, NHS Fife forecasted a potential financial gap of £53m for 2025/26. Since then, a revised and more detailed assessment of a joint Health Board and IJB Financial Plan indicates a reduction in the deficit to £39m; the main reasons for which are:

- In February 2025, all NHS Boards received additional sustainability allocations (NHS Fife's share is £22m, although only £5m is recurring)
- Increased level of savings target from an initial assumption of £20m to £28.5m
- Expenditure lines clarified and costs refreshed.

M McGurk reported that NHS Fife and the IJB have achieved savings of £25m, which is very positive, and SG are content with the 'reasonable' level of assurance; however, it remains a very challenging position. It is anticipated the Business Transformation phase of RTP - which includes the move to service change and redesign - will enable greater efficiencies. The medium-term financial plan indicates NHS Fife is working to a gap of 1% of total revenue resource limit is not unreasonable. M McGurk, L Parsons and C Potter thanked everyone for their efforts, NHS Fife is in a better position than was the expectation this time last year.

C Potter and L Parsons took the opportunity to thank M McGurk for her valuable contribution to APF and to NHS Fife as a whole - in particular for her guidance through the COIVD-19 pandemic – and wished her a long, happy and healthy retirement.

06.2   Transformation Portfolio

S Fraser explained that the focus is moving to RTP2 and actions to be taken during 2025/26.

People & Change Board

D Miller reported that the target to reduce supplementary staffing has been exceeded. Direct Engagement, a nationally negotiated reduced rate for locum doctors and nurses while no change to staff pay, was introduced in August 2024; uptake is increasing and, with stricter financial governance, savings have surpassed those envisaged. Work continues to implement the RWW and where to increase staffing to deliver transformation plans. NHS Fife has delivered all it set out to do under the 'people and change' umbrella this year and moving into RTP2, the focus will be on business transformation.

Acute Services Redesign

C Dobson informed colleagues that Acute Services priorities this year included: the successful co-location of the two Respiratory wards, now establishing new ways of working and integrated pathways. The co-location of two Medicine of the Elderly wards which has proved more challenging, although when the Theatre work commences 2025/26 it is anticipated the real benefits around this redesign will be realised. The establishment of the Same Day Emergency Care Unit (SDEC) model is working well, with 90% of patients going home every day instead of a stay in hospital, reducing pressures on Front Door and the site more widely. The other area of redesign was around surgical pathways from the front door, improving patient care and flow.

Attention is now on RTP2 for 2025/26 which includes a system-wide bid to SG for resourcing new ways of working in Unscheduled Care to reduce length of stay and improve flow; and in Planned Care, waits under 52-week work.

Infrastructure

J Rotheram advised that work continues on consolidation of sites at Stratheden and Cameron Hospitals, with staff/ department moves as required. Evaluation of smaller and under-used sites is being undertaken to determine whether they can be disposed of.

Business Transformation

D Miller indicated that the analysis in terms of systems and processes has been undertaken; the next stage is to discuss 'people', in partnership with staff side and HR colleagues, in terms of the model, timeframe and engagement and determine how to enact the changes.

06.3 Annual Delivery Plan

S Fraser reported that the working draft of the Annual Delivery Plan (ADP) will be considered at the Private Session of the Board on 25 March 2025 and will continue through the governance route thereafter. Plans are moving on from COVID-19 recovery and focussing on delivery areas, some of which are in RTP, some are not. The Corporate Objectives have been linked into the ADP and ADP objectives produced, becoming one process.

APF **noted** the update.

07. WELL INFORMED

07.1 Financial Performance & Sustainability Report

See narrative at item 06.1

APF **noted** the report.

07.2 Communications Update

K MacGregor advised that Comms are preparing for the next phase of campaign development in terms of RTP 2 transformation, with a focus on staff engagement through the 'RTP and Me' updates and the wider community engagement, 'Let's Talk'; exploring new messages and priorities arising from that.

NHS Fife Comms Team has been working closely with the H&SCP Comms Team around engagement regarding Cairnie Ward, and also Adamson MIU, to manage public expectations and to meet the obligations of Health Improvement Scotland (HIS) in terms of their scrutiny with any programme of service delivery change.

K MacGregor updated on the proposed move from StaffLink, launched during the COVID-19 pandemic on the Blink platform which has expensive software. The Comms Team is currently scoping SharePoint. There will be a one-year transition 1 April 2025 – 31 March 2026, running the new system in parallel with StaffLink. It is hoped to retain the best functionality from StaffLink. The plan is to go out to tender and establish a User Group to test and build the desired system. Blink has offered a 50% discount for the coming year now NHS Fife has served notice.

In addition, K MacGregor drew attention to:

- Promotion continues around national campaigns e.g. Early Bird.
- The Communications Quarterly Report will be published in May 2025 and will be shared with APF colleagues.
- The Comms Team has also been busy with media management and crisis management issues.

APF **noted** the update.

07.3 Workforce Plan for 2025/2026

R Waugh reported that B McKenna collated responses from services into the spreadsheet template; with the subsequent plan reflecting the current position in terms of planning aspects, including RTP, finance and ADP.

Comms colleagues produced the glossy version of the plan which was submitted to SG on 17 March 2025 and will be shared virtually with APF colleagues to comment on by 31 March 2025.   **RW**

APF **noted** the update.

07.4 East Region Health Promotion Service On Call

J Tomlinson provided a brief history, explaining that the four East Region Boards: NHS Borders, NHS Fife, NHS Forth Valley, and NHS Lothian, commenced a single service for East Region covering daytime Health Protection duties in December 2023. The main drivers for development of the ERHPS arose from the COVID-19 pandemic with a desire to improve service resilience and sustainability as well as to progress and maximise the skills of the workforce by establishing a modern service.

The intention now is to progress with the on call and out of hours aspects of the service delivery. Next steps include determining what the model will look like, assessing workforce changes and how best to work across four Boards and build a workable culture.

L Parsons observed that all staff moving at the same timeframe enables a consistent process. J Jones commended the collaboration spirit of those

involved with the redesign which we should showcase and learn from.

APF **noted** the update.

07.5 Annual Review of the Area Partnership Forum Terms of Reference

S Raynor advised the amendments to the Terms of Reference had been considered and approved by the Agenda for Change Partnership Group and APF Co-Chairs; and is brought to APF for comment/ endorsement. S Raynor assured APF members that an annual review would be undertaken going forward.

L Parsons suggested undertaking a review also of the LPFs to ensure they are all up-to-date and in line with national staff governance standards.

APF **approved** the revised Terms of Reference.

08. APPROPRIATELY TRAINED

08.1 PDPR and Mandatory Training Recovery Plan

J Jones reported that Core Skills training and Personal Development Plan Review compliance is currently 64% and 44.3% respectively; the highest rates for quite some time, although there is always room for improvement.

Jackie Millen, Learning & Development Manager and her team have undertaken data reconciliation, including assessment of 1500 stand-alone accounts; ensuring partial appraisals are signed off by both reviewee and reviewer; and supporting Directors in Corporate Division and H&SCP (with Acute Services in the near future) with useful and timeous data on how compliant their teams are with Core Skills training. However, there is a couple of months time lag for reporting owing to the eESS and Turas systems.

J Jones thanked everyone for their commitment and time invested in ensuring, as a priority, staff are appropriately trained and safe at work. L Garvey welcomed the recent open and frank conversation to explore improvement actions to increase compliance and thanked J Jones and her team for their support. This led to a discussion during which the step change and dedicated focus on finding a way forward was recognised, moving on from the 'same old' discussions every year. The improved data and grip were acknowledged, enabling managers to forward plan and keep the momentum going; as was the interest and scrutiny from all levels, including the Chair and Board members.

APF **noted** the update.

09. INVOLVED IN DECISIONS

09.1 Acute Services Division and Corporate Directorates Local Partnership Forum Update

C Dobson advised that the ASD&CD LPF had last met on 20 February 2025 and was well-attended. Three areas to be escalated for APF attention are:

- A highlight report by Nicola Robertson, Director of Nursing (Corporate) on Healthcare Support Workers, celebrating those graduating as Assistant Practitioner from Cohorts 1-3 and the establishment of Cohort 4.

- An area of concern: transparency of the Vacancy Management Form (VMF) approval process e.g. visibility when panels take place/ outcomes advised and the impact of 13 week pause, to ensure NHS

Fife is meeting the 'well-informed' and 'treated fairly and consistently' staff governance strands. D Miller agreed to meet C Dobson and A Verrecchia out with the meeting to discuss further.

DM / CD/ AV

- Business Transformation – in terms of what's helping/ how it will be implemented/ impact on services. It was suggested A Graham (and D Miller) attend the next ASD&CD LPF to help shape the work/ to discuss concerns.

AG/ DM

APF **noted** the update.

09.2   Health & Social Care Partnership Local Partnership Forum Update

V Bennett highlighted the main topics discussed at the recent meeting:

- Mandatory training – improving compliance rates, giving staff time to undertake the training required.
- Ligature management in ward areas.
- Health and safety – a reduction in violence and aggression incidents was noted.
- Attendance – there has been an increase in long term sickness absence – undertaking a deep dive to ascertain the main reasons. Establishing Key Performance Indicators (KPIs) on absence management and investigations to ensure on track.
- The Stress Survey within H&SCP received over 1500 responses which are currently being analysed and the results will be shared with APF colleagues in due course.
- Budget – good discussions in partnership.

L Garvey added that the focus of the Extraordinary H&SCP LPF meeting held on 25 February 2025 was purely a financial update with a commitment to address the challenges faced in partnership.

APF **noted** the update.

10.   PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

10.1   Health and Social Care (Staffing) (Scotland) Act 2019 Quarter 3 and Annual Report 2024/25

R Waugh confirmed this report builds on the previous reports to APF and highlights Health Care Staffing Act activity as at the end of December 2024. R Waugh explained that a new data capture exercise had been employed this quarter, seeking managerial and professional feedback from all business units within NHS Fife, with B McKenna assisting contributors with the challenge. The plan is to provide an 'ADP path to green' type report in future (see Appendix 1). The progress to date is pleasing and it provides the granular, detailed evidence required for reporting to the Scottish Government (SG). Currently working to populate The Spreadsheet which, as it does not quite align with the governance cycle, will be shared virtually with APF members for comment.

Other activity includes:

- the third High Cost Agency report submitted to SG which indicates an improved position since the roll out of the Direct Engagement solution: a reduction of 1/3 of shifts above the 150% threshold.
- Liaising with D McGirr on whistleblowing cases where 'safe staffing'

concerns have been raised.

- Working with Comms colleagues to design a desk top banner in terms of what the Healthcare Staffing Act actually means for staff and for managers.
- Next meet Healthcare Improvement Scotland colleagues in April 2025; so far, they are content with NHS Fife's 'reasonable' level of assurance.
- Roll out of eRostering will really help with access to SafeCare which was presented at the Staff Governance Committee Development Session: members were impressed with what the system can do. L Barker confirmed the roll out of eRostering continues, scoping and reviewing of rosters, WTEs in clinical and other areas.

APF **noted** the update.

