

Staff Governance Committee

Thu 11 January 2024, 10:00 - 12:00

Via MS Teams

Agenda

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

1 min

Sinead Braiden

10:01 - 10:03 **2. Declaration of Members' Interests**

2 min

Sinead Braiden

10:03 - 10:06 **3. Minutes of Previous Meeting held on Thursday 9 November 2023**

3 min

Enclosed *Sinead Braiden*

 Item 03 Staff Governance Committee Minutes (unconfirmed) 9.11.23.pdf (9 pages)

10:06 - 10:11 **4. Matters Arising / Action List**

5 min

Enclosed *Sinead Braiden*





 Item 04 SGC Table of Actions 11.01.24.pdf (1 pages)

10:11 - 10:41 **5. GOVERNANCE MATTERS**

30 min

5.1. Corporate Risks Aligned to Staff Governance Committee

Enclosed *David Miller*

-  Item 5.1 Corporate Risks Aligned to SGC as at 21.12.23 - 11.1.24.pdf (6 pages)
-  Item 5.1 Corporate Risks Aligned to SGC as at 21.12.23 Appendix 1.pdf (6 pages)
-  Item 5.1 Assurance Principles Appendix 2.pdf (1 pages)
-  Item 5.1 Appendix 3 Risk Matrix.pdf (2 pages)

5.2. Delivery of Annual Workplan 2023/2024

Enclosed *David Miller*

 Item 5.2 Delivery of Annual Workplan 2023-2024 Report - 11.1.24.pdf (10 pages)

5.3. Proposed Annual Workplan 2024/2025

Enclosed *David Miller*

 Item 5.3 Proposed Annual Workplan 2023-2024 Report 11.1.24.pdf (9 pages)

5.4. Diverse Ethnicity Staff Survey Report

Enclosed / Presentation *Janette Keenan / Isla Bumba*



 Item 5.4 Diverse Ethnicity Staff Survey Report 11.1.24.pdf (8 pages)

10:41 - 10:51 6. STRATEGY / PLANNING

10 min

6.1. Population Health and Wellbeing Strategy Mid-Year Report

Enclosed Susan Fraser




-  Item 6.1 PHWS Mid Year Report SBAR 11.1.24.pdf (4 pages)
-  Item 6.1 PHWS Mid Year Report v2.0 Appendix 1.pdf (46 pages)

10:51 - 11:01 7. NHS FIFE PROJECTS / PROGRAMMES

10 min

7.1. Reinforced Autoclaved Aerated Concrete (RAAC)

Enclosed Neil McCormick



-  Item 7.1 RAAC Update SBAR NM (Dec 23).pdf (6 pages)
-  Item 7.1 RAAC Appendix 1 - Sample Survey Report (Dec 23) NMCC.pdf (11 pages)
-  Item 7.1 RAAC Appendix 2 - Sample Risk Assessment (Dec 23) NMCC.pdf (4 pages)

11:01 - 11:11 8. QUALITY / PERFORMANCE

10 min

8.1. Integrated Performance & Quality Report

Enclosed David Miller



-  Item 8.1 IPQR SBAR SG Committee 11.1.24.pdf (3 pages)
-  Item 8.1 IPQR Position at November 2023 SG 11.1.24.pdf (11 pages)

11:11 - 11:26 9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

15 min



9.1. Draft Staff Health and Wellbeing Action Plan 2023-2025

Enclosed Rhona Waugh

-  Item 9.1 Draft Staff Health Wellbeing Action Plan SBAR 11.1.24.pdf (3 pages)
-  Item 9.1 Draft Staff Wellbeing Action Plan - November 2023 to March 2025 V7 28.12.2023.pdf (9 pages)

9.2. Internal Control Evaluation Report

Enclosed Margo McGurk

-  Item 9.2 Internal Contract Evaluation Report 11.1.24.pdf (4 pages)
-  Item 9.2 Internal Control Evaluation Appendix 1.pdf (36 pages)

11:26 - 11:46 10. ANNUAL REPORTS / OTHER REPORTS

20 min

10.1. Medical Appraisal & Revalidation Annual Report 2022/2023

Enclosed Dr Chris McKenna

-  Item 10.1 Medical Appraisal Revalidation Annual Report 2022-2023 11.1.24.pdf (3 pages)
-  Item 10.1 Medical Appraisal Revalidation Report 2022-2023 Appendix 1.pdf (8 pages)
-  Item 10.1 Draft Appraisal and Revalidation Strategic Framework v1.7 Appendix 2.pdf (16 pages)

10.2. iMatter Report

11:46 - 11:51 **11. LINKED COMMITTEE MINUTES**

5 min

11.1. Area Partnership Forum held on 22 November 2023 (unconfirmed)

Enclosed

- Item 11.1 APF Minutes Cover Sheet 22.11.23.pdf (1 pages)
- Item 11.1 APF Minutes (Unconfirmed) 22.11.23.pdf (11 pages)

11.2. Acute Services Division and Corporate Directorate Local Partnership Forum held on 9 November 2023 (unconfirmed)

Enclosed

- Item 11.2 ASD CD LPF Minute Cover Sheet 9.11.23.pdf (1 pages)
- Item 11.2 ASD CD Local Partnership Forum Minute (unconfirmed) 9.11.23.pdf (18 pages)

11.3. Health and Social Care Partnership Local Partnership Forum held on 26 July 2023 (confirmed)

Enclosed

- Item 11.3 HSCP LPF Minute Cover Sheet 26.7.23.pdf (1 pages)
- Item 11.3 HSCP LPF Minutes (Confirmed) 26.07.23.pdf (6 pages)

11.4. Strategic Workforce Planning Group held on 28 November 2023 (unconfirmed)

Enclosed

- Item 11.4 Strategic Workforce Planning Minutes Cover Sheet 28.11.23.pdf (1 pages)
- Item 11.4 Strategic Workforce Planning Group Minutes 28.11.23.pdf (6 pages)

11.5. Health and Safety Sub Committee held on 8 September 2023 (unconfirmed)

Enclosed

- Item 11.5 H&S Sub Committee Linked Cover Sheet 8.9.23.pdf (1 pages)
- Item 11.5 H&S Sub Committee Minute (Unconfirmed) 8.9.23.pdf (11 pages)

11.6. Equality & Human Rights Strategy Group held on 10 November 2023 (confirmed)

Enclosed

- Item 11.6 Equality & Human Rights Minute Cover Sheet 10.11.23.pdf (1 pages)
 - Item 11.6 Equality & Human Rights Strategy Group Minutes 10.11.23 (Confirmed).pdf (4 pages)
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11:51 - 11:56 **12. ESCALATION OF ISSUES TO NHS FIFE BOARD**

5 min

12.1. To the Board in the IPQR Summary

Verbal Sinead Braiden

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

Verbal Sinead Braiden

11:56 - 12:00 **13. ANY OTHER BUSINESS**
4 min

12:00 - 12:00 **14. Date of Next Meeting: Wednesday 6 March 2024 at 10.00 am to 12.00 noon via MS Teams**
0 min

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 9 NOVEMBER 2023 AT 10.00 AM VIA MS TEAMS

Present:

Sinead Braiden, Non-Executive Member (Chair)
Colin Grieve, Non-Executive Member
Kirstie MacDonald, Whistleblowing Champion and Non-Executive Member
Mansoor Mahmood, Non-Executive Member
Lynne Parsons, Employee Director
Carol Potter, Chief Executive
Wilma Brown, Interim Co-Chair Health & Social Care Partnership (H&SCP) Local Partnership Forum (LPF) (*part*)

In attendance:

Lynn Barker, Associate Director of Nursing (*deputising for Janette Keenan*)
Claire Dobson, Director of Acute Services
Susan Fraser, Associate Director of Planning & Performance
Lynne Garvey, Head of Community Care Services (*deputising for Nicky Connor*)
Gillian MacIntosh, Head of Corporate Governance & Board Secretary
Margo McGurk, Director of Finance & Strategy
David Miller, Director of Workforce
Sandra Raynor, Head of Workforce Resourcing & Relations
Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Lakshmi Anderson, Executive Assistant to the Director of Workforce (*observing*)
Hazel Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting. A warm welcome was extended to Lynne Parsons to her first meeting of the Staff Governance Committee as the Board's new Employee Director. Lakshmi Anderson was also welcomed as an observer to the meeting.

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

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

1. Apologies for Absence

Apologies for absence were received from members Janette Keenan (Director of Nursing), Andrew Verrecchia (Co-Chair, Acute Services Division & Corporate Directorates Local Partnership Forum), and attendee Nicky Connor (Director of

Health & Social Care). It was advised that Kevin Reith, (Deputy Director of Workforce) is now seconded to the Interim Director of Workforce role in NHS Forth Valley, on a full time basis.

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the Previous Meeting held on Thursday 14 September 2023

The minutes of the meeting from Thursday 14 September 2023 were **agreed** as an accurate record.

4. Matters Arising / Action List

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

5. GOVERNANCE MATTERS

5.1 Corporate Risks Aligned to Staff Governance Committee

The Director of Workforce reported that the paper sets out an update on the corporate risks since the last report. It was advised that there has been no change to the two risks linked to the Committee, and both risk levels remain unchanged and currently assessed as high.

It was reported that one new risk has been identified on the preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019, and, following discussions at the Executive Directors' Group, wording for this risk has been drafted. The Director of Workforce requested approval for the wording of the new risk before it is presented to the Board. The Chair agreed that this risk should be flagged to the Board, given the requirements for compliance. It was noted that this risk reflects a national direction of travel and further guidance from the Scottish Government is still to be issued.

It was agreed the topic for the next Deep Dive will be attendance management.

Action: Director of Workforce

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

5.2 Bank Agency Programme Update

The Director of Workforce advised that a detailed update on the Bank and Agency programme was recently presented to the Committee. A further update was provided, and it was advised that, following the implementation of the new initiatives to reduce temporary staffing, the financial position has not yet improved, which has been due to the time required to embed the new initiatives. It was noted that agency staff were not required for some areas recently, and that a focus going forward is to reduce dependencies on bank staff. In addition, it was reported that the paper outlines the initiatives that are underway to reduce the reliance on supplementary staffing, and it was noted that there had been positive feedback from staff around the measures being trialled.

The Employee Director noted she was pleased that conversations are taking place with staff to make realistic plans for appropriate staffing and highlighted the need to ensure that there is rigour around requests for bank and agency staff, and to identify what is realistic for delivery of services.

The Director of Acute Services highlighted the medical workforce element and advised that there has been success in reducing the number of locums across all the Directorates. In addition, some of the Junior Doctor locums have been converted into Gateway Doctor posts, which has resulted in significant savings.

Members recognised the considerable work that has been undertaken to date. The importance of understanding the causes and need to use bank staff was highlighted, and a suggestion was made to carry out further work at a local level around this. A suggestion was also made to enhance initiatives that are working well, such as rapid recruitment, to close the vacancy gap more quickly. The Director of Workforce was supportive, and he outlined the lessons learned that will be taken forward for rapid recruitment, in terms of timeframes and resources. It was also noted that the allocation of funding is still to be advised from the Scottish Government for next year's international recruitment.

The Head of Community Care Services explained that the pipeline for vacancies for some specialist roles are small, and that there is a complex system within Health & Social Care, which means addressing the recruitment challenges is a significant piece of work.

Following a comment from the Chair in relation to the Safe Staffing legislation, it was noted that more work is required around this. It was also highlighted that there are currently two transformational business cases within the Health & Social Care Partnership, which may impact on staffing, and that exploring different models, particularly within Acute Services, may be required to deliver services.

The Director of Workforce thanked Maxine Michie, Deputy Director of Finance, for her contribution towards producing the report.

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

5.3 Whistleblowing Quarter 2 Report

The Head of Workforce Resourcing & Relations reported that no Whistleblowing concerns were received in Quarter 2. Two anonymous concerns received are being managed within the services they were lodged within.

The key points from the report were highlighted, and it was noted that an engagement session had taken place on confidential contacts, along with training sessions. It was advised that the next steps will be to set up a support network for the confidential contacts to provide ongoing help and guidance.

An overview was provided on the initiatives which have been introduced, and it was noted that an action plan will be produced to reimplement the Whistleblowing Standards throughout the organisation.

The Committee took **assurance** from the report, which confirms there were no Whistleblowing concerns received in Quarter 2; two anonymous / unnamed concerns were received; no whistleblowing articles were published in the local newspapers; assurance was provided of awareness of the standards, and details of the Whistleblowing training undertaken during Quarter 2 was given.

5.4 Delivery of Annual Workplan 2023/2024

The Chair noted that the previous two NHS Fife Equality & Diversity Strategic meetings had been cancelled and questioned the reasons. In response, it was advised that there had been issues with attendance, and the next meeting is scheduled to take place on 10 November 2023. It was also advised that the workforce equality issues, previously discussed at Committee, are being progressed and that the possibility of a lesbian, gay, bisexual and transgender (LGBT) network is being explored, which will form part of the new Workforce Equality sub group actions.

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

6. STRATEGY / PLANNING

6.1 Annual Delivery Plan (ADP) Quarter 2 Performance Report 2023/2024

The Associate Director of Planning & Performance advised that the report describes performance against improvement actions that were agreed in the ADP. An overview was provided on the ADP 2023/24 progress summary, at Appendix 1. The three deliverables at risk were highlighted as staff bank reconciliation, promoting employability priorities around the workforce aims for delivering the Anchor strategy, and creating and nurturing a culture of person-centred care.

Following a question from the Chair, the Head of Workforce Planning & Staff Wellbeing explained that a member of staff within the Employability Team shortly returns from maternity leave, and that this will support employability actions, alongside the addition of a new Band 5 support role to be recruited to that team. It was reported that aspects of the employability agenda, including improving our engagement with the Fife Developing Young People Network and the Armed Forces Talent Programme in terms of improving engagement, have been progressing in the interim. It was noted that both link into our Anchor Institution ambitions.

The Head of Workforce Resourcing & Relations provided an update in relation to the Bank and Agency consolidation aspect, noting the financial challenges, and advised that models are being explored that will allow the movement of nurse bank into staff bank.

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

6.2 Population Health & Wellbeing Strategy 2023/2024 Mid-Year Review

The Director of Finance & Strategy provided a verbal update and advised that the mid-year review is still in the process of being developed and that the Executive Directors' Group are looking at a range of options in terms of bringing more detail

on the progress against our ambitions and Corporate Objectives. It was noted that there is a slight cross-over with the previous reporting information given in regard to the Annual Delivery Plan.

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

7. NHS FIFE PROJECTS / PROGRAMMES

7.1 Primary Care Improvement Plan 2023/24

The Head of Community Care Services advised that the Primary Care Improvement Plan 2023/2024 is required to be submitted to the Scottish Government. The Plan has been discussed at the Executive Directors' Group, and it was advised that it is currently going through the Integration Joint Board Committees, for their delegated delivery function. It was also advised that the Plan underpins the delivery of the General Medical Services contract and is very closely aligned to the work of the Population Health & Wellbeing Strategy and the Anchor ambitions.

It was reported that the key objective of the plan is to reduce General Practitioner workloads, to allow them to focus on their expert role as medical generalists, and to build a multidisciplinary team around them. It was noted the detail is provided in Appendix 1. It was further reported that the plan has been developed in collaboration with multiple key stakeholders, and that oversight of the plan is with the General Medical Services Implementation Group, who have a wide stakeholder membership.

It was advised that there is a risk due to the workforce implications, and that workforce models are being explored, along with looking at utilising digital technology as far as possible. It was noted that there was a slight delay in progressing due to awaiting the Scottish Government's guidance on transitional payments.

The Committee took **assurance** from the report to inform the commitment to continue to deliver the General Medical Services contract via the Primary Care Improvement Plan for 2023/2024.

8. QUALITY / PERFORMANCE

8.1 Integrated Performance & Quality Report (IPQR)

The Director of Workforce reported a slight increase in sickness absence, for both short and long term absences, with an overall rate of 6.91%. It was noted that there has been progress made in terms of managers being empowered to take decisions around attendance management and having conversations with staff to support their return to work. It was agreed to have a Deep Dive on attendance management at a future meeting and the Chair and Director of Workforce will agree a timescale outwith the meeting.

Action: Director of Workforce

It was reported that Personal Development Performance Review (PDPR) compliance has increased very slightly to 41.3%. It was noted that the target will

be changed on the next iteration of the report to 55% from 60% for the year-end. The importance of holding meaningful PDPRs with staff was highlighted.

Action: Director of Workforce

It was advised that vacancies have been added as an additional metric to the IPQR and this data will continue to evolve in its presentation. W Brown, Interim Co-Chair H&SCP LPF, made comment that the new metric was positive in terms of focussing discussions and making decisions.

The Committee took **assurance** from the report and considered the NHS Five performance, as summarised in the IPQR.

8.2 Staff Governance Annual Monitoring Return 2022/23

The Head of Workforce Resourcing & Relations advised that the Staff Governance Annual Monitoring Return for 2022/23 is to be submitted to the Scottish Government by 4 December 2023. It was reported that the return has been populated by both Local Partnership Forums Annual Reports and from individuals involved in some of the key work.

The Chief Executive added that the document will be refined, to join up the individual aspects, before it is submitted.

The Committee took **assurance** from the report. Members **considered** the content of the Staff Governance Annual Monitoring Return for 2022/2023, and subject to making any further amendments, noted that the Chair of Staff Governance Committee and the Employee Director will approve the final return, prior to submission to the Scottish Government by 4 December 2023.

9. STAFF GOVERNANCE AND STAFF GOVERNANCE STANDARD

9.1 Workforce Policies Update

The Head of Workforce Resourcing & Relations advised that the paper provides an update on the development work that has been undertaken by the Human Resources (HR) Policy Group, since the previous year. It also includes an update on the Once for Scotland Workforce Policies Programme. In addition, an update was provided on the briefing sessions that are being undertaken, as detailed in the paper.

The Committee took **assurance** from the report, which confirms the work undertaken by the HR Policy Group in developing and maintaining HR policies within scope and an update on the Once for Scotland Workforce Policies Programme.