11.   ITEMS FOR NOTING

The following item was **noted** by APF, with nothing for escalation:

11.1   H&SCP Local Partnership Forum – Minutes of 14th January 2025

11.2   ASD&CD Local Partnership Forum – Unconfirmed Minutes of 20th February 2025

11.3   NHS Fife Staff Health & Wellbeing Group – Minutes of 10th December 2024

11.4   Health & Safety Sub-Committee – Unconfirmed Minutes of 6th December 2024

11.5   ASD&CD Health & Safety Committee – Minutes of 20th January 2025

11.6   Implementation of Health and Care Staffing Act – NHS Fife Safe Staffing Group – (i) Minutes of 19th December 2024 and (ii) Minutes of 22nd January 2025

11.7   Workforce Planning Forum – Minutes of 15th January 2025

11.8   Area Partnership Forum Workplan 2025/26

11.9   Leadership Framework

11.10   CE Letter - Public Consultation of NHSScotland Workforce Policies - Phase 3

11.11   Letter to Health Boards - Once for Scotland - Phase 2.2

12.   AOB

Occupational Health

Y Batehup queried the current delays in the Occupational Health (OH) process, particularly in terms of requests for counselling and retirement due to ill health and asked what the timescale for a response is. R Waugh explained the OH service is experiencing high levels of absence owing to sickness and bereavement leave and is currently focussing on immunisation and high priority management referrals, Rhona agreed to share current timescales out   **RW** with the meeting. In addition, the department has just implemented a new IT system, encountering several glitches in the process.

Payslips

C Somerville raised concerns in relation to (primarily weekly paid) staff who opted not to receive an electronic payslip who have not received a paper copy since the roll out of electronic payslips. It was agreed to discuss the matter

further out with the meeting.

There was no other business to discuss.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 21st May 2025 at 13:30 hrs.

STAFF GOVERNANCE COMMITTEE

ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM **(Thursday 20 February 2025)**
No issues were raised for escalation to the Staff Governance Committee.

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 20 FEBRUARY 2025 AT 2.00 PM VIA MS TEAMS

Present:
Claire Dobson (CD), Director of Acute Services **(Chair)**
Norma Beveridge (NB), Director of Nursing (Acute Services)
Miriam Watts (MW), General Manager – Surgical Directorate
Belinda Morgan (BM), General Manager – Medical Directorate
Jane Anderson (JA), Interim General Manager – Women Children & Clinical Services
William Nixon (WN), Health & Safety Manager
Fiona Forrest (FF), Acting Director of Pharmacy & Medicines
Melanie Jorgensen (MJ), Interim HR Team Leader
Jill Chambers (JC), Head of Finance
Bryan Archibald (BA), Planning & Performance Manager
Nicola Robertson (NR), Director of Nursing (Corporate)
Sharon Crabb (SC), Public Health Service Manager
Claire Fulton (CF), Adverse Events Lead
Caroline Somerville (CS),
Gillian Bell (GB), Unison
Michaela Lessels (ML), Unison
Joy Johnstone (JJ), Federation of Clinical Scientists
Dr Sue Blair (SB), British Medical Association
Sam Ferguson (SF), Chartered Society of Physiotherapists

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

		Action
1	**WELCOME & APOLOGIES**	
	CD opened the meeting and welcomed everyone.	
	Apologies were received from Jackie Millen, Carolyn Martin, Neal Stevenson, Kevin Booth, Neil McCormick, Paul Hayter, Andrew Verrecchia and Louise Noble.	
2	**MINUTE OF PREVIOUS MEETING – 15 NOVEMBER 2024**	
	The Minutes of the Meeting held on 15 November 2024 were accepted as an accurate record.	

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3   ACTION LIST & MATTERS ARISING

3.1   **Health & Safety Incident Report**

An issue had been identified around manual handling and training. NB advised there had been some discussion at the Acute Services Division and Corporate Services Health and Safety Committee and there is ongoing dialogue with manual handling colleagues to improve the training position. There are still a few things to be resolved but this has moved on quite a bit since this issue was raised in November 2024. Close action.   **GMcK**

3.2   **Issues for Next Meeting**

CD/AV still to arrange to discuss the flow the agenda now that we have full representation across Acute and Corporate Services.   **CD/AV**

3.3   **Festive Newsletter**

Contributions received for the Festive Newsletter, which was finalised and circulated. Close action.   **GMcK**

4   HEALTH & SAFETY:

4.1   Health & Safety Incident Report

The Health and Safety Incident Report for the period December 2024 to January 2025 was distributed and noted, for information.

WN advised there were 12 sharps (staff) incidents, 70 incidents since April 2024. There were 3 slips, trips, falls (staff) incidents, 30 incidents since April 2024. There were 29 violence and aggression (staff) incidents, 148 incidents since April 2024. There were 4 musculoskeletal (staff) incidents, 23 incidents since April 2024. There was 1 self-harm (patient) incident, 14 incidents since April 2024. There were 3 RIDDOR (all) incidents, 16 incidents since April 2024. There was a total of 662 incidents reported since April 2024.

5   STAFF GOVERNANCE:

A   Well Informed

5.1   Director of Acute Services Brief – Operational Performance

CD advised the site had been very busy during December 2024 into January 2025. CD wanted to pass on her personal thanks to all staff for everything that they have done over an extremely challenging period, however acknowledged our patients have been at the centre of everything that we do.

Surgical Directorate:

Attendance Management

MW advised the surgical directorate absence increased to 7.92% in December, and this was up from 6.67% in November 2024. There were 5 areas within the directorate that are above 10% and 12 areas over 7.2%. A focussed piece of work is being undertaken.

MW advised there are some large teams within the surgical directorate which means there are a large volume of staff who do have a sickness absence. This is something that will be looked at and aligned across the directorates.

MW advised the Promoting Attendance at Work Panels continue and offer good assurance and oversight of staff who have high absence rates. There are no concerns regarding sickness absence of the medical workforce.

Job Planning

MW advised the surgical directorate has had a successful year in terms of level of engagement with job planning with 76% (111) of job plans signed off; 9% in discussion; 4% are at first sign-off stage; and 5% are at second sign-off stage. This has been a significant improvement from previous years.

Vacancies

MW advised interviews for an ICU consultant takes place next week. One of our Urology consultants has resigned and within a period of 10 days the VMF has been approved and the job is out to advert.

MW advised we have challenges with our non-medical vacancies, and these have increased to 4.8% in January 2025. We do still have challenges and delays as a result of the VMF approval panel only meeting once a month.

MW advised the vacancy rate for the Diagnostic Treatment Centre has reduced and we have some signed off VMFs. Work is ongoing for the redeployment of the staff who were employed into ENT and part of Surgical Short Stay Unit and staff are volunteering to move to support vacancies across the directorate.

Supplementary Staffing

MW advised locum doctor use is mainly to cover rota gaps from NES and short-term sickness. There has been one gateway doctor

resignation following a period of unauthorised absence. Overtime is still being used and additional bank hours due to a delay in getting administrative support posts signed off.

Performance

MW advised TTG urgent, TTG long waits, outpatient urgent and new outpatients are all ahead of trajectory for what we set last year. We are currently working with the teams to plan for 2025/25 for our Demand Capacity Activity Queue (DCAQ).

Good News Story

MW advised the additional allocation of funds from the Capital Equipment Management Group (CEMG) has allowed us to purchase new scope equipment allowing a consultant to perform this procedure within Fife rather than having to travel to Lothian.

MW advised we have managed to stabilise our GI/General Surgery Cancer nursing team through remodelling with interviews taking place this afternoon.

Escalation

MW advised the uncertainty regarding the reduction in the working week has been addressed in the past 48-hours.

Women, Children & Clinical Services (WCCS) Directorate:

Attendance Management

JA advised the WCCS directorate absence rose to 7.92% in December 2024 and have been unable to sustain any improvement. The team have a commitment to look at the high priority areas, particularly around Antenatal services, Midwife Led Unit and Neonatal areas to understand why there is high absence and to put any support in place for managers and returning staff to work.

JA advised a Promoting Attendance at Work Panel took place today with good discussions with HR and staff side colleagues. There was useful feedback from the teams to help with some of the challenges and good support coming forward from Occupational Health.

JA advised the Attendance Management Training Sessions are now being advertised on StaffLink and there are opportunities for staff to sign up to them.

JA advised sickness absence across the medical workforce remains high, resulting in high reliance on locum support. The team is ensuring that the medical staff understand their responsibilities in terms of the Once for Scotland Attendance Management Policy and a consistent approach to attendance management is in place.

Job Planning

MW advised the WCCS directorate have 48% of job plans signed off, 25% in discussion and 10% at first sign-off stage and 5% at second sign-off stage. The team have a good process in place for sign-off going into the next year.

Vacancies

JA advised medical vacancies remain high, with specific challenges in Radiology and Laboratories, resulting in high purchase of healthcare costs. There are currently VMFs in the system for both services with interviews soon for Radiology and Pathology posts.

Staff Governance

JA advised the directorate had found it difficult to reach the 80% target in terms of mandatory training. There is a focus on this but the reduction in the working week continues to cause problems.

Performance

JA advised diagnostic imaging performance has improved to 93% of patients waiting less than 6 weeks for a key diagnostic test. We still remain the highest performing board in Scotland.

JA advised there has been good progress with the Post Menopausal Bleeding (PMB) waiting times and significant reduction in the long waits for our Gynaecology outpatients.

Good News Story

JA acknowledged the additional allocation of funds from the Capital Equipment Management Group (CEMG) has allowed us to support significant projects across the directorate. These will be concluded by the end of March 2025 and will make a significant difference to the working environment of our staff and what we can start to offer patients going forward.

JA advised the directorate has won the Labour Hopscotch Award and Scottish Healthcare Award within the maternity unit.

JA advised 4 of our therapists are participating in the NES Digital Leadership Programme to improve innovation around digital in their departments.

Escalation

JA advised radiology services at Adamson Hospital will be withdrawn at the end of April 2025. This is being undertaken in partnership with the staff.

JA advised staff had been asking for some clarify around the reduction in the working week, but noted guidance has been received this week.

JA noted there is a lack of digital tools to support the data collection around the safe staffing and this is proving difficult for some of our AHP staff.

Medical Directorate

Attendance Management

BM advised the medical directorate sickness absence deteriorated to 8.68% in December 2024. There is still high sickness absence in the nursing job family for various reasons.

BM advised Promoting Attendance at Work Panels continue supported by staff side colleagues and looking at innovative ways. At the last Stage 3 Hearing the RCN supported us to promote one of our nursing colleagues for an award around how she managed a very complex situation.

Job Planning

BM advised a lot of work has been undertaken and the Medical Directorate now have 52% of job plans signed off. This is the highest the directorate has had. The system has now closed down for this year and work will re-start for next year including lessons learned.

Vacancies

BM advised the directorate currently has 6 medical locums due to long standing sickness absence, vacancy gaps and lack of interest in consultant posts. The directorate is working on how to make posts more attractive for the medical workforce. Vacancies are within Stroke, MOE, Acute Medicine and Haematology. Plans are in place around those different areas.

Transformation

BM advised the ward moves had been completed from Ward 43, 32 and 53 and give us respiratory services on one floor and a lot of work was undertaken to make that happen.

BM advised a review of the surge model is ongoing around patient safety and quality of care and how we look after patients who are boarded into other areas of the hospital. A paper has been prepared for Acute SLT and will be taken forward to EDG.