10. ANNUAL REPORTS / OTHER REPORTS

10.1 Health and Social Care Partnership Local Partnership Forum Annual Report 2022/2023

The Head of Community Care Services reported that a different approach has been taken this year and that the report highlights the commitment for strong staff governance and celebrating success. It was noted that the summary of the report has been shared with all staff.

The Head of Community Care Services also highlighted that the Local Partnership Forum have been very supportive and positive, and recognition was given to every Director within the Directorates, highlighting the amazing work that is being carried out by staff. A warm thank you was provided to Simon Fevre, who has recently retired, for his contribution and guidance in the development of the report.

The Committee took **assurance** from the report and to note the content.

10.2 Whistleblowing Annual Performance Report 2022/2023

The Head of Workforce Resourcing & Relations advised that this is the second Whistleblowing Annual Performance Report, and that the report will continue to be developed in line with national guidance.

The key points from the report were highlighted, and it was advised that the infographic on page 11 of the report shows, at a glance, an overview of whistleblowing. It was noted that the performance report highlights activity during 2022, with some activity continuing into 2023, and summarises new activity for 2023/24.

K MacDonald, the Board's Whistleblowing Champion, provided a verbal update and highlighted the importance of learning from the implementation of the Standards. It was advised that learning points and recommendations from the Independent National Whistleblowing Officer (INWO) and Internal Audit have been taken on board and that improvements will be reflected in future reports. Assurance was provided that when concerns reach Board-level, they are listened to. Furthermore, assurance was provided that there is evidence of leading by example in terms of trying to promote a positive open culture and that there are a number of points that are being taken forward for improvement and consideration, with any changes being actioned.

K MacDonald thanked all involved in the development of the report, including all the Confidential Contacts who are supporting staff raise concerns. A suggestion was also made to hold a future Development Session on the role of Confidential Contacts.

Action: Director of Workforce

It was advised the updated report, to include within K MacDonald's assurance statement given verbally at today's meeting, will be circulated to the Committee, and will be presented at the November 2023 Board meeting.

Action: Head of Workforce Resourcing & Relations

The Committee took **assurance** from the report and **noted** the content.

10.3 Nursing & Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2022/2023

The Associate Director of Nursing advised that the reports are provided to the Committee to provide assurance that the Nursing & Midwifery and Allied Health Professionals are supported to meet the needs of their registration and revalidation requirements.

The Committee took **assurance** from the reports and **noted** the content.

10.4 Training Compliance Report 2022/2023

The Director of Workforce provided an overview of the report and highlighted the key points. It was advised that manual handling compliance has reduced and that there is a continued commitment to improve the position. It was also noted that further work is required within Corporate Departments and that work is being undertaken to improve levels in that area. Assurance was provided that the position is as expected across all training modules.

M Mahmood, Non-Executive Member, questioned if training courses can be carried out in staff's own time. In response, it was advised that staff must carry out training within their work time, and that some courses require face-to-face training, such as basic life support. It was also advised that there is a blended approach of online and face-to-face training, and that a cascade approach, to ensure staff have time to complete training, is being explored.

W Brown, Interim Co-Chair H&SCP LPF, commented that opportunities for training may reduce during the busier Winter months. The Director of Workforce agreed to bring an update back to the Committee in relation to the different approaches that are being explored in terms of flexibility, each aimed at improving overall compliance.

Action: Director of Workforce

The Committee took **assurance** from the report and **noted** the content.

10.5 Volunteering Annual Report 2022/2023

The Associate Director of Nursing advised that the report highlights the recognition of the valuable work of all our volunteers in terms of service delivery and supporting our teams, patients, families and carers, and their huge commitment to NHS Fife.

It was highlighted that the volunteering team, of two Volunteering Leads and an Administrative Assistant, have been supporting circa 80 volunteers to reintegrate within clinical areas and settings across Fife, post Covid.

The Committee made positive comments on the fantastic work of our volunteers, noting the huge contribution they provide to many services.

The Committee took **assurance** from the report and noted the content.

11. LINKED COMMITTEE MINUTES

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

- 11.1 Area Partnership Forum held on 20 September 2023 (unconfirmed)
- 11.2 Health and Safety Sub Committee held on 8 September 2023 (unconfirmed)

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 noting 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 for escalation to the NHS Fife Board.

13. ANY OTHER BUSINESS

There was no other business.

14. DATE OF NEXT MEETING

Thursday 11 January 2024 at 10.00 am, via MS Teams.

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 11 January 2024



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	09/11/23	Integrated Performance & Quality Report	To have a Deep Dive on attendance management at a future meeting and the Chair and Director of Workforce to agree a timescale outwith the meeting.	DM	March 2024	Focus on Pharmacy Workforce, including attendance management scheduled for 6 March 2024.	In Progress
2.	09/11/23		To change the target on the next iteration of the report to 55% from 60% for the year-end, for PDPRs.	DM	January 2024	On agenda on 11/1/24.	Closed
3.	09/11/23	Whistleblowing Annual Performance Report 2022/2023	To hold a future Development Session on the role of Confidential Contacts.	DW	Timing to be confirmed	Presentation provided at Board Development Session on 19/12/23.	Closed
4.	09/11/23		To circulate to the Committee, the updated Annual Performance Report, to include K MacDonald's assurance statement.	SR	January 2024	Revised Annual Whistleblowing Annual Performance Report circulated on 9/11/23.	Closed
5.	09/11/23	Training Compliance Report 2022/2023	To bring an update back to the Committee in relation to the different approaches which are being explored in terms of flexibility, each aimed at improving overall compliance.	DM	January 2024	Update will be provided on 6 March 2024.	In Progress

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 11 January 2024
Title:	Update on Corporate Risks Aligned to the Staff Governance Committee
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Pauline Cumming, Risk Manager

1. Purpose

This report is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan
- Emerging issue
- Local policy
- NHS Board / IJB Strategy or Direction / Plan for Fife

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

- Safe, Effective & Person Centred

This report aligns to the following Strand/s of the 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 provides an update on the risks aligned to this Committee since the last report to the meeting on 9 November 2023. Members are invited to:

- Note details of the corporate risks as at 21 December 2023 set out at Appendix 1;
- Review all information provided against the Assurance Principles at Appendix 2; and the Risk Matrix at Appendix 3;
- Consider and be assured of the mitigating actions to improve the risk levels;
- Conclude and comment on the assurance derived from the report;

- Confirm the Deep Dive review to be prepared for the next Staff Governance Committee meeting.

2.2 Background

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

- Relevance
- Proportionality
- Reliability
- Sufficiency

2.3 Assessment

Strategic Risk Profile

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


Table 1: Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite
To improve health and wellbeing	5	2	3	-	-	◀▶	High
To improve the quality of health and care services	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		
<p>Summary Statement on Risk Profile</p> <p>On 28/11/23, the Board approved the addition to the Corporate Risk Register of the corporate risk associated with Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019. This risk is assessed as Moderate level. It is mapped to Strategic Priority 'To improve the quality of health and care services' and will be reported for assurance purposes to the Staff Governance Committee.</p> <p>The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.</p> <p>Mitigations are in place to support management of risk over time with some risks requiring daily assessment.</p> <p>Assessment of corporate risk performance and improvement trajectory remains in place.</p>							

Risk Key		Movement Key	
High Risk	15 - 25	▲	Improved - Risk Decreased
Moderate Risk	8 - 12	◀▶	No Change
Low Risk	4 - 6	▼	Deteriorated - Risk Increased
Very Low Risk	1 - 3		

Details of the risks aligned to the Staff Governance Committee are summarised in Table 2 below and at Appendix 1.

Table 2: Risks Aligned to the Staff Governance Committee

Strategic Priority	Overview of Risk Level	Risk Movement	Corporate Risks	Assessment Summary of Key Changes
 To improve staff experience and wellbeing	<div style="display: flex; justify-content: space-around; align-items: center;"> 2 - - - </div>	◀▶	<ul style="list-style-type: none"> 11 - Workforce Planning and Delivery 12 - Staff Health and Wellbeing 19 - 'Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019' 	<p>Risks 11 and 12 - mitigations updated</p> <p>Risk 19 - updated since proposed at 09/11/23</p>

Since the last report to the Committee on 9 November 2023:

- There are now three risks aligned to this Committee.
- The risk level of Risks 11 and 12 is unchanged; with both risks assessed as High.

New Risks

The previous report to the Committee identified a new corporate risk related to:

Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019

EDG and this Committee agreed the following risk wording on 2 November and 9 November 2023 respectively:

“Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with the Health and Care (Staffing) (Scotland) Act 2019 [HCSA] requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures”.

At the Board meeting on 28 November 2023, members were asked to approve the risk for inclusion in the Corporate Risk Register.

The Board approved the addition of the risk to the Corporate Risk Register.

Deep Dive Reviews

- It has been agreed that a Deep Dive with a working title of 'Pharmacy Workforce' will be prepared for the Committee meeting on 6 March 2024.

- Deep dives continue to form an important component of our assurance arrangements. Since January 2023, this committee has considered 3 deep dive reviews on matters of significance associated with its remit:
 - Nursing & Midwifery Staffing Levels
 - Personal Development & Performance Review
 - Bank and Agency Programme and subsequent update
- Based on our experience and learning over the last year, and following discussion at the Audit & Risk Committee Development Session held on 12 October 2023, the Risks and Opportunities Group (ROG) made recommendations to EDG on 2 November 2023 on the role of the 'deep dive' and triggers for reviews during the life cycle of a corporate risk.

In summary the triggers are:

Proposal of a New Corporate Risk:

A potential risk is identified to the delivery of strategic priorities

Deteriorating Corporate Risk:

A risk has deteriorated i.e. current risk level increased from when initially identified/ risk level causes risk to exceed risk appetite

Static Risk:

There is stasis in a corporate risk beyond the target date for achieving the target risk rating

Proposed De- escalation or Closure of Corporate Risk:

A risk has achieved or surpassed its planned risk target

Following EDG's approval of the recommendations, the Audit & Risk Committee endorsed this development at its meeting on 13 December 2023. It is proposed the refreshed approach will take effect from 1 April 2024. Arrangements for implementation will be communicated to the Committee in due course.

Next Steps

The format and content of the Corporate Risk Register, and risk reports, including deep dives, and consideration of risk appetite, will continue to evolve in response to feedback from this Committee and other stakeholders, including via recommendations from Internal Audit. This will inform decisions on further development and/ or improvements.

The ROG will continue to promote and support the further development of risk management, and explore enhancements in this area. These include the frequency of reporting on corporate risks to Committees, as the ability to mitigate a number of risks is dependent on a range of external factors, including performance & finance.

In the operational risks space, a notable development has been the creation of a Risk Summary Dashboard using a reporting tool (Micro Strategy), to maximise the value of the information in the Datix Risk Register. The Audit & Risk Committee and EDG received a live demonstration of the Dashboard on 12 October and 2 November 2023 respectively, with a recommendation from the ROG that the Dashboard is made available and its use promoted to support and enhance our operational risk management approach. At its meeting on 13 December 2023, the Audit & Risk Committee endorsed the recommendation that the ROG

should support the development and implementation approach for the Dashboard, and progress this work in the first quarter of 2024.

Also at the Audit & Risk Committee Development Session mentioned above, there was thoughtful discussion around the Committee's system responsibilities across all aspects of risk, including how other Committees evidence their challenges to provide additional assurance to the Audit & Risk Committee. Specific actions will be developed and form part of the Committee's work plan for 2024/2025.

2.3.1 Quality / Patient Care and Value-Based Health & Care

Effective management of risks will support delivery of all strategic priorities. Applying realistic medicine principles will ensure a more holistic focus on patients' needs, and the outcomes and experiences that matter to them, and their families and carers.

2.3.2 Workforce

Effective management of workforce risks will support delivery of our strategic priorities, to support staff health and wellbeing, and the quality of health and care services.

This report contributes to all strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Effective management of financial risks will support delivery of our strategic priorities including delivering value and sustainability.

2.3.4 Risk Assessment / Management

The management of the Corporate Risks aligned to this Committee continues to be maintained, including through close monitoring of agenda and work- plans, with updates provided via established governance routes, for example, Programme Boards, Steering Groups, and other management groups. These include the Workforce Senior Leadership Team and the local HCSA Reference Group.

These groups provide fora which allow for transparency and due diligence to take place on the risks, which in turn will add legitimacy to decision making and contribute to good corporate governance.

The Committee is asked to note the position of the risks with regards to risk appetite:

Risks 12 and 13 aligned to this Committee map to Strategic Priority 3: To Improve Staff Experience and Wellbeing. The appetite for risks within this domain is set at Moderate. Both risks remain high and therefore above appetite.

Risk 19, the new corporate risk related to the 'Health and Care (Staffing) (Scotland) Act 2019' has been mapped to Strategic Priority 2: To improve the Quality of Health and Care Services. The appetite for risks within this domain is set at Moderate. The risk is currently assessed as Moderate and is therefore within appetite.

67% of the risks aligned to this Committee remain above risk appetite, which reflects the ongoing level of delivery challenge across the services.

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

An impact assessment has not been completed as any service based proposals in relation to any workforce related risks would generate and IA. The HCSA risk applies equally to all relevant categories of staff.

2.3.6 Climate Emergency & Sustainability Impact

This paper does not raise, directly, issues relating to climate emergency and sustainability. These items do form elements of risk for NHS Fife to manage.

2.3.7 Communication, Involvement, Engagement and Consultation

This paper reflects a range of communication and engagement with key stakeholders, including the NHS Fife Area Partnership Forum on 22 November 2023, the NHS Fife HCSA Local Reference Group on 23 November and 18 December 2023, the Healthcare Improvement Scotland / Scottish Government HCSA Programme on 19 December 2023 and the NHS Fife Strategic Workforce Planning Group on 28 November 2023.

2.3.8 Route to the Meeting

- HCSA Local Reference Group Meeting on 18 December 2023
- Margo McGurk, Director of Finance and Strategy on 21 December 2023

2.4 Recommendation

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

- Take a “**reasonable**” level of assurance that all actions within the control of the organisation are being taken to mitigate these risks, as far as it is possible to do so.
- **Note** the intended developments on the content and process associated with Deep Dive Reviews and Risk Summary Dashboard.

3. List of Appendices


The following appendices are included with this report:

- Appendix 1: Summary of Corporate Risks Aligned to the Staff Governance Committee as at 21 December 2023
- Appendix 2: Assurance Principles
- Appendix 3: Risk Matrix

Report Contact:

Pauline Cumming
Risk Manager, NHS Fife
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Appendix 1: Summary of Corporate Risks Aligned to the Staff Governance Committee as at 21 December 2023

 To improve staff experience and wellbeing								
No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
11	<p>Workforce Planning and Delivery</p> <p>There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively deliver services.</p>	<p>Continued development of the workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025 and aligned service based workforce plans.</p> <p>Implementation of the Health & Social Care Workforce Strategy and Plan for 2022 to 2025 to support the Health & Social Care Strategic Plan for 2023 to 2026 and the integration agenda.</p> <p>Implementation of the NHS Fife Board Strategic and Corporate Objectives, particularly the “exemplar employer / employer of choice” and the associated values and behaviours and aligned to the ambitions of an anchor institution.</p> <p>The 2023/24 SPRA submissions were used to form the basis of Service based workforce plans. These Service plans, linking specific objectives to strategic / program deliverables and corporate priorities, are being monitored through the Operational Workforce Planning Group through quarterly updates. Subject to</p>	High 16	Mod 8 by 31/03/25	◀▶	Above	Director of Workforce	Staff Governance (SGC)



To improve staff experience and wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>resources being identified, these plans will be supplemented by a revised Workforce Planning dashboard, tracking key data.</p> <p>Work continues to streamline the requirements to update these plans aligned to the ADP process; projecting future changes to size and / or complement of the workforce; and development of the Workforce Planning dashboard.</p> <p>An update on NHS Fife Workforce Planning actions and serviced based workforce plans was provided at the September 2023 Staff Governance Committee, alongside an update on the HSCP Year 2 Action Plan and will be provided quarterly in future. Year 2 HSCP Action Plan approved in November 2023.</p> <p>Progression of Bank and Agency Programme of Work and Nursing & Midwifery Workforce actions, to improve workforce sustainability.</p> <p>A successful mass recruitment event held on 1 June 2023, to support workforce sustainability, attracted over 350 applicants, with over 100 offers of employment made to date. Candidates</p>						



To improve staff
experience and
wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>have undergone pre-employment checks with 71 start dates being confirmed and allocated to services based on priority of need and skill mixed required.</p> <p>Commencement of local guidance chapter testing to support the implementation of the Health and Care (Staffing) (Scotland) Act (2019) within NHS Fife. Three SWOT Analyses have been shared at the local Board Reference Group and with the National Testing Steering Group, to facilitate shared learning. Chapter testing is continuing.</p> <p>NHS Fife Board Engagement Event held on 30/11/2023 with Scottish Government and Healthcare Improvement Scotland representatives.</p> <p>Local HCSA Reference Group well established, with multi disciplinary, Board wide representation informing preparatory work for Act implementation in April 2024. Teams Channel created and supporting HCSA documentation shared within NHS Fife. A new risk on the preparations for HCSA implementation has been added to the Corporate Risk Register.</p>						



To improve staff experience and wellbeing

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
12	Staff Health and Wellbeing There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.	<p>Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff health and wellbeing opportunities are maximised, to support attraction, development and retention of staff.</p> <p>The Staff Health & Wellbeing Framework for 2022 to 2025, setting out NHS Fife's ambitions, approaches and commitments to staff health and wellbeing, was published in December 2022.and draft complementary Action Plan for 2023 to 2025 to deliver these commitments, to be considered at the January 2024 Staff Governance Committee meeting.</p> <p>Consideration of staff support priorities for 2022-2025 being progressed via Staff Health & Wellbeing Group and other fora, aligned to Action Plan.</p> <p>Work progressing on Promoting Attendance improvement actions to support reductions in staff absence and wellbeing.</p>	High 16	Mod 8 by 31/03/25	◀▶	Above	Director of Workforce	Staff Governance (SGC)



To improve the
quality of health
and care services

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
19	<p>NEW RISK</p> <p>Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA]</p> <p>Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements.</p> <p>While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring / measures.</p>	<p>NHS Fife Local HCSA Reference Group, chaired by Deputy Director of Workforce and now by Head of Workforce Planning & Staff Wellbeing, formed in 2022 with Fife wide, multi-disciplinary and staff representation.</p> <p>Frequency of meetings increased to monthly from September 2023.</p> <p>NHS Fife participating in nationally led chapter guidance testing and monthly national Chapter Testing Group meetings. Three SWOT Analyses have been presented so far both at local and national level, to share knowledge and increase awareness.</p> <p>Fortnightly HIS / SG monitoring meetings in place with Head of Workforce Planning & Staff Wellbeing & N&M Workforce Lead. N&M Workforce Lead in post since March 2021, with Scottish Government funding provided.</p> <p>HCSA resources shared widely within NHS Fife. Active MS Teams Channel used to share information outwith meetings.</p>	<p>Moderate 12</p> <p>(L4x C3)</p>	<p>Moderate 9</p> <p>(L3xC3) 1/04/2024</p>	N/A until next review	Within	Director of Workforce	<p>Staff Governance Committee</p> <p>(SGC)</p>



To improve the
quality of health
and care services

No	Risk	Mitigation	Risk Level & Rating	Target Risk Level & Rating by dd/mm/yy	Risk Level Trend	Appetite (Moderate)	Risk Owner	Primary Committee
		<p>Quarterly progress returns submitted to SG. Feedback informs local action plan.</p> <p>Regular updates provided to APF, EDG and SGC.</p> <p>Successful Board wide engagement event held with NHS Fife / Scottish Government / Healthcare Improvement Scotland on 30 November 2023. Planning underway for next event.</p>						

Risk Movement Key

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

Appendix 2: Assurance Principles

Risk Assurance Principles:

Board

- Ensuring efficient, effective and accountable governance

Standing Committees of the Board

- Detailed scrutiny
- Providing assurance to Board
- Escalating key issues to the Board


Committee Agenda

- Agenda Items should relate to risk (where relevant)

Seek Assurance of Effectiveness of Risk Mitigation

- Relevance
- Proportionality
- Reliable
- Sufficient

Chairs Assurance Report

- Consider issues for disclosure
- Emergent risks or 
- Scrutiny or risk delegated to Committee

Year End Report

- Highlight change in movement of risks aligned to the Committee, including areas where there is no change
- Conclude on assurance of mitigation of risks
- Consider relevant reports for the workplan in the year ahead related to risks and concerns





General Questions:

- Does the risk description fully explain the nature and impact of the risk?
- Do the current controls match the stated risk?
- How weak or strong are the controls? Are they both well-designed and effective i.e., implemented properly?
- Will further actions bring the risk down to the planned/target level?
- Does the assurance you receive tell you how controls are performing?
- Are we investing in areas of high risk instead of those that are already well-controlled?
- Do Committee papers identify risk clearly and explicitly link the strategic priorities and objectives/corporate risk?

Specific Questions when analysing a risk delegated to the committee in detail:

- History of the risk (when was it opened) – has it moved towards target at any point?
- Is there a valid reason given for the current score?
- Is the target score:
 - In line with the organisation's defined risk appetite?
 - Realistic/achievable or does the risk require to be tolerated at a higher level?
 - Sensible/worthwhile?
- Is there an appropriate split between:
 - Controls – processes already in place which take the score down from its initial/inherent position to where it is now?
 - Actions – planned initiatives which should take it from its current to target?
 - Assurances – which monitor the application of controls/actions?
- Assessing Controls
 - Are the controls "Key" i.e., are they what actually reduces the risk to its current level (not an extensive list of processes which happen but don't actually have any substantive impact)?
 - Overall, do the controls look as if they are applying the level of risk mitigation stated?
 - Is their adequacy assessed by the risk owner? If so, is it reasonable based on the evidence provided?
- Assessing Actions – as controls but accepting that there is necessarily more uncertainty
 - Are they on track to be delivered?
 - Are the actions achievable or does the necessary investment outweigh the benefit of reducing the risk?
 - Are they likely to be sufficient to bring the risk down to the target score?
- Assess Assurances:
 - Do they actually relate to the listed controls and actions (surprisingly often they don't)?
 - Do they provide relevant, reliable and sufficient evidence either individually or in composite?
 - Do the assurance sources listed actually provide a conclusion on whether:
 - the control is working
 - action is being implemented
 - the risk is being mitigated effectively overall (e.g. performance reports look at the overall objective which is separate from assurances over individual controls) and is on course to achieve the target level
 - What level of assurance can be given or can be concluded and how does this compare to the required level of defence (commensurate with the nature or scale of the risk):
 - 1st line – management/performance/data trends?
 - 2nd line – oversight / compliance / audits?
 - 3rd line – internal audit and/or external audit reports/external assessments?

Level of Assurance:

Substantial Assurance	Reasonable Assurance	Limited Assurance	No Assurance
			

Appendix 3: Risk Assessment Matrix

Figure 1

Likelihood	Consequence				
	Negligible 1	Minor 2	Moderate 3	Major 4	Extreme 5
Almost certain 5	LR 5	MR 10	HR 15	HR 20	HR 25
Likely 4	LR 4	MR 8	MR 12	HR 16	HR 20
Possible 3	VLR 3	LR 6	MR 9	MR 12	HR 15
Unlikely 2	VLR 2	LR 4	LR 6	MR 8	MR 10
Remote 1	VLR 1	VLR 2	VLR 3	LR 4	LR 5

In terms of grading risks, the following grades have been assigned within the matrix.

- Very Low Risk (VLR)
- Low Risk (LR)
- Moderate Risk (MR)
- High Risk (HR)

Likelihood of Recurrence Ratings

Figure 2

Descriptor	Remote	Unlikely	Possible	Likely	Almost Certain
Likelihood	Can't believe this event would happen – will only happen in exceptional circumstances (5-10 years)	Not expected to happen, but definite potential exists – unlikely to occur (2-5 years)	May occur occasionally, has happened before on occasions – reasonable chance of occurring (annually)	Strong possibility that this could occur – likely to occur (quarterly)	This is expected to occur frequently / in most circumstances – more likely to occur than not (daily / weekly / monthly)

Figure 3: Consequence Ratings

Descriptor	Negligible	Minor	Moderate	Major	Extreme
Objectives / Project	Barely noticeable reduction in scope / quality / schedule	Minor reduction in scope / quality / schedule	Reduction in scope or quality, project objectives or schedule	Significant project over-run	Inability to meet project objectives, reputation of the organisation seriously damaged.
Injury (Physical and psychological) to patient / visitor / staff.	Adverse event leading to minor injury not requiring first aid	Minor injury or illness, first aid treatment required	Agency reportable, e.g. Police (violent and aggressive acts). Significant injury requiring medical treatment and/or counselling.	Major injuries/long term incapacity or disability (loss of limb) requiring medical treatment and/or counselling.	Incident leading to death or major permanent incapacity.
Patient Experience	Reduced quality of patient experience / clinical outcome not directly related to delivery of clinical care	Unsatisfactory patient experience / clinical outcome directly related to care provision – readily resolvable	Unsatisfactory patient experience / clinical outcome, short term effects – expect recovery <1wk	Unsatisfactory patient experience / clinical outcome, long term effects – expect recovery - >1wk	Unsatisfactory patient experience / clinical outcome, continued ongoing long term effects
Complaints / Claims	Locally resolved verbal complaint	Justified written complaint peripheral to clinical care	Below excess claim. Justified complaint involving lack of appropriate care	Claim above excess level. Multiple justified complaints	Multiple claims or single major claim
Service / Business Interruption	Interruption in a service which does not impact on the delivery of patient care or the ability to continue to provide service	Short term disruption to service with minor impact on patient care	Some disruption in service with unacceptable impact on patient care Temporary loss of ability to provide service	Sustained loss of service which has serious impact on delivery of patient care resulting in major contingency plans being invoked.	Permanent loss of core service or facility Disruption to facility leading to significant "knock on" effect
Staffing and Competence	Short term low staffing level temporarily reduces service quality (less than 1 day). Short term low staffing level (>1 day), where there is no disruption to patient care	Ongoing low staffing level reduces service quality Minor error due to ineffective training / implementation of training	Late delivery of key objective / service due to lack of staff. Moderate error due to ineffective training / implementation of training Ongoing problems with staffing levels	Uncertain delivery of key objective / service due to lack of staff. Major error due to ineffective training / implementation of training	Non-delivery of key objective / service due to lack of staff. Loss of key staff. Critical error due to ineffective training / implementation of training
Financial (including damage / loss / fraud)	Negligible organisational / personal financial loss (£<1k)	Minor organisational / personal financial loss (£1-10k)	Significant organisational / personal financial loss (£10-100k)	Major organisational / personal financial loss (£100k-1m)	Severe organisational / personal financial loss (£>1m)
Inspection / Audit	Small number of recommendations which focus on minor quality improvement issues	Recommendations made which can be addressed by low level of management action.	Challenging recommendations that can be addressed with appropriate action plan.	Enforcement action. Low rating Critical report.	Prosecution. Zero rating Severely critical report.
Adverse Publicity / Reputation	Rumours, no media coverage Little effect on staff morale	Local media coverage – short term. Some public embarrassment. Minor effect on staff morale / public attitudes.	Local media – long-term adverse publicity. Significant effect on staff morale and public perception of the organisation	National media / adverse publicity, less than 3 days. Public confidence in the organisation undermined Use of services affected	National/International media / adverse publicity, more than 3 days.MSP / MP concern (Questions in Parliament). Court Enforcement Public Enquiry

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 11 January 2024
Title:	Delivery of Annual Workplan 2023 / 2024
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This report is presented to Staff Governance Committee Members for:

- Assurance

This report relates to:

- Local Policy

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

- Effective

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

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

2. Report Summary

2.1 Situation

The Staff Governance Committee approved the Annual Workplan for 2023 / 2024 at the meeting on 9 March 2023. For assurance, the version of updated Annual Workplan is attached at **Appendix 1**, which details amendments made to enable the Committee to clearly monitor items that have been presented, carried forward to a future meeting or removed.

2.2 Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within the Internal Audit Report B06/22, whilst ensuring due diligence in respect of the range of workforce matters to be considered by the Committee.

2.3 Assessment

The updated Workplan attached at **Appendix 1** sets out the key plans, reports, business cases and proposals which the Committee will receive and be asked to consider or take assurance from during 2023 / 2024.

The Annual Workplan report contributes to the Well Informed strand of the NHS Scotland Staff Governance Standard, with the planned business items and reports planned within the Workplan contributing to various strands of the Standard.

2.3.1 Quality, Patient and Value Based Health & Care

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

2.3.2 Workforce

Workforce considerations will be included as appropriate in proposals considered by the Committee.

The content, update and review of the Annual Workplan contributes to all strands of the NHS Scotland Staff Governance Standard. The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage of respective strands of the Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2023 / 2024 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 9 March, 11 May, 20 July, 14 September and 9 November 2023 and those planned for the meeting on 11 January 2024.

2.4 Recommendation

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

- the updates made to the Staff Governance Workplan for 2023 / 2024 since it was presented to committee members on 9 November 2023.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Updated Staff Governance Committee Annual Workplan 2023 / 2024

Report Contact:

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**STAFF GOVERNANCE COMMITTEE
ANNUAL WORKPLAN 2023 / 2024**

Governance – General							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Corporate Calendar – Proposed Staff Governance Committee Dates 2024 / 2025	Director of Workforce			✓			
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2023 / 2024	Director of Workforce	✓		✓	✓	✓	✓ Final
Annual Staff Governance Committee Workplan: Proposed 2024 / 2025	Director of Workforce					✓ Draft	✓ Final
Annual Review of Staff Governance Committee Terms of Reference	Head of Corporate Governance & Board Secretary						✓
Corporate Risks Aligned to Staff Governance Committee	Director of Workforce	✓ Deep Dive: Bank & Agency Programme	✓	✓	✓	✓	✓ Deep Dive: Attendance Management
Staff Governance Committee Annual Statement of Assurance 2022 / 2023	Head of Corporate Governance & Board Secretary	✓					

Governance Matters (Continued)							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Committee Self Assessment Report 2023 / 2024	Head of Corporate Governance & Board Secretary						✓
Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background	Director of Nursing / Head of Workforce Planning & Staff Wellbeing	✓ Deferred to 11/7/23	✓			✓	
The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	Director of Workforce			✓			
Whistleblowing – Quarterly Report	Head of Workforce Resourcing & Relations	✓ Quarter 4 Report		✓ Quarter 1 Report	✓ Quarter 2 Report		✓ Quarter 3 Report
Strategy / Planning							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Corporate Objectives 2023 / 2024	Chief Executive / Director of Finance & Strategy	✓					
Annual Delivery Plan 2023 / 2024	Director of Finance & Strategy		✓	✓			
Annual Delivery Plan Quarterly Performance Report 2023/2024	Director of Finance & Strategy				✓ Quarter 2 Report		✓ Quarter 3 Report
Population Health and Wellbeing Strategy 2023 / 2024 Mid-Year Review	Director of Finance & Strategy				✓ Verbal	✓	
Strategic Planning and Resource Allocation 2023 / 2024	Director of Finance and Strategy	No longer required					
Mental Health Estates Initial Agreement	Medical Director	Deferred to 11/7/23	Deferred to 14/9/23	No longer required			

NHS Fife Projects / Programmes							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Primary Care Improvement Plan 2023/2024	Director of Health & Social Care Partnership	Deferred to 14/9/23		Deferred to 9/11/23	✓		
Quality / Performance							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓
Workforce Information Overview	Deputy Director of Workforce	✓ (Presentation)	✓ (Quarter 4)	Progressing to on-line reporting			
Tender Process for Board Managed 2C General Practices	Director of Health and Social Care Partnership	✓ (Private)					
Staff Governance & Staff Governance Standard							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Staff Governance Standards Overview							
<ul style="list-style-type: none"> Appropriately Trained <ul style="list-style-type: none"> Medical Appraisal & Revalidation Annual Report 2022 / 2023 Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2022 / 2023 Training Compliance Report 2022 / 2023 Improved and Safe Working Environment 	Medical Director Director of Nursing Head of Workforce Development & Engagement Director of Property & Asset Management	 ✓	 ✓	 	 Deferred to 11/1/24 ✓ ✓	 ✓	 ✓
					Update provided at Development Session on 9/10/23		

Staff Governance & Staff Governance Standard (Continued)							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
<ul style="list-style-type: none"> Well Informed – Communication & Feedback Treated Fairly and Consistently <ul style="list-style-type: none"> Workforce Policies Update Involved in Decisions <ul style="list-style-type: none"> iMatter Report 	Associate Director of Communications Head of Workforce Resourcing & Relations Head of Workforce Development & Engagement						
				✓	✓	✓	
Annual Reports / Other Reports							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Internal Audit Annual Report 2022 / 2023	Director of Finance & Strategy		✓				
Staff Governance Annual Monitoring Return 2022 / 2023	Head of Workforce Resourcing & Relations		✓ 2021/2022 Feedback and 2022/2023 Template		✓ Final 2022/2023 Return		
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2022 / 2023	Co-Chairs of LPF			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2022 / 2023	Co-Chairs of LPF			Deferred to 9/11/23	✓		
Whistleblowing Annual Report 2022 / 2023	Head of Workforce Resourcing and Relations			Deferred to 9/11/23	✓		
Volunteering Annual Report 2022 / 2023	Director of Nursing				✓		
Occupational Health and Wellbeing Service Annual Report 2022 / 2023	Head of Workforce Planning & Staff Wellbeing			✓			

Linked Committee Minutes							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Area Partnership Forum	Head of Workforce Resourcing & Relations	✓	✓	✓	✓	✓	✓
Acute Services Division & Corporate Directorate Local Partnership Forum	Director of Acute Services	Meeting Cancelled	✓	✓	Meeting Re-arranged to 9/11/23	✓	✓
Health and Social Care Partnership Local Partnership Forum	Director of Health & Social Care Partnership	✓	✓	✓	Meeting Cancelled	✓	✓
Strategic Workforce Planning Group	Head of Workforce Planning & Staff Wellbeing		Meeting Cancelled	Meeting Cancelled		✓	
Health and Safety Sub Committee	Director of Property & Asset Management	✓	✓		✓	✓	
Equality & Human Rights Strategy Group	Director of Nursing		Meeting Cancelled	Meeting Cancelled		✓	

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	11/5/23	20/7/23	14/9/23	9/11/23	11/1/24	6/3/24
Attendance Management Update	Director of Workforce	✓ (verbal)	✓				
Equal Pay Audit 2023	Director of Workforce	✓					
Whistleblowing Audit Report B18/23	Head of Workforce Resourcing & Relations		✓				
Primary Care Strategy 2023-2026	Head of Primary and Preventative Care Services		✓				
Workforce Planning Update	Head of Workforce Planning and Staff Wellbeing			✓			✓
Bank and Agency Programme Update	Director of Workforce				✓		✓
Reinforced Autoclaved Aerated Concrete (RAAC)	Director of Property & Asset Management					✓	
Draft Staff Health and Wellbeing Action Plan 2023-2025	Head of Workforce Planning and Staff Wellbeing					✓	
Integrated Control Evaluation Report	Director of Finance & Strategy					✓	
Armed Forces / Veratrin Update	Director of Workforce						✓

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

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 11 January 2024
Title:	Proposed Annual Workplan 2024/2025
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Local Policy

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

- Effective

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

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

2. Report Summary

2.1 Situation

The Staff Governance Committee is required to agree an Annual Workplan to effectively manage the work of the Committee throughout the year. The proposed Annual Workplan for 2024/2025 is provided at **Appendix 1**, setting out the priorities for the forthcoming year and anticipating the reporting arrangements for the Committee for the year ahead.

2.2 Background

The Staff Governance Committee Annual Workplan sets out the planned work for the year ahead and takes account of the standardisation of approach to work plans proposed for all Committees and feedback within the Internal Audit Report B08/23, 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 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.