BM advised a two-week test of change for SDEC commences on Monday 24 February 2025 to look at how we can re-redesign and learn lessons from our redesign of the front door. The aim will be to increase the zero days length of stay and improve our redirection rate. We already have one of the highest redirection rates in Scotland and one of the highest for our length of stay in our ward areas.

CD advised there was lot of work, innovation and transformation ongoing and thanked the three General Managers for their directorate updates.

CD advised since our last meeting we have had an unannounced Healthcare Improvement Scotland (HIS) Inspection of safe delivery of care within Acute. We have just received the inspection report for accuracy and sense checking. Overall, the inspection was very positive in terms of culture, visible leadership, positive behaviour, and relationships between staff and patients.

5.2 Attendance Management Update

The Attendance Management Report was distributed and noted for information.

MJ advised the overall sickness absence figure for NHS Fife was 6.91% in November and 7.80% in December 2024.

Acute Services Division

MJ advised:

The Acute Services Division had a sickness absence rate of 6.97% in November and 8.17% in December 2024. The Medical Directorate had the highest sickness absence percentage in December 2024 at 8.68%. The Surgical Directorate and Women, Children and Clinical Services both had a sickness absence figure of 7.92%.

The highest number of hours lost was due to anxiety/stress/depression sickness absence category, followed by cold, cough, flu–influenza. The highest number of episodes was

due to cold, cough, flu–influenza followed by gastro-intestinal problems.

The highest number of hours lost due to sickness absence was in the Nursing/Midwifery Band 5+ job family, and the highest absence rate was in the Nursing/Midwifery Band 1-4 job family.

Both short-term and long-term absence increased in December 2024. There were 21 areas within the Acute Services Division with over 10% absence.

Corporate Services Directorate

MJ advised:

The Corporate Services Directorates had a sickness absence rate of 6.28% in November and 6.82% in December 2024. The Facilities Directorate had the highest sickness absence rate in December 2024 of 9.42%. This was followed by Estates which was 8.18%, then Corporate Services at 4.93%.

The Nurse Director had the highest sickness absence at 9.87%, followed by the Workforce Directorate at 5.87% and Pharmacy Services at 5.02%.

The highest number of hours lost was due to sickness absence was due to anxiety/stress/depression, followed by other known causes. A lot of work has been undertaken to discourage the use of the unknown causes category as this does not provide an accurate reflection of the reason for sickness absence. The highest number of episodes of absence was due to cold, cough, flu-influenza followed by other gastro-intestinal problems.

The highest number of hours lost due to sickness absence was in the Support Services job family, and the highest absence rate was in Healthcare Sciences job family.

Both short-term and long-term absence increased in December 2024. There were 6 areas within Corporate Services Directorate with over 10% sickness absence.

CD advised attendance was a topic of discussion at this morning's Executive Directors Group around the work that JA is leading with Sandra Raynor around how we apply our policies and procedures to support attendance management but also the visibility of different reports and how we can all collectively take action to support staff in a consistent way to maintain their attendance a work and support the work that has already been taken.

5.3 **Feedback from NHS Fife Board & Executive Directors Group**

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NHS Fife Board Meeting

CD advised the last NHS Fife Board meeting took place on 30 January 2025. CD advised there was feedback from Neil McCormick in relation to Business Continuity and Essential Investment Infrastructure Planning.

CD advised there were standing committee reports and a governance item around the Health and Care (Staffing) (Scotland) Act 2019.

CD advised NHS Fife has been doing a lot of work around their Risk Management Framework and a revised framework was presented to the Board.

CD advised the Annual Climate Emergency and Sustainability Report was presented and this was followed by minutes from various committees.

CD advised we are now in a planning phase for 2025/26 around our transformation planning and also our financial planning. Our financial targets are significant again for 2025/26.

FF advised recognition should be given on the huge amount of work everyone has undertaken to deliver on the efficiencies target. This was well recognised, but we need to be bold, ambitious and innovative for 2025/26.

Executive Directors Group

CD advised there are a few changes within our Executive Directors Group:

Margo McGurk will retire at the beginning of April 2025 and Susan Dunsmuir is joining us from the SSPCA as the Director of Finance.

Ben Hannan is now permanently in the role of Director of Planning and Transformation.

Dr Chris McKenna is taking on risk as part of his portfolio and Neil McCormick is taking on capital planning as part of his portfolio.

Colleagues will be aware Janette Keenan has intimated her intention to retire and we are currently out to advert for a new Director of Nursing.

Reform, Transform, Perform Programme (RTP)

CD advised RTP updates are now being rolled into the EDG agenda. This was the first phase of our transformation programme and has helped us deliver the £25m target, but only £15m of that is recurring. We now have to start again for 2025/26, and we have plans in train and some that are already being brought forward for approval.

5.4 **Finance Update**

JC advised:

At the month 10 position, Acute are currently sitting at a £12.9m overspend. Last year at the same time we were sitting around a £21m overspend. This is a significant achievement in terms of bringing the costs down and all of the work that had gone on in tandem with all of the clinical challenges that we have faced across the year.

The keys areas driving that overspend are pay cost pressures that have evolved over the years and some non-compliant costs from the junior doctor medical rotas.

Overspend in non-pay are due to surgical sundries, in particular the diabetic pumps; purchase of healthcare to outsource some radiology reporting. Medicines are currently sitting at around £800,000 overspend, and the majority sits within the Haematology speciality and is predominately due to the introduction of new cancer medication.

In-month we did have a benefit due to funding being received for the pay uplift for medical staffing which will help cover off some of the supplementary staffing costs to cover vacancies.

We have also seen an increase in nursing costs due to 4 festive bank holidays for supplementary staffing.

The forecast has come down slightly in-month and we are now anticipating that Acute will come in around £15.3m overspend, and this is a significant improvement on last year. This improved financial position is due to the hard work across teams to deliver the efficiencies.

The Pharmacy Team have supported significantly in terms of working with clinical colleagues to deliver medicines optimisation and to January 2025 has delivered £1.6m of a saving.

Unscheduled care and the surge beds have also delivered significant savings within Acute. The non-compliant rota costs have come down year-on-year and helped improve the overall position.

There has been a significant achievement in supplementary staffing within Acute by close to £4.9m at January 2025.

There has been a lot of hard work with procurement efficiencies, and we are on track at the moment to deliver potentially around £400,000 recurring.

Despite all the clinical challenges facing us this has been the most significant saving we have seen within Acute and thanks to colleagues for their hard work.

CD acknowledged her huge thanks in relation to what we have achieved to date however our financial targets are significant again for 2025/26.

5.5 Updates from the Corporate Directorates

Corporate Nursing Directorate Update:

Healthcare Support Worker Management Event

NR advised a Healthcare Support Worker Management Event took place yesterday. The recording will be circulated through email dissemination to managers for those not able to attend outlining the process.

Assistant Practitioner Graduation for Cohorts 1-3

NR advised Assistant Practitioner graduation will take place on Tuesday 11 March 2025, 3.00-5.30 pm at Fife College. Invitations have gone out to all the graduating Assistant Practitioners with a plus one, as well as Senior Charge Nurses, Clinical Nurse Managers, Heads of Nursing and hosted by Janette Keenan.

Assistant Practitioner Cohort 4 Programme

NR advised Cohort 4 of the Assistant Practitioner programme consists of 11 trainees from Acute and commenced in January 2025. Work has been undertaken regionally to secure Mental Health Assistant Practitioners into a second year of an undergraduate nursing programme in Abertay. We are working on similar for adult nursing with Dundee and Napier.

Newly Qualified Practitioners (NQPs)

NR advised NQP interviews are taking place at Fife Campus on 4 and 5 March 2025. Both the partnership and Acute have worked together to shortlist around 120 adult nurses. We are clarifying the number of vacancies we can appoint to.

Return to Practice Students

NR advised there are 2 return to practice students within Acute.

Organisational Learning Group

NR advised the Organisational Learning Group will have its first learning event on 9 April 2025 and will take place every second month on one of the Grand Round slots. It will be called the 'Clinical Organisational Learning Event'. Communications and adverts will be coming out.

Clinical Supervision Framework from NES

NR advised we are at the early stages of reviewing the Clinical Supervision Framework from NES and looking at a gap analysis position statement for what we need to do to ensure all nurses and midwives are offered clinical supervision.

Loss of Administration Posts

NR advised from a directorate point of view, the loss of administration posts and the inability to process VMFs is having a challenging impact on all the services.

Workforce Post for the Healthcare Staffing Act

NR advised we are not receiving any monies now from Scottish Government to support the workforce post for the Healthcare Staffing Act. Amy Slater has been supporting Acute and will go back to her substantive position in PPD as at end of March 2025.

Organ and Tissue Donation Memorial Event

NR advised we are holding another organ and tissue donation memorial event for living donors, recipients and their families at the Old Kirk and colleagues are welcome to attend.

Spiritual Care

NR was delighted to note that Ian Campbell has been appointed as Head of Spiritual Care for NHS Fife and Gordon Strang has been appointed as Senior Healthcare Chaplain.

Pharmacy and Medicines Directorate:

Attendance Management

FF advised sickness absence is improving and was down to 5% in December 2024. A lot of work is being undertaken to support teams and staff with return to work and attendance management.

FF advised the vacancy rate is coming down but is still sitting quite high around 8% and does have a significant impact.

FF advised there have been some recent successes around recruitment. In terms of acute services there have been a few changes in personnel. Shona Cheyne, Lead Pharmacist for cancer has retired and Scott Mitchell has been appointed to that lead post for cancer. This leaves Scott's post in surgery and interviews will take place tomorrow.

Core Mandatory Training

FF advised a lot of work is being undertaken around core mandatory training and Corporate Directorates have been set a target of 100% by end of March 2025. Teams are doing what they can to achieve that target.

Safe Staffing

FF advised we have been working on some of our tools and adapting some of those. There has been particular work around the Acute Clinical Pharmacy Teams and working on some real time staffing tools which will help inform the levels of service they can provide.

Good News Story

FF advised fundraising from the staff Christmas party raised £4,200 and cheques were recently presented to The Doddie Weir Foundation and Change Mental Health Fife.

Acting Director of Pharmacy and Medicines

FF advised she would remain in post as Acting Director of Pharmacy and Medicines until end of March 2026.

Public Health Update:

Attendance Management

SC advised their absence rate was 3.2%. Within this workforce there are some staff that were part of the Contract Tracing Team. They are working through processes and anticipate this level will reduce in the coming months.

Mandatory Training

SC advised there is a hard push for mandatory training and appraisals.

Safe Staffing

SC advised they have managed to devise a process within the department. This has been tested within the last few weeks with positive results and is being aligning with our business continuity plans.

SC advised within the East Region Health Protection Service we have been recruiting to vacancies, some of which are permanent and some on a fixed term basis.

Loss of Administration Posts

SC advised impact is being felt on the 13-week pause on administration posts, but this is encouraging teams to consider doing things differently.

Adverse Events Update

Clinical Governance Strategic Framework

CF advised a refresh of the Clinical Governance Strategic Framework is due this year and Gemma Couser has sent out a number of communications to link with colleagues across the organisation asking for feedback.

Adverse Event Pathway

CF advised staff support following an Adverse Event Pathway was approved through the Clinical Governance Oversight Group in December 2024 to roll out across the organisation. A huge amount of work has gone into this and thanks to colleagues in the three areas within Acute who have piloted this.