The proposed Annual Workplan for 2024/2025 is attached at **Appendix 1** for consideration and discussion.

Commitment / evidence to support the requirements of the Staff Governance Standards 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.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

Delivering robust governance across the organisation ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Standard.

The Annual Workplan demonstrates items which contribute to the Committee's assurance in respect of coverage elements of the Staff Governance Standard. This report meets the Well Informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

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

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

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

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The proposed Staff Governance Committee Annual Workplan 2024/2025 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of any initial comments received.

2.4 Recommendation

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

- **Consider** and **endorse** the content of the proposed Staff Governance Committee Annual Workplan for 2024/2025.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Proposed Staff Governance Committee Annual Workplan 2024/2025

Report Contact:

Rhona Waugh
Head of Workforce Planning and Staff Wellbeing
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STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2024/2025

Governance – General							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Corporate Calendar – Proposed Staff Governance Committee Dates 2025/2026	Director of Workforce			✓			
Annual Staff Governance Committee Workplan: Delivery of Annual Workplan 2024/2025	Director of Workforce	✓	✓	✓	✓	✓	✓ Final
Annual Staff Governance Committee Workplan: Proposed 2025/2026	Director of Workforce					✓ Draft	✓ Final
Annual Review of Staff Governance Committee Terms of Reference	Head of Corporate Governance & Board Secretary						✓
Corporate Risks Aligned to Staff Governance Committee	Director of Workforce	✓	✓	✓	✓	✓	✓
Staff Governance Committee Annual Statement of Assurance 2023/2024	Head of Corporate Governance & Board Secretary	✓					

Governance Matters (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Staff Governance Committee Self Assessment Report 2024/2025	Head of Corporate Governance & Board Secretary						✓
Update on Equality, Diversity and Human Rights, including Staff from a Diverse Ethnic Background	Director of Nursing / Head of Workforce Planning & Staff Wellbeing			✓			
The Health and Care (Staffing) (Scotland) Act 2019 Update on Implementation of Safe Staffing Legislation	Director of Workforce	✓		✓		✓	
Whistleblowing – Quarterly Report	Head of Corporate Governance & Board Secretary	✓ Quarter 4 Report		✓ Quarter 1 Report	✓ Quarter 2 Report		✓ Quarter 3 Report
Bank and Agency Programme Update	Director of Workforce			✓			✓
Health & Safety Quarterly Report	Director of Workforce (on behalf of Director of Property & Asset Management)	✓	✓		✓	✓	
Strategy / Planning							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Corporate Objectives 2024/2025	Chief Executive / Director of Finance & Strategy	✓					
Annual Delivery Plan 2024/2025	Director of Finance & Strategy	TBC	TBC	TBC	TBC	TBC	TBC
Annual Delivery Plan Quarterly Performance Report 2024/2025	Director of Finance & Strategy				✓ Quarter 2 Report		✓ Quarter 3 Report

Strategy / Planning (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Population Health and Wellbeing Strategy 2023/2024 Mid-Year Review	Director of Finance & Strategy				✓		
Workforce Planning Update	Head of Workforce Planning and Staff Wellbeing			✓			✓
NHS Fife Projects / Programmes							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Primary Care Improvement Plan 2024/2025	Director of Health & Social Care Partnership	TBC	TBC	TBC	TBC	TBC	TBC
Quality / Performance							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓
Staff Governance & Staff Governance Standard							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Staff Governance Standards Overview <ul style="list-style-type: none"> • Appropriately Trained <ul style="list-style-type: none"> - Medical Appraisal & Revalidation Annual Report 2023/2024 - Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Reports 2023/2024 - Training Compliance Report 2023/2024 	Medical Director Director of Nursing Associate Director of Culture, Development & Wellbeing				✓ ✓ ✓		✓ ✓

Staff Governance & Staff Governance Standard (Continued)							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
<ul style="list-style-type: none"> Improved and Safe Working Environment 	Director of Property & Asset Management	✓			✓		
<ul style="list-style-type: none"> Well Informed – Communication & Feedback 	Associate Director of Communications	✓					
<ul style="list-style-type: none"> Treated Fairly and Consistently <ul style="list-style-type: none"> Workforce Policies Update 	Head of Workforce Resourcing & Relations				✓		
<ul style="list-style-type: none"> Involved in Decisions <ul style="list-style-type: none"> iMatter Report 	Associate Director of Culture, Development & Wellbeing			✓		✓	
Annual Reports / Other Reports							
	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Internal Audit Annual Report 2023/2024	Director of Finance & Strategy		✓				
Staff Governance Annual Monitoring Return 2023/2024	Head of Workforce Resourcing & Relations	TBC	TBC	TBC	TBC	TBC	TBC
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2023/2024	Co-Chairs of LPF			✓			
Health and Social Care Partnership Local Partnership Forum Annual Report 2023/2024	Co-Chairs of LPF			✓			
Occupational Health and Wellbeing Service Annual Report 2023/2024	Head of Workforce Planning & Staff Wellbeing			✓			
Whistleblowing Annual Report 2023/2024	Head of Corporate Governance & Board Secretary			✓			

Annual Reports / Other Reports (Continued)

	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
Volunteering Annual Report 2023/2024	Director of Nursing				✓		

Linked Committee Minutes

	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25
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	✓	✓	✓	✓	✓	✓
Strategic Workforce Planning Group	Head of Workforce Planning & Staff Wellbeing	TBC	TBC	TBC	TBC	TBC	TBC
Health and Safety Sub Committee	Director of Property & Asset Management	✓	✓		✓	✓	
Equality & Human Rights Strategy Group	Director of Nursing		✓	✓		✓	

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

	Lead	14/5/24	9/7/24	3/9/24	5/11/24	7/1/25	4/3/25

Briefing Sessions	
Session 1: October 2024 (TBC)	Lead(s)
Session 2: February 2025 (TBC)	Lead(s)

Meeting:	Staff Governance Committee
Meeting date:	Thursday 11 January 2024
Title:	Diverse Ethnicity Staff Survey Report
Responsible Executive:	Janette Keenan, Executive Director of Nursing
Report Author:	Isla Bumba, Equality & Human Rights Group

1. Purpose

This report is presented to Staff Governance Committee for:

- Discussion

This report relates to:

- Emerging issue
- Government policy / directive
- Legal requirement
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe
- Person centred

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

- 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

Throughout October 2023, the Equality & Human Rights Team undertook a staff survey on MS forms which aimed to understand the experiences of NHS Fife's ethnically diverse staff members in relation to racism and discrimination, if (and how) they record these incidents, and the opinions and understanding of the NHS Fife Diverse Ethnicity Network.

2.2 Background

At present, the only system in place to report incidents of racism and discrimination within NHS Fife is DATIX. It has been discussed both locally and nationally the appropriateness of this platform and how well received it is by our staff members in using it for this.

The NHS Fife survey was open throughout October, and was advertised on Blink, in addition to a poster with QR code to the survey being mailed to each department across NHS Fife. There were 75 respondents, consisting of 32 Nurses/Midwives, 14 Medical/Dental, 9 Administrative, 8 AHPs and other groupings. The ethnicities of the respondents were diverse with the majority being 'Asian, Asian Scottish or Asian British', followed by 'White, white Scottish, Irish, British or white other'. There were also respondents from Black African, Caribbean and mixed ethnicities amongst others.

2.3 Assessment

For the purpose of analysing the results of this survey, respondents have been grouped into approximate 'race' groups and general workforce groups, however it should be noted that this does not equate to equal experiences for each subgroup and this was to improve understanding of trends in the data and how experiences may vary across general races and areas of work.

Overall, 72% of respondents declared an 'excellent' or 'good' experience of working for NHS Fife. The only group that did not have a majority good or excellent experience were mixed ethnicity staff. When asked if they feel they are treated differently in the workplace than staff who are not ethnically diverse, Black and mixed ethnicity staff were most likely to feel treated differently and 'AHPs' or 'Other Therapeutic' staff were least likely to feel this way. Please refer to *Appendix 3* for quotes from respondents who have felt they are treated differently.

When asked if they feel confident that concerns they raised would be listened to, the only groups that were likely to feel 'unconfident' or 'not so confident' were Black and mixed ethnicity staff, as seen in *Figure 1, Appendix 4*, and for relevant quotations, please refer to *Appendix 3*. Positively, 61% of respondents declared they do not believe they have experienced racism or discrimination due to their ethnicity, compared to 32% of respondents who believe they have. Staff members of mixed ethnicities were most likely to have felt they have experienced racism or discrimination out of all groups, with 80% of respondents saying so, and 73% of white and 66% of black respondents respectively also saying they have experienced this. However, 83% of Asian respondents have declared that they have not experienced racism/discrimination. When exploring responses by workforce grouping, AHPs and 'Other Therapeutic' were least likely to feel they have experienced racism and discrimination in NHS Fife. It can be noted however, that it was most common for respondents to declare they have experienced racism or discrimination from patients, followed by patient's families/friends or carers, then by colleagues in other teams, their own team members, senior colleagues respectively, and the group least reported were line managers. It was also noted that when asked if staff felt able to report incidents of racism and discrimination, 61% said they were able to and only 27% reported they did not. When analysed by grouping, the only group that the majority felt unable to report on this were Black staff members with 67% reporting feeling this way. It must however be noted that although 71% of Medical/Dental respondents felt able to report incidents of racism and discrimination, only 29% of them were aware this could be done on DATIX. Overall, 59% of respondents have said that they did not reported racist or discriminatory incidents on DATIX. For

quotations regarding why staff were able or unable to challenge racism and discrimination they have witnessed, please refer to *Appendix 3*.

When asked if staff were aware of the NHS Fife Diverse Ethnicity Network (the DEN), 53% of respondents were not, however, 39% said that they were interested in joining it, see *Appendix 4, Figure 2*. Finally, when asked what areas of work they think the DEN should explore, the most common suggestions were as follows:

1. Discrimination, racism & awareness raising
2. Training for both staff and managers
3. Support for international recruits
4. For the DEN to be a support network for seeking unbiased advice, such as micro-aggressions and how to deal with them
5. For the DEN to be a celebration of diversity
6. Cultural education
7. A place for black leaders and to promote black leaders in NHS Fife
8. A confidential listening service

Overall, the results of this survey were somewhat reassuring about overall staff experiences of working in NHS Fife, however this has highlighted the need to address DATIX as the appropriate platform for reporting racism and discrimination, and also that staff of Black and mixed ethnicities appear to have a less positive experience than their counterparts from other race groups.

2.3.1 Quality, Patient and Value-Based Health & Care

When considering the wider impact of racism, discrimination and micro-aggressions on our staff, we must also consider the impact this has on the patient care that they can deliver following these incidents.

2.3.2 Workforce

This paper discusses the positive experiences that many staff have had whilst employed by NHS Fife, however also highlights the experiences of racism and discrimination that appears not uncommon. Regaining the trust of ethnically diverse staff through efforts to promote the DEN, as well as empowering and educating managers to act appropriately when ethnically diverse staff report incidents to them, and subsequent improving of formal reporting processes will improve the overall trust of these staff groups and should result in improvements to overall staff wellbeing. Despite having relatively low numbers of respondents for this survey, it should be noted that from what we can see, it seems appropriate to conclude that certain ethnically diverse staff groups may feel that there is limited purpose in completing a staff survey if they do not feel there will be any lasting impact or change, however this does not deplete from the relevance and accuracy of the current findings.

2.3.3 Financial

There are no financial implications of this project at this time.

2.3.4 Risk Assessment / Management

N/A

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

The nature of this survey was to gather a better understanding and identify areas for improvement regarding race and ethnicity as a Protected Characteristic. No EQIA has been completed at this time. The outcomes of this survey could relate to the Boards aim to become an Anchor institution.

2.3.6 Climate Emergency & Sustainability Impact

N/A

2.3.7 Communication, involvement, engagement and consultation

This survey was promoted internally on staff link as well as in the weekly newsletters, the staff blink carousel, and also posters were delivered to each department across NHS Fife to enable broad reach.

2.3.8 Route to the Meeting

The results of this survey have been discussed at the Equality and Human Rights Strategy group and will be shared at the Staff Governance Committee.

2.4 Recommendation

This paper is provided to members for:

- **Discussion** – For examining and considering the implications of the matter.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: [NHS Fife Ethnically Diverse Staff Survey 2023 - Questionnaire](#)
- Appendix 2: [NHS Fife Ethnically Diverse Staff Survey 2023 - Result Summary](#)
- Appendix 3: Respondent Quotations
- Appendix 4: Supporting Figures
- Appendix 5: Staff Statement – Racism & Discrimination in the workplace

Report Contact:

Isla Bumba

Equality & Human Rights Lead

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Appendix 3: Respondent Quotations

The following quotes are a sample of the nature of some of the respondents for each of the free text questions in the survey, the below is not the full list of responses to each of these questions.

When asked why they have felt

The following quotes are from respondents who have felt they are treated differently:

1. *"There are a lot of micro-aggressions that occur regularly, it is not my place to educate everyone about their inappropriateness, how many black people do you have in leadership positions within NHS Fife? I am talking a band 8b and above? None. We are branded as troublesome and difficult when we speak up about very important relevant issues, this should not be the same, a colleague who is white and loud is looked upon differently but you are branded a troublemaker, why do we have to continually fight just to be treated evenly?, it is a shame, I am fighting battles that my parents a 1st generation British citizen fought 50 years ago, it is an absolute disgrace".*
2. *"I think those who have migrated to the UK and/or trained overseas are treated differently to those of us who were born and educated here."*
3. *"At times I feel I'm not trusted in carrying out responsible task such as leading the team. I feel not listened when I provide suggestions regarding to improve care/clinical practices."*
4. *"I have noticed that certain ethnic group "can get away" with much more, e.g. not being on time, are not held to the same high standards. My minority group is stigmatized to work hard and is expected to always go the extra mile. It is accepted as a norm that I will swap/change shifts last minute, take on extra duties, training and add on skills. When other staff of the same band (5) are allowed to do only what the staff think is appropriate for them."*
5. *"I felt like I was not welcome, not support and 2 years later still I feel that way."*

The following are respondents' quotes explaining why they feel 'very confident', 'confident', 'not so confident' or 'unconfident' that their concerns would be listened to:

1. *"I have suffered racism by a patient before and when I spoke to the nurses in the ward they dismissed me."*
2. *"I am unsure if my concerns will be twisted and put back on me."*
3. *"Number of times I have raised concerns in the past, but I did not get the outcome than I expected...It's either dismissed or not followed up."*
4. *"Not able to trust any colleagues or managers."*
5. *"Our SCN is always available to listen to any concerns I may have"*
6. *"...the NHS Fife have been so supportive to us since we came to work here in this Trust."*
7. *"I have my voice and feel I can use it"*

The following quotes are from respondents when asked if they felt able to challenge racism or discrimination that they have witnessed:

1. *"Because it's too ingrained...It's disgusting behaviour and because it's not challenged, it continues. And I have challenged it at the beginning but now I don't bother. I'm wasting my breath and my time. Managers are equally stupid with their words and comments. It's a top down, bottom up problem."*
2. *"At present I would challenge this but 6 years ago I was new to the post and had no confidence."*
3. *"I felt intimidated and powerless as I knew that nothing would change if I said something."*
4. *"I did not want to be called that I play "RACE CARD"*
5. *"I would not want to jeopardise my job whilst challenging racism."*

Appendix 4: Supporting Figures

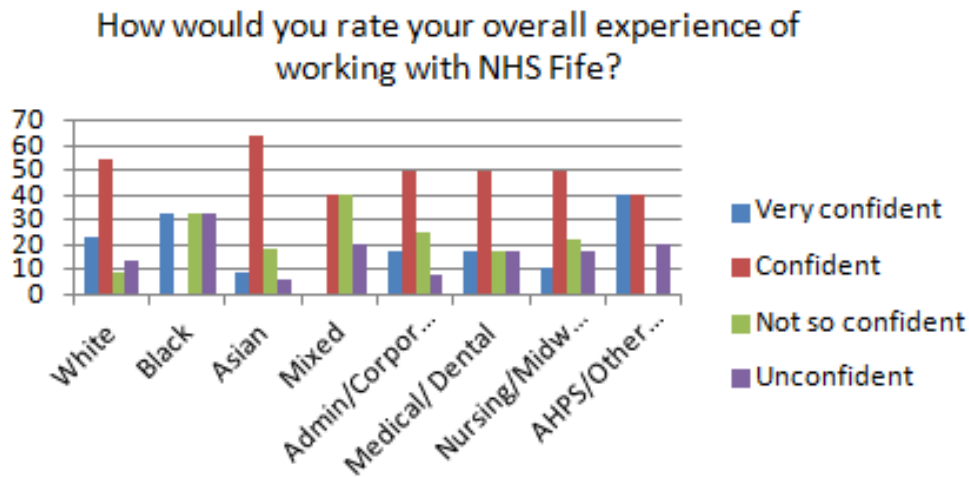


Figure 1. How would you rate your overall experience of working with NHS Fife?