Crisis Management Training

CF advised Fife Charities had provided funding for 12 spaces for peer support for training for Crisis Management and thanks noted for input and feedback received. We are now ready to roll this out and the launch date is 19 March 2025 via a Grand Round. Further communications to follow.

6   B   Appropriately Trained

6.1   Core Skills Training and PDRP Update

JM to provide an update and a post meeting note can be added into the minutes.

JM

Post Meeting Note:
- Following a meeting of the NHS Fife Board on 26 November 2024 where core skills compliance and PDPR engagement levels were raised as a concern, a recovery plan was initiated in December 2024 with the aim to increase core skills compliance to 80% and PDPR engagement to 60% by 31 March 2025.
- These processes are Corporate Objectives for 2024/25 so every action should be taken to reach the defined targets.
- At the end of January 2025, Acute Services compliance were reported as 56% for core skills and 43% for PDPR.
- In addition to the immediate actions required to increase compliance across both areas, we are also required to develop a longer-term action plan outlining key actions that will maintain and/or increase compliance levels across all services.
- Jenni Jones, Associate Director of Culture, Development and Wellbeing and Jackie Millen, Learning & Development Manager will meet with senior teams in Corporate (Estates and Facilities) and Acute Services to explore ways in which to increase, and maintain, both core skills and PDPR outcomes through locally driven actions.

7   C   Involved in Decisions which Affect Them

7.1   Staff Briefings & Internal Communications

CD advised LPF walkabouts continue with AV. We continue with our bi-monthly senior leadership team/performance review walkabouts and face-to-face performance review conversations. Colleagues to make contact if there is an area or departments that they wish CD/AV to visit.

7.2   iMatter Update

JM to provide an update and a post meeting note can be added into the minutes.

JM

Post Meeting Note:
- Work will commence within the next few weeks to prepare for the 2025/26 iMatter run.
- Directorate Managers will be sent their iMatter hierarchies for update prior to the Manager Team Confirmation stage commencing 12 May 2025.
- Managers should now be arranging their iMatter Action Planning sessions to provide the opportunity for their teams to discuss any progress made in relation to the improvements identified following the 2024/25 questionnaire. This meeting will enable managers to update the Record of Progress for the team

8   D   <u>Treated Fairly & Consistently</u>

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

CD advised there is a face-to-face Extended Senior Leadership Team meeting on 27 February 2025. This will focus on progress with our reimagining of Acute services and other change programmes in 2025/26. LPF colleagues are welcome to attend.

8.2   <u>Hospital Pharmacy at Weekend</u>

FF advised the pay protection discussions had not fully been completed but are working with staff side colleagues to agree communication to go out to staff.

8.3   <u>36 Hour Working Week</u>

MJ advised Circular PCS(AFC) 2025-1 was received yesterday outlining that the next reduction of the working week would take effect from 1 April 2026. This was based on various strands of evidence and feedback indicating that implement the remaining hour reduction as a one-off exercise would minimise the number of system and rota changes required and also allow sufficient lead in time to support staff and services to plan effectively. Delivery plans should be in place by October 2025.

CD advised from an Acute Services perspective, each of the General Managers have had a look at the impact across all of their areas of responsibility and are able to articulate what the number of WTEs the 36-hour working week equates to in terms of that reduction in available hours. This information has been shared with workforce and finance colleagues.   There is a significant programme of work required with further discussions at the Area Partnership Forum (APF), Staff Governance Committee, EDG and NHS Fife Board.

NR advised we will need to factor in the upcoming NQP recruitment into next year and the bigger WTE gap.

9   E   <u>Provided with an Improved & Safe Working Environment</u>

9.1   <u>Staff Health & Wellbeing Update</u>

MJ advised the Staff Health and Wellbeing Update Report was circulated for information. A few areas were highlighted:

<u>The launch of Staff Care: Health and Wellbeing Support</u>

Is a dedicated new area on StaffLink which provides fast, clear information on core local services which offer direct support for spiritual care, peer support, occupational health, staff group wellbeing, and staff psychological therapies service.

Values Based Reflective Practice (VBRP) Essential Tools Training

This is a stand-alone day to learn more about the reflective tools staff can use in their daily practice which can support wellbeing. The date is 26 March 2025, and this can be booked via StaffLink.

Bereavement Staff Support Group

NHS Fife's Spiritual Care Team are able to start offering a monthly Bereavement Support Group for all staff across NHS Fife and HSCP for staff who have either recently been bereaved or if it was some time ago, they are welcome to attend and meet with others who are experiencing similar feelings and emotions. It should be noted the support group is not counselling but an opportunity for staff to speak to others who have also been bereaved. Following a deep dive bereavement was noted as one of the key areas that was preventing staff being at work and this support is welcomed and a valued resource.

National Wellbeing Hub – Peer Support Modules

The National Wellbeing Hub have recently launched new peer support reflective learning modules. The peer support course is comprised on two modules:

1. Understanding the warning signs
2. Providing "CLEAR" Support

The aim of the modules is to give staff the knowledge and skills they need to be a supportive peer to their colleagues. There is a link where modules and further information can be found.

9.2 **Capital Projects Report**

The January 2025 Capital Projects Report was noted for information.

CD recorded her thanks to colleagues across capital, finance and the directorates for their help in enabling us to deliver against the additional capital funding that was provided by Scottish Government at the end of last year.

9.3 **Acute & Corporate Adverse Events Report**

The Acute and Corporate Adverse Events Report for the period February 2024 to January 2025 was circulated for information and awareness.

10   ISSUES FROM STAFF-SIDE

There were no issues raised from staff-side colleagues.

11   MINUTES FOR NOTING:

11.1   Capital Equipment Management Group

The Minutes of the Capital Equipment Management Group meeting held on 5 September, 3 October and 7 November 2024 were noted, for information.

12   HOW WAS TODAY'S MEETING?

12.1   Issues for Next Meeting

CD advised from all the updates received today one issue that has been repeatedly highlighted is the VMF process and the time it is taking in relation to monthly panels and also the 13-week pause. This will be fed into our update at the Area Partnership Forum and to colleagues in the Executive Directors Group.

CD

CD advised we need to become more involved to help to shape the business transformation redesign to enable us to be the digitally enabled organisation that we want to be and to ask if Alistair Graham could attend a future meeting to discuss further.

CD

12.2   Issues for Escalation to Area Partnership Forum

There were no issues for escalation to the Area Partnership Forum.

13   ANY OTHER COMPETENT BUSINESS

There was no other competent business.

14   DATE OF NEXT MEETING

Thursday 17 April 2025 at 2.00 pm via MS Teams.

FIFE HSCP LOCAL PARTNERSHIP FORUM **(Meeting on 14 January 2025)**
No issues were raised for escalation to the Staff Governance Committee.

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

CONFIRMED MINUTE OF THE HEALTH AND SOCIAL CARE PARTNERSHIP LOCAL PARTNERSHIP FORUM (LPF)
TUESDAY 14 JANUARY 2025 AT 9.00 AM VIA TEAMS

PRESENT:
Kenny McCallum, UNISON **(Chair)**
Vicki Bennett, British Dietetic Association Representative (Co-Chair)
Lynne Garvey, Director of Health & Social Care (Co-Chair)
Audrey Valente, Chief Finance Officer, H&SC
Ben Morrison, Specialist Podiatrist, NHS Fife
Chris Conroy, Head of Community Care Services
Debbie Fyfe, Joint Trade Union Secretary
Gemma Reid, H&SC Coordinator **(Minutes)**
Hazel Williamson, Communications Officer, H&SC
Jillian Torrens, Head of Complex & Critical Care Services
Karen Cassie, HR Lead Officer, Fife Council
Lisa Cooper, Head of Primary & Preventative Care Services
Lynn Barker, Director of Nursing, H&SC
Lynne Parsons, Employee Director, H&SC
Melanie Jorgensen, HR Team Leader, NHS Fife
Morag Stenhouse, H&S Adviser, Fife Council
Roy Lawrence, Principal Lead Organisation Development & Culture
Sharon Adamson, RCN
Steven Michie, H&S Lead Officer, Fife Council
Vanessa Salmond, Head of Corporate Governance & IJB Secretary
Wendy McConville, UNISON Fife Health Branch
William Nixon, H&S, NHS Fife
Yvonne Batehup, UNISON Welfare Representative

APOLOGIES
Elizabeth Crighton, Organisational Development & Culture Specialist
Helen Hellewell, Deputy Medical Director, H&SC
Lee-Anne French, HR Business Partner, Fife Council
Liam Mackie, UNISON Fife Health Branch
Steven Portsmouth, Charge Nurse, NHS Fife

NO	HEADING	ACTION
1	**APOLOGIES**	
	As above.	
2	**PREVIOUS MINUTES / ACTION LOG FROM 12 NOVEMBER 2024**	
	The minute and action log of the meeting held on 12th November 2024 were approved as an accurate record.	

3	**JOINT CHAIRS UPDATE**	
	Kenny gave thanks to those who worked over the Christmas and New Year period and welcomed the new NHS co-chair Vicki Bennett.	
	Kenny confirmed that the next LPF will bring a more formal Joint Chair's Update following Vicki's appointment.	
	Lynne Garvey also welcomed Vicki as the new LPF Co-Chair and Vicki thanked both Kenny and Lynne for their introductions.	
4	**HEALTH AND WELLBEING**	
	4.1 Attendance	
	Chair introduced Melanie Jorgensen who presented the key points from the NHS sickness absence report.	
	Melanie reported that the NHS sickness absence rate had increased in October 2024 and was higher than the sickness absence percentage in October 2023.	
	Community Care Services had the highest sickness absence percentage within the Fife Health and Social Care Partnership, followed by Complex and Critical Services, Primary Care and Prevention Services and Professional / Business Enabling.	
	The highest number of hours lost was due to anxiety/stress/depression/other psychiatric illness, followed by injury/fracture, whilst the highest number of episodes of absence was due to anxiety/stress/depression/other psychiatric illnesses followed by gastro-intestinal problems.	
	The highest number of hours lost due to sickness absence was in the nursing and midwifery Band 1 – 4 job family.	
	Short-term sickness absence decreased, while long-term absence increased in October 2024.	
	The highest overall absence rate was in the 55 - 59 age category. The next highest overall absence rate was in the 60 - 64 age group.	
	There were 40 areas within the Fife Health and Social Care Partnership with over 10% sickness absence in October 2024.	
	Karen Cassie then reported on the key points from the Fife Council sickness absence report as per the presentation included within the papers.	
	Total working days lost per FTE was 22.1 days for long term absence and 5.5 for short term absence.	
	Mental health was reported as the highest reason for absence followed by stress (non-work related) and other MSK problems.	
	Community Care Services reported the highest sickness absence, followed by Complex and Critical Services.	
	Karen confirmed that 115 attendance cases are currently being supported.	

4.2   Employee Relations Update

Fife Council Update

Karen Cassie provided a verbal update for Fife Council, reporting that there are currently 41 live employee relations cases, including 31 disciplinary, 8 grievances and 2 improving performance cases. Karen noted a slight decrease in disciplinary cases from September 2024, where 35 cases were reported. Of the current 31 disciplinary cases, 13 are due to gross misconduct with 10 suspensions and 3 cases on alternatives to suspension.

Karen confirmed that suspensions are reviewed regularly with the majority of cases related to negligence and carelessness when carrying out duties.