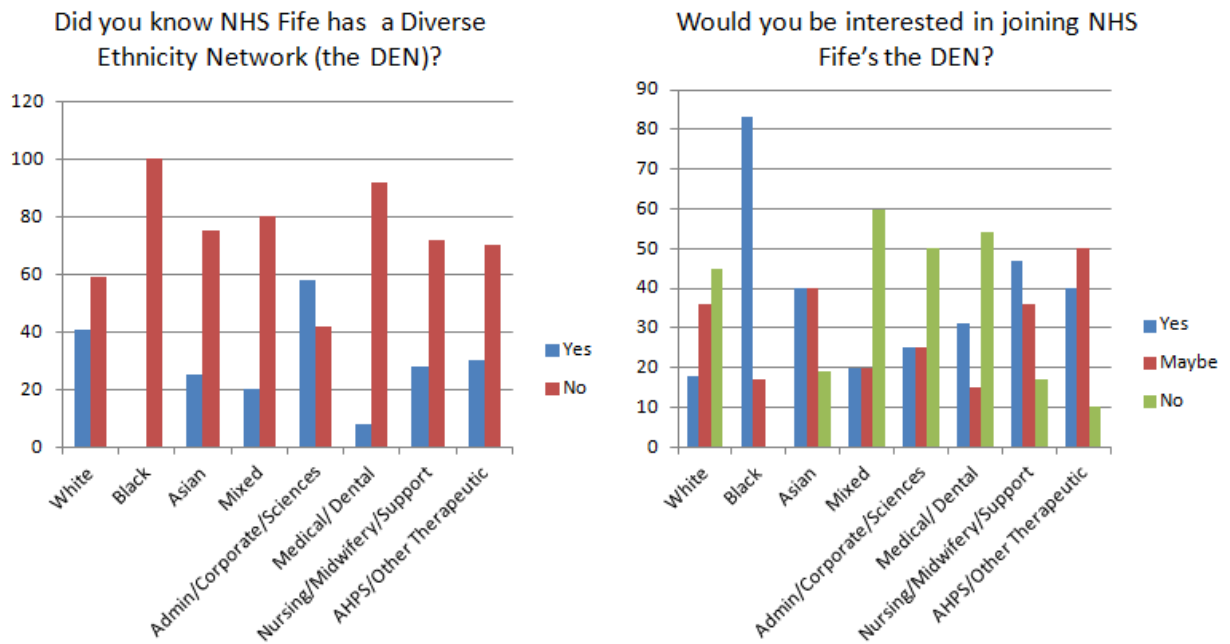


Figure 2. Survey results regarding NHS Fife's The DEN

Appendix 5: Staff Statement – Racism & Discrimination in the Workplace

The following words are those of NHS Fife A&E Consultant, Surinder Panpher.

SITUATIONS

When there is aggression towards staff of ethnic origins, it is no longer just slurs and offensive language, people have learned not to be so 'out' with what they are saying and it is much more microaggressions and their tone instead now.

People use belittling language and say things like 'you are treating me like this because I am white' which has underlying tones of aggression and reverse racism. They know better than to swear and be overtly aggressive, but you can tell that they are treating you in a certain way because of how you look.

People will do things deliberately like pronounce your name wrong, roll their eyes, tut or comment on staff members accents.

These interactions make you feel small and reduced, and without power as you cannot respond firmly if they have not been out-rightly aggressive with use of language or physical aggression, you have to take a soft battlefront approach.

When we have these instances, it reduces our ability to function immediately after and depending on the significance of the interactions, it could be numerous hours before I am in a position to work productively and properly again. I know that when these instances happen, I am far more likely to make errors in the interactions that follow, especially if I have not been able to remove myself from the environment to process for a while. It is impossible to leave a room with this sort of incident and be 100% for the next patient.

I have actually showed new colleagues to the chapel room at VHK for when these incidents happen as it is a good place to go to process. Often, in the time you are processing these things, you can find yourself thinking 'oh I wish I had said that' or kicking yourself for not dealing with it in a different way at the time.

It would be good to have a formal process or policy in place that allows staff to take some time out to process after these incidents.

RESPONDING

It is incredibly hard to say how to respond as these incidents are most frequently not violent or overtly aggressive, so you can't just phone security. As most of these incidents are 1-1 with a patient or 1 member of staff to a patient and their family, we now often have another member of staff, often a senior, act as a chaperone. This is so they can act as a witness, rather than comment on the care being provided.

REPEAT OFFENDERS

When there are patients that we know are regularly aggressive or abusive to staff, we will make sure we have adequate staffing numbers before seeing them. This allows us to have chaperones where necessary. We are then not refusing care, but we are also not entertaining any potentially unpleasant behaviours.

Having a colleague act as a chaperone/buddy does not usually impact capacity, but it is not always ideal, as often a senior staff member may be the coordinator and so they would need to ensure who manages the phone when they are acting as a chaperone. It is not impossible but would require refinement.

I have also been in the position before where I have been the most senior consultant during out of hours and there has been a racially abusive patient come in that I have felt unsafe in seeing and have therefore had to request a white junior doctor to see on my behalf and then guide and support them from behind the scenes.

REPORTING

DATIX is impractical, time consuming and clunky. If I have just had an incident like this and I am still processing it, whilst concerned about returning as soon as possible to the other patients waiting, I do not always have capacity to sit down and write a DATIX on this. Until the first incident happened to me, I was actually completely unaware that you could report discrimination/racism and incidents of V&A on there. I do however know that this is hugely under reported.

SUGGESTIONS

In the time where we are processing these incidents following them, it would be good to have a phone number that we could call and leave a message explaining the incident, and then have someone call us back. I think it would be good to have someone who is responding on a human level rather than a corporate/management/HR type response. Even if it could mean that a chaplain comes out where needed.

Could we have a pop up/warning on trak care that would alert staff to the patient having a history of V&A? At present, there is an issue of overuse of warnings and pop ups on trak, i.e. 'person did not attend appointment', so if we could find another way to alert staff, this would be good. I note for child protection, we use a teddy bear symbol so is there potential to explore another icon for this?

Finally, I am aware that GGC send out a corporate letter to respond to inappropriate behaviour in appointments, like a warning – perhaps this is something we could do in Fife?

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 11 January 2024
Title:	Population Health and Wellbeing Strategy Mid-Year Report
Responsible Executive:	Margo McGurk, Deputy Chief Executive and Director of Finance & Strategy
Report Author:	Susan Fraser, Associate Director of Planning and Performance

1. Purpose

This report is presented to Staff Governance Committee for:

- Assurance
- Decision

This report relates to:

- NHS Board Strategy or Direction

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

- Safe, Effective and Person Centred

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

- Well informed

2. Report Summary

2.1 Situation

Following the publication of the NHS Fife Population Health and Wellbeing Strategy in March 2023, it was agreed that a mid-year report providing an update on the implementation of the strategy would be presented to the NHS Fife Board. The first Mid-Year report provides an update on progress on actions (April 2023-September 2023) and plans for the remainder of 2023-24 (October 2023-March 2024).

This SBAR also outlines the planned approach for the development of an annual report and an updated strategy delivery plan for financial year 2024-25. This work is expected to be presented to the NHS Fife Board in May 2024.

2.2 Background

During summer 2023, a deep dive was undertaken of the corporate risk associated with the implementation of the Population Health and Wellbeing Strategy. The deep dive focused on providing assurance on implementation progress to the NHS Fife Board.

It was agreed to produce a mid-year report and an annual report reflecting progress of the actions over the financial year with key achievements and impact. It will also look ahead and outline plans for the forthcoming period.

The draft mid-year report was presented at the Public Health and Wellbeing Committee in November 2023. After extensive discussion, a range of changes were agreed:

- The PHW Committee asked for updates against the ‘what will do’ statements described in the strategy rather than the strategic priority ambitions. For each action, there is both a summary of what has been achieved in the period April-September 2023 and the plans for October 2023- March 2024 period.
- A suite of impact indicators to support the strategy had been planned to be included. This work has been paused pending the imminent publication of the Scottish Government Care and Wellbeing Portfolio Analytical Insights Pack. It is expected that the impact indicators will be included as part of the annual report.

2.3 Assessment

This first mid-year update covers the period April-September 2023 and has been developed with extensive input from the Executive Directors Group.

The report is structured around the ‘what will do’ statements described in the strategy with achievements in the first 6 months of 2023/24 and the plans for the October 2023- March 2024 period.

The table below outlines proposed changes to the wording of the ‘what will do’ actions between the strategy and mid-year report. These were agreed in consultation with the relevant directors and reflects the changing landscape of the NHS.

	Original Action	Proposed Action	Reason
Strategic Priority 1: Action 1.2	<i>‘Ensuring universal access to immunisations including influenza and COVID-19’</i>	<i>‘Ensuring equitable access to routine, seasonal & selective immunisation programmes throughout the life course’.</i>	This change reflects the breadth of all immunisation work.
Strategic Priority 4: Action 4.2 (pg)	<i>‘Develop new buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly’</i>	<i>‘Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly’.</i>	This change reflects updated Scottish Government guidance which places more emphasis on utilising, refurbishing and repurposing our existing estate and a presumption away from new builds as part our climate emergency response.
Strategic Priority 4: Action 4.4	<i>‘Reduce our energy usage by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings’</i>	<i>‘Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings’.</i>	This change reflects that reducing energy usage is just one change we need to make to support sustainability.

Given the early stage of strategy implementation, it is not possible to show achievement of key outcomes, but the report does provide assurance on the breadth of work underway at the present time.

In tandem with updating the Mid-Year Review report, work is now commencing on the preparation of the annual report planned to be produced in Quarter 1 2024/25. It is proposed that the annual report will include:

- Updates on the activities undertaken between October 2023 and March 2024.
- A summary of the proposed suite of impact indicators with baselines and measurement plans.
- Refreshed deliverables (the 'what we will do' section) for 2024-25 to ensure that our work remains aligned to the priorities of the organisation.
- Description of any changes in policy that will affect NHS Fife and changes in local priorities.

2.3.1 Quality, Patient and Value-Based Health & Care

The mid-year review provides a high-level progress update on the work being undertaken to improve quality and patient care in the current financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

2.3.2 Workforce

The mid-year review provides a high-level progress update on the work on the work being undertaken to improve staff experience and wellbeing in the current financial year in line with the commitments and vision outlined in the Population Health and Wellbeing Strategy.

2.3.3 Financial

The implementation of the Population Health and Wellbeing strategy is central to the achievement of our medium-term financial plan. In the longer term it is anticipated that it will support reduced demand on our healthcare system through preventive actions which will improve the physical and mental health of the population.

2.3.4 Risk Assessment / Management

A deep dive of the corporate risk associated with implementation of the Population Health and Wellbeing Strategy was undertaken in summer 2023. This considered how we provide assurance that the strategy is being implemented and is creating impact for our patients, staff and communities. Following the deep dive reporting mechanisms have been agreed which included production of this mid-year report.

The mid-year report includes a summary of the corporate risks in appendix one. It also shows the risk score in April 2023 and the status in September 2023. This enables a comparison of the overall risk level. This shows that our risk profile has not materially changed since the beginning of the financial year and reflects that many of these risks require sustainable system change over a longer time period to affect a meaningful reduction in the risk level.

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

An Equality Impact Assessment (EQIA) was completed as part of the development of the PHW Strategy and will be reviewed annually as part of the governance process.

2.3.6 Climate Emergency & Sustainability Impact

The Mid-year Report does not raise, directly, issues relating to climate emergency and sustainability. However, these items do form important parts of our strategy. This update does make reference to key aspects of the work that has been taken forward, for example how we are reducing our energy usage and carbon emissions.

2.3.7 Communication, involvement, engagement and consultation

This paper reflects a range of communication, involvement, engagement and consultation with the PHW Strategy Core Team.

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 (EDG), Thursday 2 November
- Population Health and Wellbeing Committee, Monday 6 November
- 1-1 Discussions with EDG members and Senior Managers across NHS Fife, Nov/Dec
- Executive Directors Group (EDG), (virtually), Thursday 21 December

2.4 Recommendation

This paper is provided to Staff Governance Committee for:

- **Assurance** – the committee is invited to take assurance from the Mid-Year Report and the first 6 months of work to implement the NHS Fife Population Health and Wellbeing Strategy.
- **Decision** – the committee is invited to discuss and agree to the changes in the ‘what we will do’ actions in the mid-year report.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Living well, working well and flourishing in Fife, Population Health and Wellbeing Strategy 2023-2028, Mid-Year Report April-September 2023

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Living well, working well and flourishing in Fife

Population health and wellbeing
mid-year report 2023-2024



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Introduction

NHS Fife Board approved [Living Well, Working Well and Flourishing in Fife](#), our Population Health and Wellbeing Strategy, in March 2023. It outlines our vision to support population health and wellbeing. In this update, our first since the strategy was approved, we provide a progress update on all the work taken forward during the first 6 months of implementation. We also outline our future plans and describe how the impact and risks of the strategy are monitored.

Our aim is to deliver value-based health and care and we know this will be achieved by driving better outcomes and experiences for the people we care for through equitable, sustainable, appropriate and transparent use of resources.

Delivering over the longer term

The Population Health and Wellbeing Strategy 2023-28 covers a 5-year period. We are currently developing our plans based on what we know. Delivery of the vision and ambitions is being supported through implementation of a range of strategies and delivery of strategic programmes.

We know that our plans will need to be updated in response to a changing health and social care landscape. We are already responding to new opportunities and challenges as they emerge, by adapting our plans and updating our assumptions.

Looking ahead over the longer term (5-10 years), we anticipate that there will be many opportunities for service change and innovation as well as challenges we are not yet aware of. As these become clearer, we will use our flexibility and agility to ensure that we respond appropriately.

Engagement

Engagement with the public and staff is fundamental when there are changes being made in health and care. From a strong foundation during the development of the strategy, we are continuing to engage with people using our services and staff in the delivery of the strategy, for example through hosting workshops and open events. We are also developing our engagement strategy which will be completed by March 2024.



Monitoring our progress

This update provides a summary of progress in the first 6 months of the implementation of the strategy and where appropriate it references work of both NHS Fife and Fife HSCP.

Monitoring our impact and risks

Impact indicators are being developed and will assist in the assessment of the difference the strategy is making to the people of Fife. These will be reported regularly.

The corporate risk collectively outlines the organisational risks associated with the delivery of our strategy.

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The Foundations of our strategy



This strategy has set ambitious objectives to improve healthy life expectancy and reduce health inequalities. We acknowledge that successfully achieving this for the population of Fife is largely outside the direct control and influence of NHS Fife. People’s health and wellbeing is determined by the conditions in which we grow up, live and work, which includes our education, employment, income, social networks, housing, and broader socio-economic, cultural and environmental factors.

Nonetheless, access to health and care services still plays a significant role. [The Marmot Review \(2010\)](#) identifies that health and social care services contribute 20% of the modifiable determinants of health. Strong healthcare systems across the world improve health outcomes, population health, and health equity.

Health and care services make an important contribution to improving health outcomes and reducing health inequalities by enabling inclusive, high quality, and patient-centred care; supporting action-focused work on prevention; improving early detection; supporting early intervention and treatment; and delivering sustainable services. All of these factors are closely aligned to the 4 strategic priorities of NHS Fife.

Supporting the strategy is our Annual Delivery Plan (ADP) which is our Scottish Government commissioned plan for 2023/24. In the ADP, NHS Fife outlines the work being undertaken against the Scottish Government’s recovery drivers.

Delivering the strategy

Strategies and programmes

Supporting the implementation of the strategy are strategies and strategic plans that are at various stages of development and delivery. The strategies have implementation plans and high-level progress is included in progress updates.

Impact indicators

Work is continuing to agree the outcome-level measures which contribute to our overall desired impact. A framework is being developed to monitor progress against delivery of the strategy. This has been paused until the Scottish Government Care and Wellbeing Portfolio Analytical Insights Pack is in place, to ensure our measures are aligned to national standards. Definitions will be developed for each of these measures and baseline data gathered. These will be reported as part of the annual report of the Population Health and Wellbeing Strategy.

Risk management

Although there is a corporate risk relating directly to the implementation of the Population Health and Wellbeing Strategy, it was recognised through the deep dive process undertaken in summer 2023 that all risks on the corporate risk register are impacted by, and are aligned to the strategy. All corporate risks are reviewed regularly and reported via the governance committees to the NHS Fife Board.

Appendix One provides a summary of the risks, their score in April 2023 and their current status (September 2023) and allows a comparison of the overall risk level and should be considered against progress of the strategy.

This analysis shows that our risk profile has not materially changed since the beginning of the financial year and reflects that many of these risks require sustainable system change over a longer time period to affect a meaningful reduction in the risk level.

Progress updates by strategic priority and ambitions

Progress has been assessed against each of the 4 strategic priorities, ambitions and the 'What we are going to do' sections in the Strategy. There has been more progress made against some actions than others but that should be expected in the delivery of a 5-year strategy. Further engagement activities such as workshops have been captured as part of progress made.

OUR STRATEGIC PRIORITIES

Improve health and wellbeing



Improve staff experience and wellbeing



Improve the quality of health and care services



Deliver value and sustainability



Priority 1: Improve health and wellbeing

Ambitions

A Fife where we:

1. live in flourishing, healthy and safe places and communities.
2. thrive in our early years.
3. have good mental wellbeing.
4. reduce the use of and harm from alcohol, tobacco, and other drugs.
5. have a sustainable, inclusive economy with quality of outcomes for all.
6. eat well, have a healthy weight and are physically active.

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Progress update

SP1.1 **What we said we would do:** Through training and upskilling our staff we will scale up the work supporting people to access benefits advice so that more people, where appropriate, can access financial and benefits support.

Progress to 30 September 2023

- Promotion of a range of Poverty Awareness Training supported and coordinated through our multi-agency Poverty Awareness Training Group. Training reflects current issues such as the cost-of-living crisis and supports key areas of work including income maximisation, no wrong door approach and addressing child poverty. Training courses are open to all public and voluntary sector workers in Fife.
- Face to face and virtual workshops were delivered with a number of local and national partners across all sectors. For example, Citizens Advice and Rights Fife (CARF) and Child Poverty Action Group (CPAG). Some of the training delivered includes:
 - Fife Benefit Checker and Our Fife Toolkit workshops.
 - Money Talk workshops (specifically targeting Health Visitors, Family Nurse Partnership and Midwives as part of the Financial Inclusion Referral Pathway).
 - Poverty Awareness Information Session.
- Further information on all poverty awareness training is available via the [Fife Health Promotion Training website](#).



Planned Activity to 31st March 2024

- Planned activities by the multi-agency Poverty Awareness Training Group include:
 - Building capacity of all our Poverty Awareness training programmes through growing our Train the Trainer Workshops (T4T) and ensure all training is accessible, innovative, and supports all learning styles.
 - Developing a tiered approach to Poverty Awareness Training to showcase the level of training needed depending on the workers role and remit and the service they provide.
 - Creating a series of Learning Bytes demonstrating explicit links between Poverty and Mental Health recognising that poverty is both a cause and a consequence of poor mental health.
 - Collaborate with Health Promotion Localities Team to support the roll out of Poverty Awareness training across all 7 localities.
 - Continue to support campaigns such as Challenge Poverty week.
- Embed the eHNA to increase referrals from Cancer Services to the Macmillan ICJ pathway to ensure patients with a cancer diagnosis have access to financial and benefits advice.
- Explore how we embed the eHNA process with patients diagnosed via the Rapid Cancer Diagnosis Service.