Investigations continue to take considerable time to complete for various reasons including competing demands on investigating officers' time. External factors also have an impact on case time with one third of cases reported as having been in progress for over 8 months.

Karen reported that of the 8 current grievance cases, 4 have been in progress for 7-9 months.

Karen confirmed all 41 cases have a dedicated HR Advisor, advising on a case-by-case basis.

Karen provided an update on the current staffing challenges within HR, confirming that recruitment activity is underway with adverts going out this week. Once concluded this should support in reducing the timescales for completion of investigations.

Chair opened to questions from members.

Debbie Fyfe recognised that HR are under pressure but noted concerns around the length of time disciplinaries are taking to conclude. Debbie highlighted that the Partnership need to prioritise these, whilst adhering to policy timescales and recognising the impact on staff wellbeing. Karen shared these concerns, highlighting that investigating officers take on the role in addition to their substantive posts. Debbie suggested that investigating officers should have time freed up to conclude these investigations in a timely manner.

NHS Update

Detailed metrics relating to the NHS Employee Relations caseload is noted within the papers.

Melanie Jorgensen reported that NHS are looking to introduce KPIs, specifically providing a system to alert Heads of Service when timeframes are being breached. Melanie shared that she is hoping to be able to share this tool with LPF soon and confirmed that it will be run as a pilot initially within a few small areas.

Melanie highlighted received training provided by the Central Legal Office which emphased that suspension should be an absolute last resort. HR should not be told of a suspension but should be involved to provide expert advice, noting that people on suspension for prolonged periods of time can have a

	negative impact on wellbeing. HR will ensure that an independent, designated contact is provided as per the policy and the fortnightly wellbeing check is being carried out.	
	Chair opened to questions from members.	
	Debbie Fyfe was positive around the independent designated contact and asked that this was fed through to the council side to ensure consistency in the levels of support provided.	
	4.3 Staff Health & Wellbeing	**RL / EC**
	Roy Lawrence presented a verbal update in Elizabeth Crighton's absence, confirming the stress survey closed with 1540 responses. Roy confirmed that analysis of the data is underway and an update will be provided at the next LPF.	
	Roy confirmed that Elizabeth will also bring an update to the next LPF on a previous LPF action around the set-up of focus groups to support with long-term absence.	**RL / EC**
5	**HEALTH AND SAFETY**	
	5.1 HS&W Assurance Group Update (inc. Mandatory Training)	
	Jillian Torrens presented the salient points from this report, confirming that the group continues to meet on quarterly basis and brought LPF attention to the appendices.	
	Jillian confirmed that there is a focus on improving statistics for the completion of mandatory training, with the barriers to this being workforce challenges and an issue with ring-fencing time for staff to complete the required mandatory training modules	
	Jillian highlighted that Peer Audits would be pausing for a short period to collate information from existing audits and allow time to take actions forward. Jillian confirmed that these will recommence later this year.	
	Service reports are received from all services, with the main risks reported as being the use of SSTS to ring-fence time for training and ongoing issues with ligature management.	
	The ligature management project board meet on a bi-monthly basis and Jillian reported 2 new emerging risks around soap dispensers and curtain rails around bed bays which should be collapsible. Jillian noted that these risks were not identified through the programme but were unfortunately highlighted due to incidents.	
	Jillian highlighted that the Health and Safety Executive (HSE) has been visiting local education establishments.	
	In relation to Mandatory Training, there is a broad variance in compliance within services, ranging between 49% - 91%. Jillian highlighted the Organisational Development and Culture team who have achieved the highest	

percentage rate for the completion of mandatory training, reiterating the continued focus on this and a need to ring-fence time for staff to complete.

Chair opened to questions from members.

Lynne Parsons agreed with the continued focus on Mandatory Training, stating the need for a plan going forward to achieve minimum levels as currently we are way off target which is concerning. Jillian suggested a detailed action plan and that this would be a focus and priority going forward.

JT

Steven Michie confirmed that HSE has been in schools and will be coming in to Fife Council on 22 January to look at asbestos procedures, highlighting the need for managers to review their asbestos registers.

5.2   H&S Updates – NHS & Fife Council (incl. Violence & Aggression)

Billy Nixon presented the key points from the NHS Health and Safety report, highlighting that between November and December there were 337 staff incidents reported, with 1556 since April 2024.

Billy noted that 88% sharps incidents (7 out the 8 incidents recorded) had no SBARs attached, which is a huge failing in reporting. Billy asked that we remind those dealing with sharps incidents that an SBAR is required for all incidents and is also required for near misses.

Billy reported that there has been a slight but steady fall in Violence and Aggression incidents since August/September 2024 which is positive and 1 RIDDOR was reported resulting in an absence over 7 days.

Chair opened to questions from members.

Yvonne Batehup, UNISON welfare officer shared her concerns around 88% of sharps incidents having no SBAR and questioned the reason for this. Billy confirmed that this issue is a steady trend and that he is seeing no improvement in completion of SBARs, despite this being highlighted at all committees. Yvonne questioned if training is required for staff around completion of SBARs with Billy confirming that the team are fully supportive of training where required.

Debbie Fyfe welcomed the reduction in Violence and Aggression incidents, querying the rationale around this and if strategies had been put in place that we can share across the Partnership.

Billy confirmed that he is not aware of any new strategies but confirmed that he would speak to the Violence & Aggression adviser to enquire if there was any learning that could be shared.

BN

Lynn Barker confirmed that from a data perspective we monitor Violence and Aggression numbers via Datix and conduct a bi-weekly review so spikes are addressed, noting that a sub-group is also in place.

LB

Lynn suggested that she connect with Billy to do chasing and support teams with completion of SBARs for sharps incidents with Billy confirming that this is an NHS-wide problem.

	Morag Stenhouse then presented the salient points from the Fife Council Heath and Safety report highlighting the ongoing IT issue with being unable to drawdown reports at service level. Due to this, Denise Paterson has provided a report in excel format to service managers. Morag noted that the papers provide data for the rolling year to the end of November due to Fife Council's additional Public Holidays over the festive period. Morag reported 3 RIDDORS in relation to moving & handling which resulted in over 7 days absence. The largest cause of incidents (not including violence, aggression and threat) was slips, trips and falls which amounted to 60% of all incidents for service users and staff. Violence, Aggression and Threat was reported on the 2 years to December 2024, with figures higher over 2024 year compared to the same timeframe in the previous year. It was highlighted that there has been a push on the reporting of incidents so perhaps we are seeing incidents coming through which were not always reported in the past. Chair opened to questions from members. Debbie Fyfe raised concerns around one of the reported RIDDOR incidents and the need to reiterate to staff to remain within their scope of practice. Debbie highlighted the need to be tactful and mindful of staff wellbeing when dealing with such incidents. Debbie agreed that the movement in reported incident figures have increased due to previous under reporting, the increased accuracy in figures now reported is a positive step. Morag confirmed that regular meetings are held with care at home, and she will address the call handler moving and handling issue at the next meeting. Steven Michie confirmed that the carer should ask for help if/when they are asked to move a service user. Chris Conroy will follow up with SAS to ensure that no learning is required.	**CC**
6	**FINANCE**	
	6.1 Finance Update Audrey Valente, Chief Finance Officer provided an update on the financial position based on information to November 2024, confirming that there is a current projected £34.8m overspend, which is a worsening position from September 2024 of just under £8m. The report details the key areas of overspend which are partially offset by underspends. Audrey highlighted that weekly Progress Reporting Update meetings (PRUs) had been put in place with Service Manager to scrutinise	

non-delivery of savings and noted that it is unlikely that we will see delivery of these savings this year which is therefore reflected in the latest monitoring position.

Audrey reported that 59% of the savings approved in March 2024 will be delivered (£23m by end of current financial year.)

Reserves of £4.7m have been brought forward but are earmarked for specific purposes such as the community living fund and analogue to digital transfer, with further detail on this reported within the appendices.

Audrey confirmed continual scrutiny of spend for the remainder of year to reduce the overspend, stressing that delivery of savings is a priority, however highlighted that due to the current position we are now looking to both partners for a substantial risk share, currently on a 62% / 38% basis.

Chair opened to questions from members.

Debbie Fyfe highlighted that whilst LPF will offer their support to officers to consider the opportunities to improve the financial position, Trade Unions and Staffside ask that no savings are agreed without proper consultation with both LPF and appropriate Staffside representatives.

Debbie questioned what can be done with the election coming up as it is clear Scottish Government are not investing enough within the Social Care sector. Debbie highlighted that we should consider coming together as a group to look forward to next year in an attempt to mitigate similar risks and circumstances.

Audrey noted a good working relationship with Trade Unions and Staffside, confirming that no action will be taken without proper consultation. Audrey indicated that collective discussions are welcome and that a session would be arranged with stakeholders once further financial information is available to support these discussions.

Lynne Garvey reiterated that nothing would be done without Staffside and Trade Union support when making decisions around staff. Lynne was keen to propose a plan to meet with key stakeholders with Kenny McCallum also in agreement with this. Lynne Parsons indicated that she was happy to support to arrange a meeting.

Lynn Barker highlighted that is paramount that care is delivered in a safe and correct manner, with our focus on keeping staff safe when delivering care. Lynn welcomed the proposed meeting to provide reassurance that everyone is on the same page.

Vicki Bennett noted that she is supportive of meetings and early intervention to ensure that the finances go in right direction.

Lynne Garvey concluded by confirming that a meeting will be scheduled with Staffside, Trade Union staff and SLT. Due to awaiting information coming in from partners for next year's budget, it was proposed that this meeting would take place towards the end of Feb/beginning of March. Lynne will discuss plans for this with Vanessa Salmond.

LG/VS

	Chair thanked Audrey for the report and confirmed that the report was endorsed by LPF for onward submission to the IJB.		
7	**SERVICE PRESSURES & WORKFORCE UPDATE**		
	7.1 Multi-factorial Review in Attendance Management		
	Lisa Cooper noted the need for a robust vaccination programme for winter flu and was seeking the support of Staffside and Trade Union colleagues to convey the message around the importance of vaccinations, highlighting a higher incidence of flu which is impacting on communities and staff.		
	Lisa highlighted the ongoing pressures around seasonal flu impacting on attendance at work and noted that SLT are working with colleagues to ensure we can keep services safe.		
	Sharon Adamson queried the current vaccine and if it protected against the current flu variant. Lisa confirmed that the vaccination covers various flu strains and whilst doesn't prevent flu, it is proven to reduce symptoms.		
	Lisa noted that the first draft of the Multi-factorial Review in Attendance Management report was brought forward in July 2024, highlighting further work that has been undertaken since, with a test of change and an improvement plan. Lisa confirmed that any learning will be shared across all portfolios within Health and Social Care.		
	Lisa reported a 64% response rate to the survey carried out which shows that managers are committed to supporting staff and want to have confidence in applying attendance policies, noting that the survey data can be found in Appendix 2.		
	Within the report are some recommendations for LPF to endorse, with a recommendation that the TURAS attendance management module becomes compulsory, the development of staff training sessions around attendance management and the recruitment of a cohort of mentors who can support with this.		
	Lisa concluded by advising that a further report will be brought back with further learning as the team go through process of the multi-factorial review.		
	Chair opened to questions from members.		
	Melanie Jorgensen highlighted a required correction within the report, noting that the neuro-diversity tool states this was developed by Human Resources. Melanie advised this is an Occupational Health tool rolled out via equality groups. Lisa Cooper took an action to amend.	**LC**	
	Vicki Bennett requested that Staffside are included in the attendance management group. Lisa confirmed that she would link Vicki with Sam, who is the Business Manager leading on this and an invite will follow.	**LC**	
	LPF endorsed the report.		
8	**ITEMS FOR BRIEFING STAFF**		

	No items highlighted.		
9	**AOCB**		
	Debbie Fyfe highlighted questionable practices with some independent care providers and noted that she would be meeting with Lynne next week to discuss. Debbie had raised the concerns with the regional organiser who confirmed this issue is prevalent across Scotland and asked that in Lynne's capacity as Director if she can raise this as an issue at wider, high-level meetings.		
	Lynne confirmed she is aware of the case in Fife and will raise the issue and asked Debbie to highlight this with her via an email, confirming this will be raised at next Chief Officers Group as a national issue.	**LG**	
	Lynne Garvey updated the LPF with recruitment and shortlisting for the Principal Social Work Officer post, confirming this is a crucial role for Health and Social Care, and noted that we are looking at a timeframe of approximately 3 weeks for a confirmed appointment.		
	Chair thanked all for their attendance and ongoing support and the meeting was concluded.		
10	**DATE OF NEXT MEETING**		
	Tuesday 11 March 2025 – 09:00-11:00 hours		

STAFF GOVERNANCE COMMITTEE

HEALTH AND SAFETY SUB-COMMITTEE

(Meeting on 07 March 2025)

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

NHS
Fife

Minute of the H&S Sub-Committee Meeting
Friday 7 March 2025 at 1 pm on Teams

Present
Neil McCormick, Director of Property & Asset Management (Chair) (NMcC)
Janette Keenan, Director of Nursing (JK)
David Miller, Director of Workforce (DM)
Jillian Torrens, Head of Complex & Critical Care, HSCP (JT)
Dr Chris McKenna, Medical Director (CMcK)

In Attendance
Billy Nixon, H&S Manager (BN)
Anne-Marie Marshall (Manual Handling Team Lead (A-MM)

The order of the minute may not reflect that of the discussion
The meeting was recorded on Teams

No.		Action
1	**Welcome & Apologies** NMcC welcomed members of the Sub-Committee to the meeting. Apologies were received from Paul Bishop and Iain MacLeod.	
2	**Minute/Matters Arising**: The Minute of 6 December 2024 was **approved** as an accurate record. Item 1 - Staff Side Representation Action - David Miller agreed to take forward to Staff Side the lack of representation at H&S Sub-Committee meetings. By way of an update, DM has been in touch with the Employee Director who is happy to have a conversation with Staff Side and provide him with an update. DM added that Lynn Parsons has agreed to cover attendance until a rep is in place. **Action now closed.** Item 4.1 - Self-Harm Ligature Risks Action - BN circulated a one-off summary document on self-harm incidents (use of personal items) to the Sub-Committee out with the meeting. **Action now closed**.	

	Item 4.2 - H&S Heads of Service Riddor Reporting Exercise

Riddor Reportable information over the past 5 years was gathered from Scottish Boards identifying varying numbers of Riddor incidents across Scotland. It was agreed that the report be distributed to Sub-Committee members for information.

Action - BN distributed a summary document to the Sub-Committee out with the meeting

Action now closed. | |
| **3** | **Governance Arrangements**

3.1 Health & Safety Sub Committee Annual Statement of Assurance 2024-25

A 'draft' copy of the Health & Safety Sub-Committee Annual Statement of Assurance 2024-25 will be prepared and distributed to Sub-Committee members prior to the next meeting.

Action - Andrea to take this forward.

The Annual Statement of Assurance (draft) will be distributed for final approval prior to the next meeting on 6 June 2025.

Following approval by the Sub-Committee, the Annual Statement of Assurance 2024-25 will be noted at the next Clinical Governance Committee when it meets on 2 May 2025.

3.2 H&S Sub-Committee Annual Workplan 2025-26

The H&S Sub-Committee Annual Workplan (draft) will be prepared by BN and distributed to the Sub-Committee in advance of the next meeting.

Action - Andrea to take this forward.

The Annual Workplan (draft) will be distributed to the Sub-Committee for final approval prior to the next meeting on 6 June 2025.

3.3 Health & Safety Sub-Committee Terms of Reference 2025-26

A 'draft' copy of the Health & Safety Terms of Reference (ToR) for 2025-26 was distributed to the Sub-Committee members prior to the meeting.

The ToR (draft) was presented and **approved** at the meeting by the Sub-Committee members.

Post Meeting Note - A copy of the approved Health & Safety Sub-Committee Terms of Reference 2025-26 was circulated to members of the Sub-Committee following the meeting. | **Andrea**

Andrea |
| **4** | **Operational Updates**

In relation to the quarterly publication of the H&S Incident Report, comments were received from the Auditors in relation to introducing a | |

dashboard and additional graphical images showing changes to incidents over time.

BN actioned the request and has added yearly graphs which show trending data for each of the sub-sections in the report. This was presented to the Sub-Committee today. Comments are welcome.

JT thanked BN for the content displayed in the report. She asked if the term 'unwanted behaviours' from the Self-Harm section could be changed in any way? A-MM advised that the term 'unwanted behaviours' is the way it is presented and worded on the Datix system drop down menu.

Action - Moving forward, the wording on the Incident Report will be amended to '**Challenging Behaviours'** of which the Sub-Committee **agreed**.

BN

DM thanked BN and was fully supportive of the content from a Staff Governance point of view particularly around trends and how we action and make recommendations on the data collected.

NMcC added that it is important to keep the Incident Report as factual as possible and minute any trends or significant data that peaks or stands out. He added that he was pleased to see that the collective data does not appear to be any worse as a result of the introduction of the yearly data adding that awareness and taking ownership of the data is key.

The Incident Report, containing the new data and graphical images, will be discussed at the following meetings in terms of feedback:

- Staff Governance Committee when it meets on 13 May 2025
- Area Partnership Forum when it meets on 21 May 2025

4.1 H&S Incident Report (December - February 2025)

The H&S Incident Report for the period December 2024 - February 2025 was distributed and noted by the Sub-Committee.

Sharps (staff)
32 reported incidents in the quarter, of which:

11 incidents - no harm
18 incidents - minor harm
 3 incidents - moderate harm

For the quarter, there were 19 sharps incidents recorded with no SBAR attached.

BN advised the Sub-Committee that he had met with Lynn Barker, Director of Nursing and Cath Gilvear, Head of Quality & Clinical Care Governance, Fife HSCP had been in touch and it was agreed that Datix incidents with accompanying SBAR documents will be discussed and managed at local meetings moving forward.

Action - BN agreed to distribute on Blink a message regarding the importance of an accompanying SBAR with each Sharps Datix report, adding that this arrangement applies to all sharps incidents and near misses and not just major or extreme incidents.

BN

<u>Update</u> - JK advised that the implementation of the InPhase app for adverse events has been delayed until April 2026.

Slips, Trips & Falls (staff)
13 reported incidents in the quarter, of which:

11 incidents - minor harm
 2 incident - moderate harm

Violence & Aggression (staff)
323 reported incidents in the quarter, of which:

230 incidents - no harm
79 incidents - minor harm
14 incidents - moderate harm

- Incidents reported to Police = 24
- Incidents reported as sexual assault/harassment = 30
- Incidents reported as hate crimes = 24

Musculoskeletal (staff)
7 reported incidents in the quarter, of which:

1 incident - no harm
3 incidents - minor harm
3 incidents - moderate harm

- 3 load handing
- 4 patient handling

Self-Harm (patients)
72 reported incidents in the quarter, of which:

32 incidents - no harm
31 incidents - minor harm
 7 incidents - moderate harm
 1 incident - major harm
 1 incident - extreme harm

Riddor (all)
8 reported incidents in the quarter, of which:

7 incidents - moderate harm
1 incident - major harm

4.2 <u>Reinforced Autoclaved Aerated Concrete (RAAC) Update</u>

NMcC advised that Phase 2 of the detailed surveys, which have been tendered nationally, have begun and we have mitigated several areas, particularly at Lynebank Hospital, in readiness. Point Cloud laser scanning surveys will identify whether there is any bowing or deflection of beams These surveys will identify whether there is any change to the condition of the buildings in question. These surveys will be funded nationally as a Project moving forward and can be carried out on a regular basis.

		In terms of our yearly RAAC inspections, as it stands at the moment, there has been no indication that RAAC in NHS Fife buildings has deteriorated or is any worse than it was from previous inspections. Once we move into more detailed inspections, then this will determine whether there are any remedial actions we have to take. A Scottish Government appointed Surveyor has also been conducting regular surveys on our sites. 4.3 Manual Handling and Other Training Updates • A-MM advised that the Moving and Handling Policy has now been published on Blink. • Moving and Handling task specific risk assessments have been re-written and are now accessible on Blink. • Training is going well, working closely with the HSCP on health and safety. • Investing in the purchase of Lateral Lifting equipment is being considered and discussions continue with teams in Acute and the HSCP. Funding is currently being sourced. • The new training for Portering staff has been a resounding success! 4.4 Sharps Incident Review Discussed in item 4.1 above.	
5	**HSE Enforcement Activity** There was no enforcement activity to report within NHS Fife. In terms of ligature risks, BN advised that his team were comfortable working with the ligature identification tool and added that they are working closely with the mental health team and other groups to look at specific ligature risks. NMcC mentioned the number of ligature points in the Accident and Emergency Department and suggested a Risk Assessment be carried out to identify these. Enforcement activity continues in several Boards throughout Scotland.	
6	**Policies & Procedures** 6.1 Glove Selection Procedure Review (GP/G1-1) BN advised the Sub-Committee that the Glove Selection Procedure Review (GP/G1-1) will be discussed at the next meeting on 6 June 2025. Action - Andrea to add as an Agenda item. Post Meeting Note - Action complete.	**Andrea**

	6.2 Health and Safety Policy BN advised that the Health and Safety Policy is due for renewal in the near future and will be discussed at the next meeting on 6 June 2025. Action - Andrea to add as an Agenda item. Post Meeting Note - Action complete.	**Andrea**
7	**Performance** 7.1 ASD&CD H&S Committee Update The ASD&CD H&S Committee Minute of 15 November 2024 was circulated in advance to members of the Sub-Committee for noting. 7.2 HSCP H&S Assurance Group Update The HSCP H&S Assurance Group minute of 29 October 2024 (unconfirmed) was circulated in advance to members of the Sub-Committee for noting. JT added that the on-going focus is around the ligature work, with a Ligature Programme Board meeting taking place on a monthly basis. The Sub-Committee agreed for the HSCP Ligature Programme Board minute to be distributed for noting at meetings moving forward. Action - JT to take this forward. Action - Andrea to add Ligature Programme Board Meeting Minutes as a standing item on the Agenda from the next meeting on 6 June 2025. Fixtures and Fittings - JT advised that the risks around replacement soap dispensers and curtain rails (around beds) remains outstanding since December 2024, in terms of an installation date. She added that the replacement items are on order. NMcC asked that JT contact Paul Bishop in order to address this as a priority. Action - NMcC to take this forward and speak to his colleagues and provide an update to the Sub-Committee when it next meets on 6 June 2025.	**JT** **Andrea** **NMcC**
8.	**Any Other Business** 8.1 New Violence and Aggression Trainer BN was pleased to advise that following a successful interview, Sonia O'Keefe has been appointed as Violence and Aggression Trainer. Sonia is experienced in violence and aggression and is knowledgeable in her field and she will work collaboratively with Bill Coyne, Violence and Aggression Advisor. 8.2 Moving and Handling Training Update	