SP 1.2 What we said we would do: Ensuring equitable access to routine, seasonal and selective immunisation programmes throughout the life course.

Progress to 30 September 2023

- Immunisation Inclusion Group established to explore a community champions model.
- Final report presented to Fife Community Immunisation Services Programme Board of the Strategic Review of Childhood Immunisation Services in Fife.
- Quality improvement working group established focused on improving pre-school MMR2 uptake.
- Refreshed measles elimination action plan.
- Engagement with locality groups with locality-specific data.



Planned Activity to 31st March 2024

- Agree Equality Impact Assessment action plan.
- Establish processes to oversee implementation of activities proposed within the 'Strategic Review of Childhood Immunisation Services in Fife' report.
- Report to Public Health & Wellbeing Committee at February 2024 development session on progress against short-term activities proposed within the Strategic Review of Childhood Immunisation Services in Fife.

SP1.3 **What we said we would do:** In line with the UN Convention on the Rights of the Child, we will support every child to have the best possible health. Examples include promoting breast-feeding and helping to address child poverty.

Progress to 30 September 2023

- Publication of the 2023 [Director of Public Health \(DPH\) Annual Report](#) which includes a focus on children and young people in Fife with a [formal launch event](#) in September in conjunction with Fife Council's Education Service.
- Working with community planning partners through [Plan4Fife](#), we have published our 2022-23 [Tackling Poverty and Preventing Crisis Annual Report](#) which includes the Fife Annual Local Child Poverty Action Report.
- [Children's Services Plan 2023-2026](#) published.
- Raised awareness at Board level of [The Promise](#) and Corporate Parenting responsibilities.
- Accepted as a Getting it Right for Everybody (GIRFE) pathfinder with a focus on transition from child to adult services.

Planned Activity to 31st March 2024

- Continued implementation of UNICEF Baby Friendly Standards in maternity, neonatal and community care
- Dissemination of DPH Report to Fife localities to inform development of local plans.
- Early Years will be a core aspect of the Prevention and Early Intervention Strategy as part of the life course approach that underpins the strategy.



- NHS Fife has been selected as a pathfinder site to test the implementation of the [Bairn's Hoose standards](#) seeking to provide holistic, child-centred support to those who have been victims or witness of abuse and to children under the age of criminal responsibility whose behaviour has caused harm.
- Connecting on Place based work and No Wrong Door with Fife Council.
- Developing and enhancing services that support the most vulnerable children in our communities including:
 - development of a CAMHS Kinship Team.
 - Expanding CAMHS Looked after Children's services.
 - Introducing a transitions specialist to support young people.

SP 1.4 What we said we would do: Improving awareness of the range of mental health and wellbeing support across Fife amongst NHS staff and the public.

Progress to 30 September 2023

For the public:

- HSCP Locality groups are functioning in all 7 localities with connections into Area Committees. Funding being made available for a Test of Change (ToC) to support Mental Health wellbeing and distress in the localities by mental health practitioners, ambulance services and police.
- Developed, launched and evaluated a new mental health and wellbeing resource 'Jobseekers Wellbeing Toolkit' designed as a self-management prevention and early intervention resource issued by employability partners to support client wellbeing.

For staff:

- Promotion of Access Therapies Fife, Step on Stress and other resources to support staff in addition to Counselling, Occupational Health, Peer Support, Spiritual Care and Staff Psychology Support.
- Pilot of Health and Safety Executive Stress Talking Toolkit undertaken within Mental Health and Learning Disability service, with positive results and excellent staff engagement.

Planned Activity to 31st March 2024

For the public:



- The NICE mapping exercise undertaken by the HSCP Wellbeing Strategy Group will be taken forward.
- Conclusion of the test of change for the mental health and wellbeing in localities work.

For staff:

- Focus on early intervention by the Occupational Health Mental Health Nursing service and retaining staff at work.
- Expansion of Stress Talking Toolkit activity to other areas on a planned basis including: Acute, Domestic Services and Pharmacy Services.

SP 1.5 What we said we would do: Improving mental health services for individuals struggling with substance misuse through closer working with the community alcohol and drug partnership.

Progress to 30 September 2023

- Concluding implementation of the [2020-23 Alcohol and Drug Partnership Strategy](#).
- Commenced work on an updated Alcohol and Drugs Strategy for 2024 onwards. [Fife Alcohol and Drug Partnership \(ADP\)](#) event held with stakeholders which identified priorities for new strategy.
- Drug Harms Assessment Group in place providing rapid assessment of potential risks to the population of Fife.
- Submission of evidence-based response by NHS Fife to Fife Licensing Board consultation on licencing policy in relation to local implementation of alcohol licensing legislation.

Planned Activity to 31st March 2024

- Developing a performance framework for all Medication Assisted Treatment (MAT) standards to inform Scottish Government returns and board performance reporting.
- Finalising the new Alcohol and Drugs Strategy by March 2024, focus groups with people with lived/living experience, staff from our commissioned services and Service Committee.
- Following publication of national guidance on Rapid Access Detox Acute Referral (RADAR) system (early notification of substances that cause harm), work will be carried out to embed in NHS Fife services.



SP 1.6 What we said we would do: We will encourage people to make healthier food choices

Progress to 30 September 2023

- Workshop taken place with a range of stakeholders to develop the Food4Fife strategy.
- An [event](#) focusing on Public Health Priority 6 (PHP6) was held on 19th September. This event aimed to focus on the 3 strands of PHP6 (food, weight, and physical activity) to identify priority areas for action and aligns with our work around type 2 diabetes prevention.
- Engagement with partnership Active Fifers Groups in 7 locality areas.

Planned Activity to 31st March 2024

- The Food4Fife strategy is expected to be published by the end of 2023 and will cover the period to 2030.
- Priority areas and actions to be agreed and approach developed to build on PHP 6 event.

SP 1.7 What we said we would do: We will support increased access to physical activity, particularly in older age, enabling people to stay independent and healthier for longer.

Progress to 30 September 2023

- Finalised the 2024- 2029 Fife Musculoskeletal Physiotherapy Service Strategic Plan which has a focus on supporting physical activity for patients.
- Recently published a range of health and physical activity resources on the NHS Fife [website](#). A [tool](#) has been developed which has links for staff to signpost patients, supporting them to increase their physical activity, linked to their personal outcomes and good conversation work. Further research is currently underway.

Planned Activity to 31st March 2024

- Commencement of a strategic plan.
- The impact of published resources will be monitored and refined as necessary.



SP 1.8 What we said we would do: We will use NHS Fife's buildings and land to support communities to improve health and wellbeing. For example, making our buildings and land more accessible to support third sector activities.

Progress to 30 September 2023

- NHS Fife's draft Anchor Strategic Plan has been submitted to Scottish Government. This outlines how NHS Fife will maximise local employment, local procurement and also seek to build the potential future use of our land and buildings.
- The Community Benefits Portal is in place for procurement activities and will be evaluated against uptake.

Planned Activity to 31st March 2024

- The baseline assessment for Anchor Strategic Plan will be completed and submitted to Scottish Government by 29th March 2024. The final version of the Anchors Strategic Plan will be presented to NHS Fife Board. finalised
- .
- Further locality stakeholder engagement planned through HSCP.

SP 1.9 What we said we would do: Collaborating in regeneration projects like the River Leven programme.

Progress to 30 September 2023

- Identified from the River Leven Programme, the Green Health Partnership has been established to support development of Green Prescribing and Social Prescribing.

Planned Activity to 31st March 2024

- The Green Health Partnership is holding its first steering group meeting in November 2023. The Steering Group will be focused on securing funding for a GHP co-ordinator role and clarifying strategic and operational pathways for the project.



SP 1.10 Other relevant areas of work linked to priority 1 ambitions

Progress to 30 September 2023

- A workshop was held to explore both why communities living in more deprived parts of Fife are less likely to participate in our screening programmes and how this can be addressed.
- Prevention and Early Intervention Strategy has been drafted.

Planned Activity to 31st March 2024

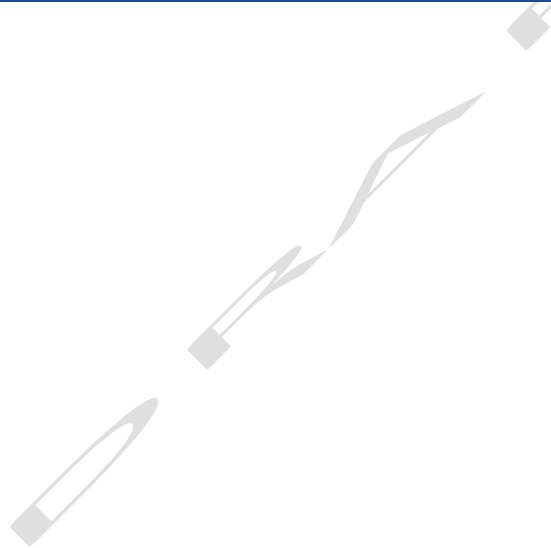
- Contribute to refreshed Plan for Fife and agreed priority areas
- Create an action plan to reduce inequalities in screening uptake.
- Finalise and develop plans for implementation of the Prevention and Early Intervention Strategy in early 2024.



Priority 2: Improve the quality of health and care services

Ambitions

1. Provide high-quality person-centred care.
2. Deliver services as close to home as possible.
3. Reduce reliance on inpatient beds by providing alternatives to admission to hospital.
4. Ensure timely access to services based on clinical need.
5. Prevent and identify disease earlier.
6. Support the delivery of seamless, integrated care and services across health and social care



Progress update

SP 2.1 What we said we would do: Redesign urgent and emergency care to reduce our reliance on the Emergency Department and in-patient care.

Progress to 30 September 2023

- Priority areas identified by Planned Care Programme Board:
 - Flow and Navigation Centre (FNC)
 - Interface and Complex Care
 - Scottish Ambulance Service interface
 - Front Door/Rapid Triage Unit
 - Ambulatory Care pathways
 - Crisis Management
- Improved timely discharge from hospital by increasing the number of patient discharges taking place at the weekend.
- Employed a solicitor to assist patients who require welfare guardianship.
- Testing the delivery of rapid access or 'hot' clinics to avoid attendance or admission to hospital.
- [2023-26 Home First Strategy](#) published with Action Plan
- Expansion of the ED medical workforce agreed to support system resilience and delivery of timely effective patient care.
- Primary care improvements including the activity in Community Treatment and Access Centres (CTAC).



Planned Activity to 31st March 2024

- Review and update the work plan for the Unscheduled Care Programme ahead of the winter period. We have an interim performance target to achieve 85% against the [four-hour standard](#) by March 2024.
- Monitor and report on the impact of the expansion of the ED medical workforce.
- Identify next steps following the FNC review.
- Review the learning from the Hot Clinics with a view to scaling this way of working for more specialties in Fife.
- Ensure actions from the Home First Strategy are progressed to reduce demand for acute hospital care. Examples of work include ensuring that those who do not need an admitted to an acute hospital bed (for example in the Victoria Hospital) are redirected and supported to be cared for in the right place. When patients do need to be admitted, planning for discharge begins as soon as possible following admission. This will reduce the amount of time patients need to spend in hospital.

SP 2.2 What we said we would do: Improve cancer care, for example by continuing to develop our Rapid Cancer Diagnostic Service.

Progress to 30 September 2023

- The Single Point of Contact Hub (SPOCH) is working collaboratively with Rapid Cancer Diagnosis Service (RCDS) to implement the optimal colorectal cancer diagnostic pathway.
- Expansion of the SPOCH to manage urgent suspected lung cancer referrals and parts of the bowel screening pathway.
- Initial findings show that the SPOCH has improved patient experience at the beginning of the pathway and has reduced the number of administrative calls received by the Clinical Nurse Specialists.
- Cancer Research UK funding was awarded to NHS Fife to test and evaluate a Nurse led Rapid Access Diagnostic Clinic (RADC) over a period of 18 months. This service began in August 2023 for suspected prostate cancer referrals, with the aim to improve patient experience from triage, diagnostics, and decision to treat. Evaluation of the project is underway by Stirling University.



- Work ongoing to improve and implement the Optimal Lung Cancer Pathway. Key achievements include same day/ next day chest x-ray, introduction of enhanced vetting of referrals, and reduced waits for CT scan and MDT discussion.

Planned Activity to 31st March 2024

- The Cancer Framework Action Plan has identified actions for delivery by March 2024 which focuses on improvement of cancer care from prevention, treatment, end of life and survivorship.
- Continuing to test the Prostate Rapid Access Diagnostic Nurse-led Clinic and taking forward the evaluation of this approach.
- Implementation of [optimal diagnostic pathways](#)- with a focus on lung cancer and head of neck cancers as developed by the Centre for Sustainable Delivery (CFSD):
 - Lung: Increase outpatient bronchoscopy capacity, introduction of frailty scoring prior to the first outpatient appointment to ensure patients are provided with tailored information relevant to their condition and exploring ways to provide timely good news for patients who do not have a lung cancer diagnosis.
 - Head and Neck: plans are dependent on a funding bid to Scottish Government.
- Working with the national Scottish Cancer Network on the development of end-to-end pathways for prostate and head and neck cancers.
- Evaluation of the effectiveness of lifestyle interventions that can improve health and wellbeing for example, advice around sleep, nutrition, exercise and relaxation for patients referred RCDS who are not found to have any definitive diagnosis for their symptoms.
- Explore how we can reduce waiting times for systemic anti-cancer therapies in our oncology and haematology day unit.



SP 2.3 What we said we would do: Provide a world class elective orthopaedic service through the National Treatment Centre – Fife Orthopaedics.

Progress to 30 September 2023

- Embedded the new facilities provided by the opening of the National Treatment Centre - Fife Orthopaedics.
- Commenced a review of our orthopaedics services which aims to deliver a patient centred, safe, flexible, and sustainable orthopaedic-trauma model which can positively manage the changes in demand over the next 15-20 years.

Planned Activity to 31st March 2024

- Redesign orthopaedic pathways to improve patient experience and fully embed the opportunities for new ways of working.
- Continue the work of the orthopaedics review so that by summer 2024 we are firmly on our way to delivering a gold standard, 24/7 orthopaedic-trauma service with and for the people of Fife.

SP 2.4 What we said we would do: Further develop our day surgery service at Queen Margaret Hospital.

Progress to 30 September 2023

- Opened a Procedure Unit at Queen Margaret Hospital (QMH).
- Delivered the final stages of the project to improve and expand Day Surgery facilities at QMH which has provided additional capacity and improved patient experience.

Planned Activity to 31st March 2024

- Increase utilisation of day surgery space at QMH and continue to support clinical innovation for the benefit of patients.



SP 2.5 What we said we would do: Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.

Progress to 30 September 2023

- Commenced scoping work to expand ambulatory care services to enable more patients to be treated without an unnecessary in-patient hospital admission. There are challenges to delivery of this due to availability of space and resources for this work.

Planned Activity to 31st March 2024

- Prepare the business case for the ambulatory care service to be considered as part of the medium-term financial plan and ADP for 2024/25.

SP 2.6 What we said we would do: Increase the level of ambulatory services (care provided without being admitted to hospital) across Fife.

Progress to 30 September 2023

- Local strategic leadership for the implementation of the Women's Health Plan is now confirmed. This is supporting an increasing focus on a women's life course approach to service planning across services in NHS Fife.
- An assessment covering a range of women's health services has been undertaken. This has considered access to contraception, termination of pregnancy, menopause care, promoting positive approaches to menstrual health and pregnancy. This has highlighted good practice and areas for further development.
- Plans for future focus have been informed by scoping, feedback, and review of progress to date.

Planned Activity to 31st March 2024

- Review provision of abortion services to ensure optimal geographical access.
- Work with primary care to develop guidelines and prescribing pathway for women experiencing early pregnancy bleeding.
- Explore with the Cardiac Rehab team, including staff and people using our services, to understand how services can be developed in response to women's needs.
- Identify local best practice, understand outcomes and potential local priorities for further work.



SP 2.7 What we said we would do: Implement Best Start for maternity and neonatal services.

Progress to 30 September 2023

- Increasing uptake of each ‘place of birth’ option as appropriate for those giving birth. This includes provision of midwife only care through home births and in the NHS Fife’s Midwife led Unit which is part of the Victoria Hospital Birthing Unit.
- Systems and processes are being further developed to implement the Maternity and Neonatal (Perinatal) Adverse Review Process for Scotland. NHS Fife is a path finder site for this work.

Planned Activity to 31st March 2024

- Continue remodelling services to work towards ensuring continuity of care by a primary midwife for those using our services.
- Submission of evidence and application for the Baby Bliss Charter Silver Award before the end of 2023.

SP 2.8 What we said we would do: Focus on waiting times and support people, where appropriate, to wait well for their procedure.

Progress to 30 September 2023

- Primary care improvements including the activity in Community Treatment and Access Centres (CTAC).
- Efforts continue to identify opportunities to maximise use of planned care capacity including utilising on Active Clinical Referral Triage and Patient Initiated Review. We are also seeking to increase the use of day surgery where possible.
- Outpatient communications have been updated to provide information on the availability of The Well which can provide people with a range of support as they are waiting for treatment.
- A Waiting Well service is being tested in Orthopaedics. This service can refer people to The Well. For patients who have had longer waits, a waiting well appointment with an Advanced Nurse Practitioner is being tested to provide a review of patients waiting for treatment.



Planned Activity to 31st March 2024

- Expand the waiting well service to other specialities where patients are experiencing long waits.
- Share our experiences with other Health boards and learn from practice elsewhere.

SP 2.9 **What we said we would do:** Continue to invest and develop in new technologies such as robot assisted surgery to provide high quality care.