	By way of an update in terms of training, JK added that work pressures and staffing issues, with the non-use of supplementary staff, during a particularly busy time contributed to the lack of attendance at training sessions in the past. She added that training attendance levels will continue to be monitored. 8.3 <u>Update following a recent meeting with the Scottish Fire and Rescue Service</u> NMcC advised that he and BN had had a helpful and supportive discussion with the local fire service, particularly around a recent inspection. As a result of this, a list of the 'top ten' improvements around the estate in terms of fire prevention has been drawn up. The Sub-Committee agreed for this item to be discussed at the next H&S Sub-Committee when it meets on 6 June 2025. <u>Action</u> - Item to be added to the agenda. <u>Post Meeting Note</u> - Action complete. <u>Action</u> - BN to present and discuss the 'top ten' fire prevention improvement list at the next meeting on 6 June 2025. JK added that following the Safe Delivery of Care Inspection, a fire related item had been added to every inspection so far. NMcC added that there were outstanding items raised around risk assessments and he is aware that an Action Plan has been drawn up by Norma Beveridge to respond to this. Fire risks include general ward house keeping issues in terms of storage, particularly in areas close to fire escapes. Compliance numbers in terms of mandatory fire training in Acute Services was also highlighted, which has been given priority in the Action Plan mentioned above. NMcC added that additional support following Risk Assessments may be required from BN and the Fire Advisors on Acute Wards to highlight and challenge some of the behaviours and correct them, several of which will require intervention from the Estates teams and several of which will be staff related in terms of behaviour and training in fire safety.		**Andrea** **BN**
9	**Date & Time of Next Meeting** Friday 6 June 2025 at 1 pm on Teams.		

MEDICAL & DENTAL PROFESSIONAL STANDARDS OVERSIGHT GROUP   **(Meeting on 21 February 2025)**
No issues were raised for escalation to the Staff Governance Committee.

Medical and Dental Professional Standards Oversight Group
Draft Note of Meeting held at 3.00 pm on Tuesday, 21 February 2025 on Microsoft Teams

Present:	**Designation:**
Dr C McKenna	Executive Medical Director/Responsible Officer, NHS Fife (Chair)
Dr A Kelman	Associate Medical Director Fife Health & Social Care Partnership
Dr M Philp	GP Appraisal Lead
Mr E Dunstan	Secondary Care Appraisal Lead
Dr E O'Keefe	Director of Dentistry
Ms J Anderson	General Manager, Women, Children & Clinical Services
Dr S Savage	Associate Director for Risk and Professional Standards
Dr J Morrice	Associate Medical Director, Women and Children
Ms Lisa Cooper	Head of Primary and Preventative Care Services

Apologies:

Dr I MacLeod	Deputy Medical Director – NHS Fife Acute
Prof M Wood	Director of Medical Education
Dr H Hellewell	Deputy Medical Director – Fife Health & Social Care Partnership
Dr J Tomlinson	Director of Public Health
Dr J Pickles	LNC Representative
Dr S McCormack	Associate Medical Director – Surgical and Medical Directorate
Mrs A Gracey	Medical Appraisal and Revalidation Co-ordinator
Mrs G Couser	Associate Director of Quality and Clinical Governance
Ms S Ali	Medical Education Manager

In Attendance:
Debbie McPherson

ACTION

1. **Welcome/Apologies for absence**

   Apologies noted as above.

2. **Draft Note of previous meeting (14/10/2024)**

   Minutes accepted by group as an accurate record.

3. **Action Tracker**

   Action: Item 9 - Medical Workforce Planning - HSCP:
   HH to bring the Portfolio Programme paper to the next meeting.

   HH still to share portfolio careers document. AK to discuss with Jackie Drummond. | AK/JD

4. **Dental Education**

   EO noted the difficulties of working within the regulations and ensuring the dentists we are enlisting into Primary Care are safe to practice, particularly overseas dentists. EU dental graduates are automatically listed with the General Dental Council (GDC) once they graduate from an EU university. They can then ask to join the list as an NHS dentist and all there is to go on is the GDC registration and a couple of references from university. A couple of situations have arisen recently within this and other health boards where they

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have been dismissed within a matter of weeks or months from the practice. We are now trying to determine what other information we can get for new graduates. EO advised that Nicola Taylor is looking at what they do for GP listing here. EO asked if there is any learning from the GMC which would be helpful?

CM advised that overseas GPs need to do the NES equivalency programme before they get onto the Performers List. They will have also trained in General Practice so have post graduate training.

EO reported that the EU graduates come out as complete 'newbies' whereas the wider overseas dental graduates go through the equivalent process to the UK, so there is more of a safety mechanism for those. It is difficult to get relevant information for the EU graduates. CM thought this should be an issue for the Chief Dental Officer to look at.

EO moved on to report that the introduction of the core trainees within the salary dental service is going well and that there are specialty trainees in dental public health and orthodontics. Feedback is generally positive although cannot get a specific breakdown in specialty training feedback due to the small numbers.

5. **Medical Appraisal and Revalidation.**

SS noted that there is not a lot of change from last time. Priority areas are still to ensure all doctors have access to an appraiser when their appraisal is due and to support doctors through that. Recruitment of Secondary Care appraisers will still be a priority. To date we have had one applicant and two notes of interest for the role.

She also advised of the need to recruit to the Lead Appraisal Advisor post for Primary Care. SS and CM to finalise and send out paperwork.   **SS/CM**

For period 1 October to 31 December there were 48 due to revalidate, 40 positive recommendations were made and 8 deferrals.

Challenges continue to be the recruitment of Secondary Care appraisers, currently 71 appraisees are unallocated. Our key achievement is managing to ensure each doctor has access to an appraiser when needed.

ED noted that it is not just about recruiting, it is about retention. He reported that in the past six months we have had two appraisers say they are stopping appraisal after a job planning session. Both were in the Women's, Children's and Clinical Services Directorate. ED is concerned that clinical or non clinical managers of that particular directorate may not understand the requirements for appraisals and to have adequate numbers of appraisers.

CM reported that he had spoken to JM about this and he is aware of the importance but that there are some workforce issues at the moment that are putting a lot of pressure on the teams but that this should hopefully resolve by around June. JM confirmed this and that he has been speaking to someone about becoming an appraiser.

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CM referred to the MARQA report and noted that this had not been done since 2019. He noted that NHS Fife is 'middle of the road' with most of the statistics. He felt that the report reinforces that we have pretty good governance around appraisal and revalidation. There was some further general discussion around the report.

6. **Consultant and SAS Doctor Job Planning.**

CM reminded all that last year there were not many job plans signed off compared with this year where around 140 were currently signed off with a few more progressing towards having them signed off by the end of the month. Hopefully this coming year plans can be signed off earlier in the year so that we can work towards 100% completed job plans.

CM noted that having accurate job plans is essential for understanding how the service is provided with some specialties better than others at completing. He offered congratulations to everybody for the effort in getting this far. He believes that we can get to a point where everyone has a signed off job plan although some may need a bit of help and support to get their job plans onto the system.

CM suggested that an improvement action plan be pulled together to try and improve the trajectory and what actions need to be taken to do that. CM/SS to discuss.

CM/SS

JM reported that the pathologists are all now job planned and signed off. He was not sure they had ever opened up an Allocate job plan before this year, noting that some specialties are starting from a different baseline. He also noted that there would be the incentive of not being able to apply for a discretionary point unless you have a signed off job plan coming this year.

CM advised that this has not been agreed with the LNC and that for now they must be engaged with the job planning process.

CM noted that it is a contractual obligation for consultants and SAS doctors to engage in job planning and that the process starts with them.

CM also mentions that EPAs are annualised contracts and need to be reviewed and signed off annually, which he noted is also a contractual obligation for job planning.

7. **Medical Education.**

CM reported that the biggest thing for medical education at the moment is the advent of the St. Andrew's MBCHB Programme; the first students will start their clinical placements a year from now. NHS Fife is lobbying the Scottish Government to change the legislation so that NHS Fife become one of five teaching Health Boards in Scotland, which should hopefully happen this year as we are now a Board with a co-delivered MBCHB programme.

CM advised that Deborah Williamson has been appointed as the new Dean of Medicine at St. Andrew's University. Originally from Dunfermline, she is a consultant in Public Health Microbiology and led the Covid pandemic as the Director of Laboratories in Melbourne and is a welcome addition.

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CM reported that one of the old wards at Cameron has been turned into an education hub. There is a house with various rooms and a ward area which will be used as simulated environments that patients would be in. He noted the massive potential of the hub referring to teaching facilities, classrooms and scope for being a conference centre.

8. **Medical Workforce Planning – Acute Services.**

CM referred to the flash report sent by IM and noted that IM has been working with SS in bringing together a medical workforce strategy.

CM thought that the priority for the first part of the next financial year will be pulling a plan together; to include Acute and the Partnership as well. He noted that finance colleagues were pulling together a lot of the finance data. SS advised that she is going to a meeting to get the first rendition of that data.

JM added that at the SLT meeting they had discussed cost reductions but that he thinks these are precarious due to trainees still claiming they do not get breaks. Although there had been a reduction, he wouldn't be confident that this is going to be sustained consistently across all rotas.

JM also noted that there was inconsistency across various departments/ directorates as to what is available for study leave – what pots of money are being used, what should the rules be and how they should be communicated. CM advised that there is a policy agreed with the BMA and that a procedure to ensure the policy is implemented fairly and consistently across the Board is what needs developed. AK confirmed that there is no uniformity across departments regarding study leave and agreed that something needs to happen to provide consistency.

JM asked if finance for study leave is part of the finance when a new post is approved, or do we continued to employ new consultants and medical staff without allocating appropriate funds for study leave? CM agreed that this is probably the case and that admin and IT are also not considered when putting together a new post.

9. **Medical Workforce Planning - HSCP**

AK reported that Mental Health had progressed with job planning.

Rheumatology is one of the biggest challenges at the moment with only 1.5 WTE. There has been some progress with potential consultant recruitment and have made an offer to a candidate interviewed, which will take it up to 2.5 WTE. The goal is to get to 3 plus 1 Specialty Doctor in the next year, however, it is going to be a challenge. We are actively pursuing SLAs with Forth Valley, but they also have recruitment issues so not sure it will be successful.

The main development is that LC has formed a Rheumatology Oversight Group which meets fortnightly making sure that there is ownership within the clinical team to build a more robust system that maximises use of the MDT rather than using a very medically focused model.

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There has been some positive recruitment in the Sir George Sharp unit. They still don't have a substantive consultant but have a locum consultant and a Specialty Doctor which is starting to help support the team. There is also a Clinical Fellow joining the team but is held up with Home Office issues.