Progress to 30 September 2023

- Completed 500 cases using Robotically Assisted Surgery to support better outcomes for people including shorter length of stay.
- Pioneering developments in surgery such as the use of an innovative new device (iTind) to treat lower urinary tract symptoms associated with an enlarged prostate has been introduced. This is less invasive than traditional interventions with patients being treated as day-cases and returning home the same day.

Planned Activity to 31st March 2024

- Continue to embed provision of robot assisted surgical procedures for Colorectal, Gynaecology and Urology patients.
- Explore availability of funding for a second robot to continue to grow the provision of robot assisted surgery in NHS Fife.



SP 2.10 Other relevant areas of work linked to priority 2 ambitions

Progress to 30 September 2023

- Launched a project to improve the care and management of deteriorating patients in our hospitals.
- Testing approaches to improve safety and reduce the harm associated with usage of high-risk pain medicines.
- Commenced work to improve our approach to how we respond to patient complaints, including improving our response times.
- NHS Fife Charity funding support received to enhance a number of staff and patient areas.
- Fife HSCP is developing a Prevention and Early Intervention Strategy to support overall health improvement and reduce the burden of disease in the population of Fife.

Planned Activity to 31st March 2024

- Progress plans for the deteriorating patient work.
- Spread improvement as part of the High-Risk Pain Medicines project.
- Agree and implement a new approach to patient complaint responses and reduce the number of outstanding complaints by March 2024.

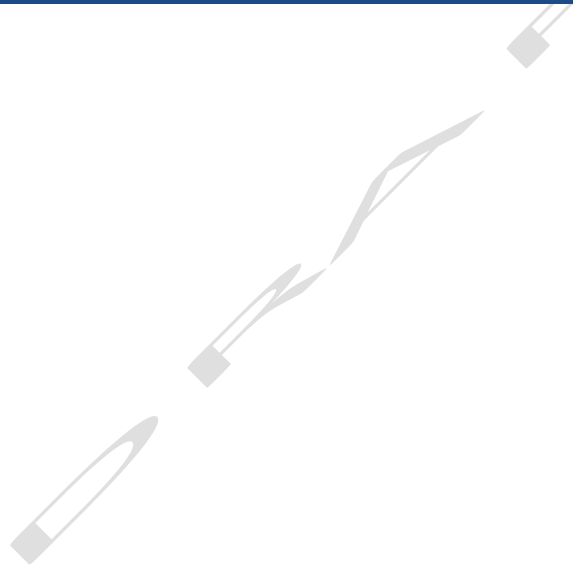


Priority 3: Improve staff experience and wellbeing

Ambitions

Our workforce:

1. is inclusive and diverse, reflecting Fife's communities.
2. is supported to develop new skills that help improve care for patients.
3. is heard and at the heart of transforming services.
4. works in partnership across health and social care, recognising interdependencies.
5. experiences compassionate leadership in a culture that supports wellbeing.



Progress update

SP 3.1 Promote a range of career pathways with a focus on developing our workforce.

Progress to 30 September 2023

- Agreement on the Career Development Framework for Healthcare Support Workers and Assistant Practitioners (band 2-4) to support the development of the nursing workforce.
- Block recruitment event in June.
- Unregistered staff pools created within Acute Services to support underlying long-term vacancies.
- Investment in [Gateway doctors](#) to replace junior locum spend.
- Additional ward administration staff in post to mitigate the workload associated with non-clinical clerical tasks for nursing staff.
- Reducing use of agency staffing by working towards a more substantive workforce and use of our own in-house staff bank.

Planned Activity to 31st March 2024

- Consider the strategic framework for nursing and midwifery by NHS Fife Board by March 2024.
- Undertake a further recruitment campaign for our Mental Health Service.
- Scope opportunity to expand our international recruitment programme using existing vacancies across NHS Fife.
- Continue work on reducing agency staff usage and increase scope of this work to include the medical workforce.



SP 3.2 Expand and enhance our employability programmes across Fife including a range of foundation and modern apprenticeships.

Progress to 30 September 2023

- Showcased a wide range of NHS careers at schools and careers fairs through in-person and virtual platforms, with a #TeamNHSFife approach.
- Scoped opportunities and strengthened relationships with a variety of key partners, charities, and educational establishments, such as the [MCR Pathways Mentoring Scheme](#), which we plan to support.
- Through working closely with colleagues and local education providers, internship, and apprenticeship programmes are being established. These will support both development and progression of existing staff as well as recruitment of new staff to posts including Graduate Apprenticeships.
- Our collaborative efforts with Fife Council's Employability team resulted in the establishment of employability pathways, such as the Kickstart Scheme. This scheme has seen recruitment and development of 12 young people in a variety of entry-level roles. 7 of these individuals remain employed within NHS Fife.
- A Graduate Information Analyst was recruited through the Graduate Career Advantage Scotland (GCAS) paid work experience scheme, in collaboration with NES.
- There has been significant work with Fife College and partners to provide mentorships for students.

Planned Activity to 31st March 2024

- Increase engagement with those considering careers in healthcare through strengthened links with the Developing the Young Workforce Fife Regional Board and the Schools Co-ordinators.
- Participate in the Fife Council led recruitment initiative 'Progressive Life Chances', aimed at supporting disadvantaged individuals into employment.
- Enhance links with local educational providers to promote careers in NHS Fife. For example, offering internship placements for Dundee University students across NHS Fife and Fife HSCP and considering Graduate Apprenticeship opportunities with Heriot Watt University.
- Create opportunities for young people to engage with NHS Fife as part of the Young Person's Guarantee.



- Recruit an Employability Officer to support all our work and deliver against the Board's ambitions.
- In partnership with Fife College provide a Foundation Apprenticeship in Health.
- Continue working with Fife College to offer MA Level 2 and 3 opportunities for NHS Fife Healthcare Support Workers.

SP 3.3 Continue to support our staff with their practical health and mental wellbeing.

Progress to 30 September 2023

- NHS Fife's Occupational Health Service has developed a new mental health nursing service for staff, building on the fatigue management service introduced during the Covid-19 pandemic.
- The Chaplaincy team has worked with around 40 teams utilising [values based reflective practice](#) to help staff with their mental wellbeing in the workplace. This is in addition to existing staff spiritual care support.
- The 'Boost your Income' initiative has been delivered and evaluated. This programme supported staff with financial concerns and provided benefits advice to ensure staff are accessing all the benefits they are entitled too. Over the reporting period, 69 people have been supported and received an increase in their household income. This equated to over £160k. Uptake of this support has been lower than expected and next steps are being considered how staff with financial concerns can be supported.
- There has been a focus on Menopause support for staff as one of the key requests, with monthly sessions at Victoria and Queen Margaret Hospitals which are well attended and received by staff.
- Compassionate Connected Teams – the Staff Psychology Support team have delivered multiple Leading with Compassion sessions to managers and senior leaders.
- Since December 2022, EnergyPods have been available which give staff the opportunity to boost their energy and take time out with a personalised guided power nap in comfortable surroundings. Permanent locations for the EnergyPods on the Victoria Hospital site have now been secured.



Planned Activity to 31st March 2024

- Review existing wellbeing activity and prepare an updated staff health and wellbeing action plan to ensure maximisation of resources to support staff wellbeing.
- Develop the mental health support offered to staff.
- Open a refurbished Staff Hub in Whyteman's Brae hospital in November 2023 and refurbish staff rest areas on the Cameron, Lynebank and Stratheden Hospital sites before the end of March 2024.
- Develop further plans to refurbish and create staff hubs within clinics and health centres.
- Launch a new Cycle to Work scheme to support active travel and low carbon commuting.
- Seek investment support for Second Nature Weight Management App for staff from the East Region Programme Board
- Increase opportunities for staff to be more physically active through working with the Fife Active Communities Officer and with Fife Sports and Leisure Trust.
- Scope how opportunities for staff to access Menopause support can be expanded for those who work out with Victoria Hospital and Queen Margaret Hospital.
- Identify how staff can be supported who have experienced adverse events in the workplace.

SP 3.4 Continue to support our staff with their practical health and mental wellbeing.

Progress to 30 September 2023

- The international recruitment programme for 2023-24 is complete with 17 posts successfully recruited to.

Planned Activity to 31st March 2024

- Work with Scottish Government and other stakeholders to identify plans for further international recruitment beyond March 2024, noting that no additional funding has been confirmed for 2024-25.
- Participate in the pilot for the NHS Scotland Pastoral Care Quality Award (PCQA) and will undertake the International Recruitment Pastoral Care Quality Charter.



SP 3.5 Develop and launch a new Leadership Framework focussed on compassionate leadership and an open, transparent and nurturing culture.

Progress to 30 September 2023

- Plans agreed to recruit a new senior manager within the workforce team to accelerate our work around leadership, organisational culture, and wellbeing.
- *Compassionate, connected and effective teams* sessions led by the NHS Fife Psychology Service continued during 2023. This workshop is delivered in person with established teams, on-line for individual participants and as part of the Foundation Management Training.

Planned Activity to 31st March 2024

- Finalise the Leadership Framework in conjunction with colleagues across NHS Fife by Spring 2024.
- Hold the first meeting of the newly created Systems Leadership Group in October 2023. The focus will be on engaging with senior teams to explore how we support delivering improvements in our culture and how we collectively plan for the future.
- Commence a programme of compassionate leadership development for the Acute Senior Leadership Team and the Executive Directors' Group (EDG).



SP 3.6 Other relevant areas of work linked to priority 3 ambitions

Progress to 30 September 2023

- Relaunch of Diverse Ethnicity Network with Coffee Connect session held in May 2023.
- Ethnically Diverse Staff Experience Survey launched in September and will be open till 31 October 2023.
- Through the #SpeakingUp project, a further 21 confidential contacts were recruited and trained to offer support to staff who wish to speak up and raise concerns.
- Improved performance on iMatter: 78% of teams in NHS Fife now have an action plan. This reflects the best performance from a territorial Board.
- NHS Fife Board has continued to engage with a programme of visits to a range of locations across Fife for Board Members and Executive Directors. Our Interim Chair has promoted the work of the board through a new Bitesize Briefing and regular updates to staff.

Planned Activity to 31st March 2024

- Complete analysis of the Ethnically Diverse Staff Experience survey.
- Establish a LGBTQ+ staff network.
- Finalise our Corporate Communication and Participation and Engagement strategies.



Recognising excellence and recognising staff achievements

Across NHS Fife, there are many talented colleagues who provide fantastic care for the population of Fife. It is not possible to share everyone's achievements, but examples include:

- Vicki Bennett and Simon Fevre were both recognised at the annual British Dietetic Association Awards celebrating outstanding individuals working within the dietetic profession from across the UK. Vicki was recognised with the Mary Turner Award for her outstanding work as a trade union representative, which Vicki combines with her role in Public Health. Simon was awarded with a Fellowship, the British Dietetic Association's highest honour, given in recognition of Simon's many years of committed and inspirational service to the dietetic profession.
- Debs Steven, Lead Pharmacist Pain Management, was awarded a Fellowship of the Royal Pharmaceutical Society for Distinction in the Profession of Pharmacy. Being appointed as a Fellow is one of the highest accolades that can be paid, as it recognises the distinction members have attained in their pharmacy career. As fellowship awards are based on nominations from members, it also signifies the high esteem in which colleagues are held by their peers.
- NHS Fife Children's community nursing team won the prestigious Children's Nursing & Midwifery Award at the Royal College of Nursing Nurse of the Year Awards. The team were recognised for the incredible support and care they provide to families whose children are diagnosed with complex and severe health conditions.

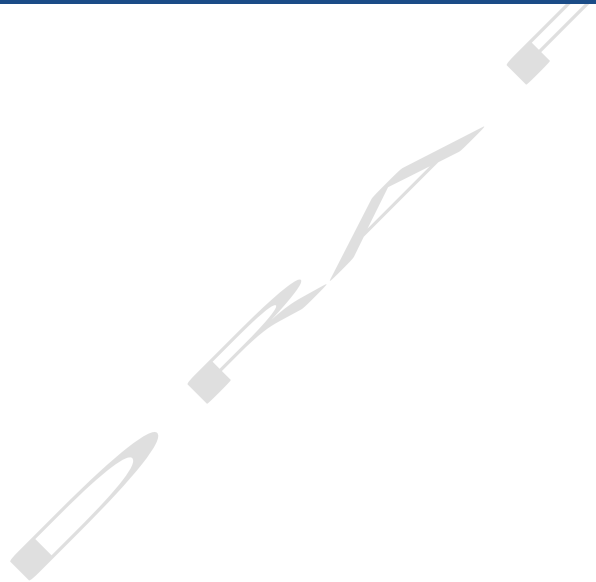
A [Celebrating Success](#) event was held in the summer 2023 where the fantastic work of all the medical trainees across NHS Fife was recognised. In September 2023, the [NHS Fife Staff Awards](#) was held acknowledging all of the outstanding work of NHS Fife staff.



Priority 4: Deliver value and sustainability

Ambitions

1. Provide the right services in the right places with the right facilities.
2. Ensure the best use of our buildings and land.
3. Reduce energy usage and carbon emissions, working toward carbon neutral by 2040.
4. Deliver our capital programmes for primary care, mental health, and acute services creating high quality environments for patients and staff.
5. Deliver sustainable and effective resource allocation that supports value-based healthcare.



Progress update

SP 4.1 What we said we would do: Maximise the use of our buildings and land in line with service and community needs.

Progress to 30 September 2023

- A primary care premises review has been undertaken to understand the future requirements for space and facilities across GP Practices. The review identified 17 immediate, short, and medium-term recommendations. The immediate recommendations have now been completed with support of £2 million funding from Fife HSCP. This has resulted in the creation of an additional 61 consulting rooms across NHS Fife's primary care estate.
- The [Property and Asset Management Strategy \(PAMS\)](#) was submitted to Scottish Government. This outlined the investment required to address the challenges presented by the ageing estate.
- Analysis of the estate has shown that 62% of the estate is classed as green space. [NHS Fife Greenspace Strategy](#) was approved by the NHS Fife Board. The vision is to maximise the health promoting potential of the land and support a response to the climate emergency.
- An improved Day Surgery Unit Queen Margaret Hospital was opened as well as an improved A&E department with new signage and [web pages](#).
- NHS Fife are working with [Lucky Ewe](#) to explore a potential [Community Asset Transfer](#) (CAT) of land at Stratheden Hospital.

Planned Activity to 31st March 2024

- Complete the short- and medium-term actions from the primary care premises review in conjunction with the delivery of the NHS Fife primary care strategy.
- In conjunction with [Fife Climate Hub](#), planning will commence for a stakeholder event in early 2024/25. This event will bring together a range of communities and groups with an interest in climate change across Fife and support the implementation of our Greenspace Strategy.



SP 4.2 What we said we would do: Develop buildings to support service delivery, such as new Health and Wellbeing Centres in Kincardine and Lochgelly.

Progress to 30 September 2023

- Scottish Government has requested NHS Boards develop plans for the NHS estate as a whole system to support prioritisation and allocation of resource in a joined-up way. Supporting the development of the NHS Fife plan, a masterplan for the Victoria Hospital site has been drafted which will improve the experience of the site, build a green corridor supporting biodiversity, and support active travel.
- Ward 5 (VHK) upgrade is underway to develop the ward into a fit for purpose clinical area. This highlights the commitment to refurbishing the existing estate as this is one of the oldest parts of the Victoria Hospital.

Planned Activity to 31st March 2024

- Complete the refurbishment of Ward 5 by the end of this financial year.
- Deliver additional capacity for the delivery of education within Cameron and Whyteman's Brae hospitals.
- Continue to retrofit existing buildings to improve energy efficiency (see action 30 for more detail on our plans) in line with commitments to reduce carbon emissions.
- Review the existing PAMS to ensure the focus on the refurbishment of the existing estate is in line with publication of new guidance expected by March 2024.
- Continue to update and develop the whole system plan for NHS Fife to support prioritisation and allocation of resources.



SP 4.3 What we said we would do: Redesign and develop mental health services in Fife, including fit-for-purpose inpatient and community-based services.

Progress to 30 September 2023

- Following publication of the NHS Scotland [Mental Health and Wellbeing Strategy](#) in summer 2023, Fife HSCP is developing an aligned strategic statement and associated delivery plan which responds to priorities for the population of Fife.
- Initial agreement has been prepared for the Mental Health Estates Project and is now progressing through internal governance.
- There has been commitment to funding for the next 3 years to improve the Mental Health estate across NHS Fife. Work has commenced to refurbish ward 3 at Queen Margaret Hospital.

Planned Activity to 31st March 2024

- Complete the refurbishment of Ward 5 by the end of this financial year.
- Deliver additional capacity for the delivery of education within Cameron and Whyteman's Brae hospitals.
- Continue to retrofit existing buildings to improve energy efficiency (see action 30 for more detail on our plans) in line with commitments to reduce carbon emissions.
- Review the existing PAMS to ensure the focus on the refurbishment of the existing estate is in line with publication of new guidance expected by March 2024.
- Continue to update and develop the whole system plan for NHS Fife to support prioritisation and allocation of resources.



SP 4.4 What we said we would do: Reduce our carbon footprint by adopting zero carbon technology, such as increased usage of solar panels and redesigning how we heat our buildings.

Progress to 30 September 2023

- Investment of £1.8 million has been secured as part of a low carbon infrastructure programme. This has seen installation of solar panels, improvements to hot water systems, more accurate automated heating controls and optimisation of our fridge-freezers. This will make buildings more comfortable, reliable, and reduce carbon emissions.
- Reduction in use of medical gases and working with pharmacy colleagues to prepare to transition inhalers to non-greenhouse gas propellant inhalers.
- Published our [2021/22 Climate Emergency and Sustainability annual report](#) which outlines work towards achieving net-zero. The Climate Emergency and Sustainability annual report 2022/23 is being drafted. This suggests that since 2021/22, there has been reductions in Greenhouse Emissions of over 2%, reductions in medical gases of over 12% and a reduction in water usage of around 15%.