AK also reported that there were no applicants for the MoE Rehab ScotCOM post. CM noted that there needs to be strategic thought around how ACT money is spent as we were £500,000 underspent this year and it is a missed opportunity to spend it on other things. With ScotCOM materialising the ACT budget will increase annually. By the third year of ScotCOM there will be near £5,000,000 annually of ACT money. He felt there is a need to make sure we are integrating into other budgets by trying to expand consultant recruitment.

10.   Any Other Competent Business

CM confirmed that this would be MP's last meeting and thanked her for all of the years of hard work and dedication behind the scenes to keep Primary Care appraisal effective and to a high standard.

11.   Date, Time and Venue of Next Meeting

The next meeting will be held on Tuesday, 15 April 2025 at 3.00pm via Microsoft Teams.

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5/6   511/517

Distribution List:
Dr C McKenna, Medical Director – NHS Fife
Dr I MacLeod, Deputy Medical Director – NHS Fife Acute
Dr H Hellewell, Deputy Medical Director – Fife Health & Social Care Partnership
Dr J Tomlinson, Director of Public Health
Dr E O'Keefe, Director of Dentistry
Dr S Savage, Associate Director for Risk and Professional Standards
Ms G Couser, Associate Director of Quality and Clinical Governance
Dr S McCormack, Associate Medical Director – Surgical and Medical Directorate
Dr J Morrice, Associate Medical Director, Women & Children
Dr A Kelman, Associate Medical Director, Fife Health & Social Care Partnership
Ms J Anderson, General Manager, Women, Children & Clinical Services
Ms L Cooper, Head of Primary and Preventative Care Services
Mrs A Gracey, Medical Appraisal and Revalidation Co-ordinator
Dr M Philp, GP Appraisal Lead
Mr E Dunstan, SC Appraisal Lead
Prof Morwenna Wood, Director of Medical Education
Dr M Clark, Associate Director of Medical Education
Dr K Steel, Associate Director of Medical Education
Ms S Ali, Medical Education Manager
Mrs R Waugh, Head of Workforce Planning and Staff Wellbeing
Dr J Pickles, LNC Representative

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6/6   512/517

STAFF GOVERNANCE COMMITTEE

WORKFORCE PLANNING FORUM
(Meeting on 13 February 2025)
No issues were raised for escalation to the Staff Governance Committee.

Present: Rhona Waugh, Head of Workforce Planning and Staff Wellbeing (Chair)
Susan Ballantyne, Business Manager, Emergency Care
Ian Campbell, Healthcare Chaplain (deputising for Nicola Robertson)
Claire Dobson, Director of Acute Services Division
Susan Fraser, Associate Director of Planning and Performance
Alistair Graham, Director of Digital & Information
Lynne Johnston, Service Manager, Obstetrics & Gynaecology
Roy Lawrence, Principal Lead for Organisational Development & Culture, HSCP
Lynette Marshall, Head of Nursing, HSCP (deputising for Lynn Barker)
Dafydd McIntosh, Organisational Development & Cultural Specialist, HSCP
Brian McKenna, Workforce Planning Manager
Charlotte Myles, Service Manager, Emergency Care
Gillian Ogden, Head of Nursing, ASD (deputising for Norma Beveridge)
Rose Robertson, Assistant Director of Finance
Amanda Wong, Director of Allied Health Professions

In Attendance: Catherine Penman, PA to Head of Workforce Planning and Staff Wellbeing (Minutes)

	ACTION
1. APOLOGIES FOR ABSENCE Apologies were received from Bryan Archibald, Planning & Performance Manager; Lynn Barker, Director of Nursing, H&SCP; Norm Beveridge, Director of Nursing, Acute Services Division; Carol Brown, Programme Manager, Finance; Jason Cormack, Pharmacy Corporate Business Manager; Lee Cowie, Interim Senior Manager, Mental Health, Learning Disability & Addiction Services; Sharon Crabb, Public Health Service Manager; Michelle Gilmour, Service Manager, Emergency Care; Robyn Gunn, Head of Laboratory Services; Ben Hannan, Director of Planning and Transformation; Nicola Harkins, Acting Senior Manager, Medical Learning Disabilities; Helen Hellewell, Deputy Medical Director; Wendy Hutchison, Clinical Nurse Manager, Admissions; Frances King, Business Manager, Finance; Margo McGurk, Director of Finance and Strategy; David Miller, Director of Workforce; Elaine Murray, Occupational Therapy Manager; Louise Noble, Service Manager, Planned Care; Lynne Parsons, Employee Director; David Pirie, MRI Lead Radiographer; Nicola Robertson, Director of Nursing, Corporate; Jim Rotheram, Head of Facilities; Richard Scharff, Radiology Clinical Activity Manager; Angela Shepherd, Service Manager, Emergency Care; Sally Tyson, Head of Pharmacy – Development & Innovation; and Andy Verrecchia, LPF Co-Chair. **2. MINUTES OF MEETING HELD ON THURSDAY 15 JANUARY 2025** The minutes of the meeting held on Thursday 15 January 2025 were approved as an accurate record.	

3.   **ACTION LIST**

The contents of the Action List dated 15 January 2025 were noted. Rhona referred to the two outstanding issues and advised that David had requested that these items remain on hold, pending discussions with Finance colleagues.

4.   **WORKFORCE PLANNING SUBMISSIONS / DRAFT WORKFORCE PLAN DEVELOPMENT**

Brian referred to the Annex A Workforce Plan 2025/2026 template, which was circulated to colleagues on Friday 17 January 2025 for completion and reminded colleagues to return their respective template, as the Workforce Plan 2025/2026 requires to be submitted to the Scottish Government by Monday 17 March 2025.

The first draft is currently being prepared and Brian will reach out to key individuals to obtain further information to help inform specific elements of the Workforce Plan, such as Business Transformation, Information Technology, Recruitment, Wellbeing and Retention of the workforce. It is anticipated that the first draft will be circulated to colleagues for final review by the end of February 2025. Rhona advised that the first draft requires to be presented to the Staff Governance Committee on Tuesday 4 March 2025 and asked colleagues to submit their returns timeously. There may also be a requirement to share the draft with APF and LPF colleagues virtually due to the timeframe involved.

All

Rhona thanked colleagues for providing their submissions to date and recognised the work involved, which was in addition to the request for Health Care Staffing Act quarterly returns. A lot of information has been received, which will also help inform the service based workforce plans and assist with the triangulation of the Annual Delivery Plan and Financial Plan. The final submission of the Workforce Plan 2025/2026 will be shared with colleagues in due course.

Brian

5.   **ANNUAL DELIVERY PLAN UPDATE**

Susan acknowledged the importance of ensuring that the Annual Delivery Plan, Financial Plan and Workforce Plan were triangulated. Whilst the first draft of the Annual Delivery Plan was submitted on Friday 7 February 2025, there are still a few areas missing, particularly within the Workforce section. The first feedback session is arranged for Tuesday 18 February 2025. The final draft requires to be submitted by Monday 17 March 2025.

In terms of the Workforce section of the Annual Delivery Plan, there are deliverables on the Staff Bank arrangements, Medical Locum spend efficiencies, Administration Support and Agile Digital Solutions, Attendance Management, eRostering, working with Further and Higher Education to support Anchor and Employability outcomes. These are in addition to any actions that were carried over from the 2023/2024 ADP. Whilst the process will be slightly different this year, feedback will be sought from services to enhance the information already contained with the 2024/2025 ADP.

Rhona referred to the quarterly output returns which had recently been circulated and asked if these would be circulated in the future. Susan advised that this was still be agreed and confirmed that the monitoring of actions incorporated within the ADP will continue and expected that the quarterly reports to the Scottish Government will also continue. Rhona advised that the output returns were useful in terms of reflecting progress and it is intended that a similar approach will be adopted to present the HCSA quarterly reporting arrangements.

6. FINANCIAL PLAN UPDATE

Rose advised that the initial draft of the Financial Plan was submitted on 27 January 2025. In terms of the headline numbers, a £51m gap has been identified for the 2025/2026 financial year. However, there is a level of confidence that the Board will be in a position to deliver £20m savings. A plan is being prepared to address the remaining £31m gap in terms of transformation, service redesign and delivery.

Whilst the Workforce, Annual Delivery and Financial Plans need to be complementary and consistent, these also need to be deliverable in terms of the £20m savings identified. Rhona suggested that the request for a one-year Workforce Plan may be due to the current financial and service delivery landscape. Discussions took place in relation to getting back into a three-year Workforce Planning cycle, however, this may prove challenging.

Rose referred to the saving schemes that had been identified under sustainability and value in respect of People and Change and confirmed that a savings target of £4m had been identified. There was a level of confidence that these savings would be deliverable on a recurring basis, split across supplementary staffing, and a further reduction within Acute Services extant pay cost pressures in addition to the Business Transformation scheme within the current financial year. The Corporate Service review in terms of digital solutions will also deliver a financial saving of approximately £2m.

7. PEOPLE & CHANGE BOARD UPDATE

Rhona advised that the People & Change Board had met on 12 February 2025. Really good feedback had been received from PMO colleagues around Direct Engagement and the use of Medical Locums and how this is being managed. Whilst there have been recognised savings, there is still a lot of work to be undertaken. PMO colleagues are currently working with the Head of Workforce Relations and Resourcing to move towards a single unified Staff Bank within the Board.

Work is taking place in mitigate the reduction in available hours, as a result of the first phase of the reduced working week for agenda for change staff. A revised report is currently being prepared to take account of the second phase of implementation, which will have a further impact on staff and service delivery. National guidance is still awaited and will be communicated as widely as possible, once received.

It was noted that NHS Fife will not meet the locally agreed target rate for sickness absence of 6.5% in the current financial year. The Head of Workforce Resourcing and Relations has been asked to prepare a Sickness

Absence Recovery Plan for 2025/2026 and to suggest a realistic local target for the Board, for agreement by the EDG, SGC and APF. A review of the Risks attached to the People and Change Board will take place in liaison with the Medical Director.

8. HSCP DRAFT WORKFORCE PLAN DEVELOPMENT / ACTION PLAN UPDATE

Roy advised that the HSCP Draft Workforce Plan was being developed by HSCP stakeholders in liaison with Dafydd, Rhona and Brian. A few challenges had been identified with obtaining information from the third and independent sector. The NHS approach to obtaining information is more mature than other parts of the system, which the HSCP are trying to replicate. The HSCP Workforce Plan also factors the work around Reform, Transform and Perform, Reduced Working Week and the impact of the WTE reduction. HSCP are working to the same deadline for submission to the SG and the final version will be presented at the next meeting of the forum.

Roy

Roy confirmed that an update on the HSCP three-year Workforce Plan had been submitted to the Integrated Joint Board in November 2024 and work was on-going to update the Action Plan in advance of the six-monthly update, which is due to be submitted in March / April 2025.

9. ANY OTHER BUSINESS

9.1 Health Care Staffing Act

Brian advised that the HCSA Quarter 3 report was currently being prepared. In addition, the HCSA Annual Report requires to be submitted by 30 April 2025. The final versions of both reports will be shared with the forum in due course.

Brian

10. DATE OF NEXT MEETING

It was noted that the date of the next meeting had not been arranged. It was agreed that electronic communication would take place whilst the Workforce Plan 2025/2026 was being prepared.

The next meeting was subsequently arranged to take place on Wednesday 28 May 2025 at 2.00 pm via MS teams.