Planned Activity to 31st March 2024

- Complete the low carbon infrastructure investment programme with upgrades to windows at Whytemans Brae and Stratheden Hospitals.
- Secure funding for installation of LED lighting across the NHS Fife estates, a heat recovery system in the NHS Fife laundry and further funding for windows and insulation in the Fife college of nursing.
- Finalise and publish of the Climate Emergency and Sustainability Report for 2022/23.



SP 4.5 What we said we would do: Lower the environmental impact of travel by adapting the use of technology (virtual appointments and virtual working), supporting sustainable travel (walking, cycling and public transport) and investing in electric and low emissions vehicles.

Progress to 30 September 2023

To support delivery of the 2025 target to decarbonise vehicles, plans are now agreed to increase the availability and usage of electric vehicles. Currently 44% of light vehicles and 6% of cars are electric. This number is expected to rise substantially between now and 2025.

Planned Activity to 31st March 2024

- Increase corporate electric vehicle charging infrastructure to support the transition to electric vehicles. Across Fife, there are already 61 charging points for corporate electric vehicles, and this will increase to 77 charging points by March 2024.
- Explore how to increase the availability of charging points for private vehicles (for example those belonging to staff, patients and other visitors to NHS Fife) through collaborating with commercial companies.
- Encourage low carbon commuting through provision of a salary sacrifice scheme for staff to lease electric cars and expansion of the cycle to work scheme.



SP 4.6 What we said we would do: Become an organisation providing more responsive care using technology, developing digital solutions such as virtual appointments, electronic access to test results and growing our use of data to support planning and delivery of care.

Progress to 30 September 2023

- Established the Electronic Health Record (EHR) Group to provide oversight to digital adoption in clinical settings.
- Conducted prioritisation workshop with Digital and Information (D&I) Board and EHR Group members.
- Extended data sharing arrangements with Scottish Ambulance Service to support sharing of electronic summaries.
- Appointment notifications being received by patients within Patient Hub for Pain Management and Vasectomy.
- Scanning of active health records for Cohort 1 complete.
- Federation between NHS Fife and Fife Council established on M365 platform to ease sharing of calendars and MS Teams.
- Other highlights of the work of the Digital Strategic Delivery Team are available in our [November 2023 Update](#).

Planned Activity to 31st March 2024

- Review the progress in delivering the existing Digital Strategy and present findings to the Clinical Governance Committee.
- Commence development of the future Digital Strategy and ensure alignment to national and local strategic priorities.
- Complete of the prioritisation and planning to finalise our 2024-25 delivery plan via EHR Group and Digital and Information Board.
- Implement Phase 1 and Phase 2 concurrently of the Laboratory Information Management System (LIMS).
- Begin the Hospital Electronic Prescribing Management Administration (HEPMA) project with replacement of Pharmacy Stock Control system.
- Finalise the Business Case for GP IT replacement programme.



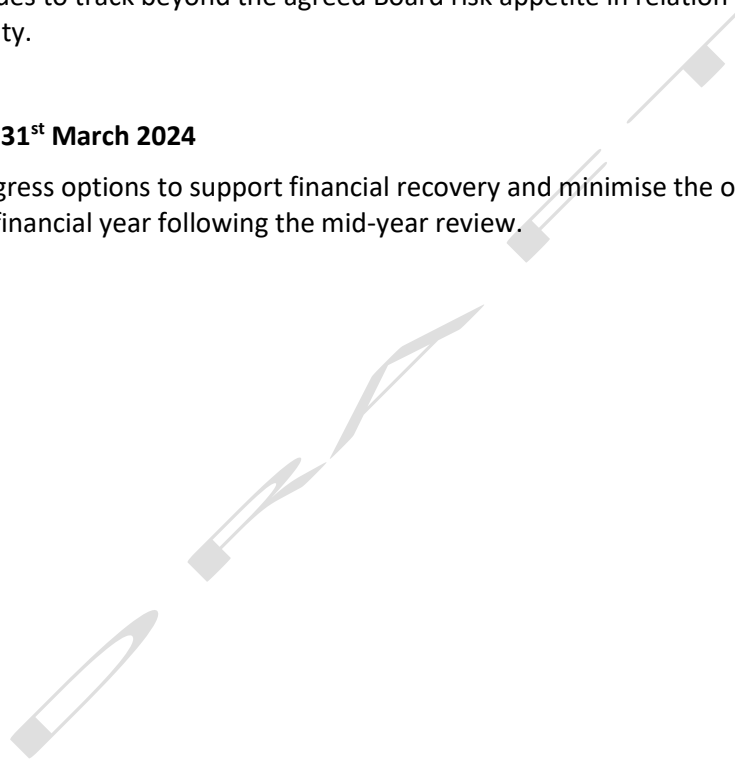
SP 4.7 What we said we would do: Use a structured approach to identify financial efficiencies, for example, through careful procurement of supplies and optimising the use of medicines.

Progress to 30 September 2023

- A £15.8m revenue overspend is reported for the first six months of the financial year for Health Board retained services. Despite the receipt of additional financial sustainability allocations for NRAC and New Medicines Funding from Scottish Government during June, the Board financial position continues to track beyond the agreed Board risk appetite in relation to delivering value and sustainability.

Planned Activity to 31st March 2024

- Assess and progress options to support financial recovery and minimise the overspend before the end of the financial year following the mid-year review.



Emergent opportunities and challenges

A range of opportunities and challenges are emerging as we consider longer term planning horizons. Below are some areas that we will be considering as we undertake our planning work.

1. Anchor Institution

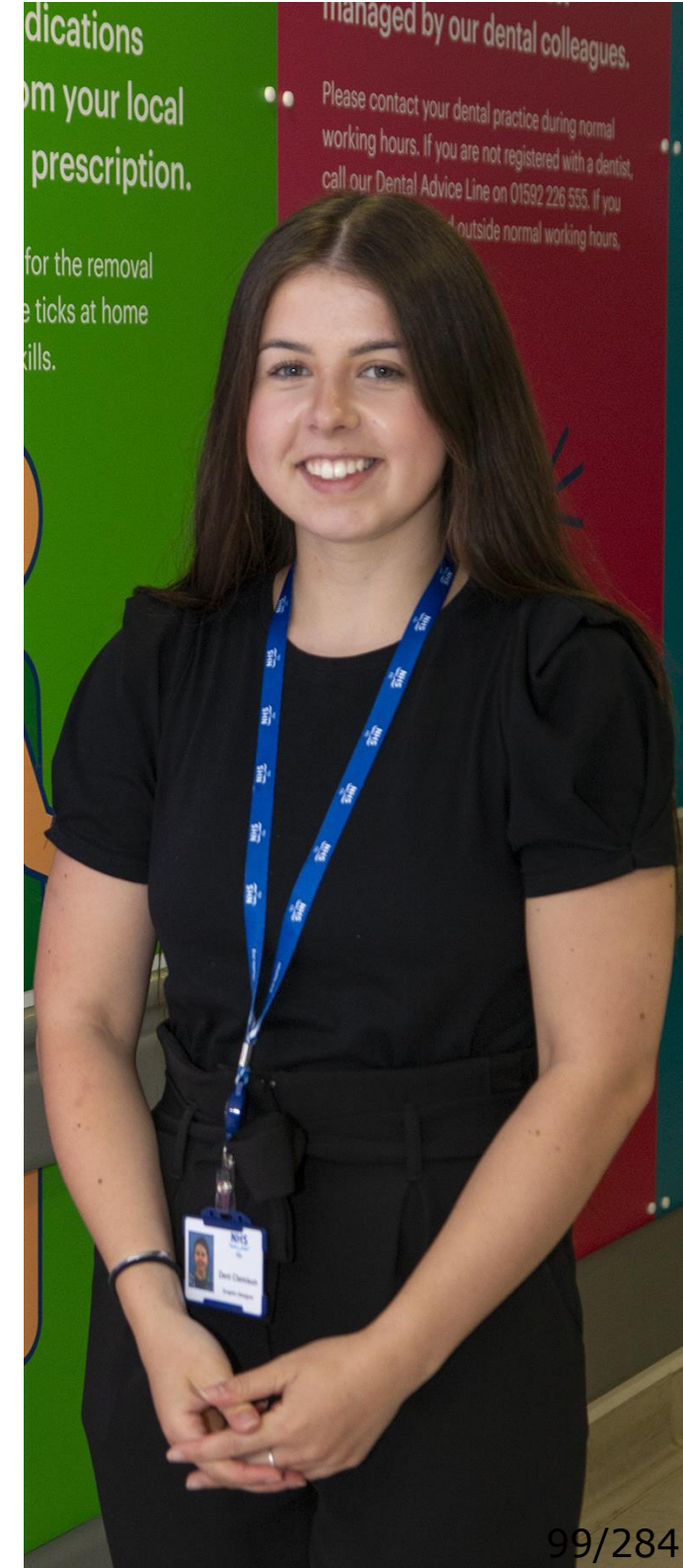
We are producing an Anchor Strategic Plan that will be implemented over the next few years. This work represents a significant opportunity to achieve many of our ambitions in the Population Health and Wellbeing Strategy.

2. Changing risks associated with Covid-19

The risks associated with Covid-19 are changing. The success of the vaccination programme and increasing immunity means that the associated risk in the risk register will be reduced. Sustained reductions in this risk means that there are more options in how services are delivered and the focus can move to other strategic challenges.

3. Embedding Realistic Medicine and Value Based Healthcare learning

We are continuing to take forward work to help us to deliver more person-centred and responsive care that meets the needs of the population of Fife and considering how we can do things differently. Central to our approach is embedding the values and principles of Realistic Medicine and Values Based Healthcare which will help us deliver quality care designed around the needs of people and lead to an improved experience.



4. Health and Care Staffing (Scotland) Act 2019 (HCSA /Safe Staffing)

Full implementation of the Health and Care Staffing (Scotland) Act will take place on 1 April 2024. This includes the commencement of monitoring and governance. Board reports are due to the Scottish Government by 31 March 2025. NHS Fife must demonstrate how we have met the specific duties of the Act and provide information to the Scottish Ministers on the steps taken to comply with the legislation. The first Ministerial reports to Parliament are expected in April 2026.

The Common Staffing Methodology, as part of the Act, includes using the outputs of the staffing level tools and professional judgment to inform and ensure appropriate staffing in place for all staff covered within the scope of the Act.

5. New and Emerging Legislation

The Scottish Parliament continues to enact a range of legislation that will impact NHS Fife and the wider health and social care sector. For example, the creation of a Patient Safety Commissioner with a remit to ensure the safety of healthcare; a Housing Bill which may include a duty on the wider public sector (including NHS Scotland) to prevent homelessness; and the National Care Service. As legislation is enacted we will continually seek to improve care for those using our services.



Appendix one: NHS Fife corporate risk register

Risk title (taken from risk register)	Score April 2023	Score Sept 2023	Target Risk Level	Trend ¹
1. Population Health and Wellbeing Strategy	Mod 12	Mod 12	Mod 12 by 31/03/24	=
2. Health Inequalities	High 20	High 20	Mod 10 by 31/03/24	=
3. COVID 19 Pandemic	Mod 12	Mod 9	Mod 12 by October 2023	↓
4. Policy obligations in relation to environmental management and climate change	Mod 12	Mod 12	Mod 10 by 01/04/25	=
5. Optimal Clinical Outcomes	High 15	High 15	Mod 10 by 31/03/24	=
6. Whole System Capacity	High 20	High 20	Mod 9 by 30/04/24	=
7. Access to outpatient, diagnostic and treatment services	High 20	High 20	- ²	=
8. Cancer Waiting Times (CWT)	High 15	High 15	Mod 12 by 30/04/24	=
9. Quality & Safety	High 15	High 15	Mod 10 by 31/03/24	=
10. Primary Care Services	High 16	High 16	Mod 12 by 31/03/24	=
11. Workforce Planning and Delivery	High 16	High 16	Mod 8 by	=
12. Staff Health and Wellbeing	High 16	High 16	Mod 8 by 31/03/25	=
13. Delivery of a balanced in-year financial position	High 16	High 16	Mod 12 by 31/03/24	=
14. Delivery of recurring financial balance over the medium-term	High 16	High 16	Mod 12 by 31/03/24	=
15. Prioritisation & Management of Capital funding	Mod 12	Mod 12	Mod 8 by 1/04/26	=
16. Off-Site Area Sterilisation and Disinfection Unit Service	Mod 12	Mod 12	Low 6 by 01/04/26	=
17. Cyber Resilience	High 16	High 16	Mod 12 by	=
18. Digital & Information	High 15	High 15	Mod 8 by April 2025	=

¹ = risk stayed the same, ↓ risk falling, ↑ risk increasing

² It is not possible to provide a target risk and date given the uncertainty over future availability of funding.

NHS Fife provides accessible communication 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.

NHS Fife 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.

NHS Fife

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Meeting:	Staff Governance Committee
Meeting date:	11 January 2024
Title:	Reinforced Autoclaved Aerated Concrete (RAAC) Update
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Neil McCormick, Director of Property & Asset Management

1 Purpose

This report is presented for:

- Assurance

This report relates to:

- Emerging issue

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

- Safe
- Effective
- Person Centred

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

- 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

Work is underway across Scotland to survey all NHS buildings which may potentially contain Reinforced Autoclaved Aerated Concrete (RAAC).

2.2 Background

RAAC is a lightweight form of concrete used mainly in roof, floor and wall construction in the UK during the second half of the 20th century. It has been found in a range of buildings, both in the public and private sector.

The material is known to be less durable than other forms of concrete, particularly where it has been damaged by water or where it was not formed correctly during the original fabrication. RAAC was used widely from the 1960's until it was phased out in the 1990's. NHS Scotland Assure (part of NHS National Services Scotland) are co-ordinating a programme of work to carry out discovery surveys of all properties across the NHS estate that have been identified as potentially containing RAAC. A list of all buildings being surveyed across the NHS Estate in Scotland has been published on the NHS National Service Scotland website [Reinforced Autoclaved Aerated Concrete \(RAAC\) Discovery Survey Programme - List of Properties | National Services Scotland \(nhs.scot\)](#).

Using assessment criteria provided by NHS Scotland Assure, NHS Fife has identified several buildings within our Estate which may potentially contain RAAC and has supplied this information to NHS Assure. This list of buildings identified was a desk-based exercise based primarily on when the buildings - or parts of buildings - were built. While it is likely that parts of some of our buildings will contain RAAC, we will only know definitively once more detailed surveys are carried out.

2.3 Assessment

We have identified 26 blocks (elements of buildings) within our estate that we have passed to the National Programme for further assessment. The criteria for identifying areas were agreed nationally and included the following questions: -

1. Was the building, or any part of the building or extensions constructed between 1960 and 1989?
2. Is any part of the roof structure flat, or was previously flat (with a new pitched roof over)?
3. Is any part of the roof structure a low pitch (<45 degrees) long span sloped roof?
4. Is any part of the roof construction concrete?

A desktop survey is carried out if the answer to all questions is yes. The desktop survey identifies the risk of the block potentially containing RAAC based on the design information shared with the external partner employed by NSS (Currie & Brown).

Any of the blocks which are identified as high or medium risk of having RAAC have been physically surveyed by a Structural Engineer managed by the external partner (WSP).

Of the 26 blocks, 21 have been identified as having a high or medium risk of containing RAAC and 21 have been surveyed to date. The final Block has now been removed from the programme as it is derelict and unused.

Following surveys (See Appendix 1 for an example), 16 blocks have had no RAAC discovered (see Table 1), 5 have discovered RAAC (see Table 2).

The remaining 5 blocks have not yet been surveyed. The National Programme is prioritising high and medium likelihood risk areas before moving to low-risk areas (see Table 4).

Site Name	Block Name	Likelihood Category	RAAC
Kelty Health Centre	Kelty Main Block	High Likelihood of RAAC	NO
Kinghorn Health Centre	Kinghorn Main Block	High Likelihood of RAAC	NO
Leven Health Centre	Leven Main Block	Medium Likelihood of RAAC	NO
Queen Margaret Hospital	Boiler House	Medium Likelihood of RAAC	NO
Queen Margaret Hospital	Wards 05-07 ICASS	Medium Likelihood of RAAC	NO
Queen Margaret Hospital	Wards 01-04	Medium Likelihood of RAAC	NO
Victoria Hospital	Kitchen & Dining Room	Medium Likelihood of RAAC	NO
Victoria Hospital	Fife Area Labs North	High Likelihood of RAAC	NO
Victoria Hospital	Hayfield House	High Likelihood of RAAC	NO
Victoria Hospital	P1 Main Building	High Likelihood of RAAC	NO
Whyteman's Brae Hospital	Victoria Radio Network	Medium Likelihood of RAAC	NO
Whyteman's Brae Hospital	Boiler House	High Likelihood of RAAC	NO
Whyteman's Brae Hospital	Generator	High Likelihood of RAAC	NO
Whyteman's Brae Hospital	Day Hospital & Ravenscraig	High Likelihood of RAAC	NO
Whyteman's Brae Hospital	Day Hospital Entrance	High Likelihood of RAAC	NO
Whyteman's Brae Hospital	Ward Block	High Likelihood of RAAC	NO

Table 1 - Blocks where RAAC has not been identified.

Site Name	Block Name	Likelihood Category	RAAC
Kirkcaldy Health Centre	Kirkcaldy Main Block	High Likelihood of RAAC	YES
Lynebank Hospital	Tayview & Ward 12 Offices	High Likelihood of RAAC	YES
Lynebank Hospital	Psychology, Health Records & Health Storage	High Likelihood of RAAC	YES
Lynebank Hospital	Main Building	High Likelihood of RAAC	YES
Queen Margaret Hospital	P1 Main Block	Medium Likelihood of RAAC	YES

Table 2 - Blocks where RAAC has been identified.

Site Name	Block Name	Likelihood Category	RAAC
Cameron Hospital	Linen Room Closed	Removed from Programme	N/A

Table 3 - Blocks which have not yet been surveyed.

Site Name	Block Name	Likelihood Category	RAAC
Randolph Wemyss Memorial Hospital	Kitchens, Boiler House & Wards 01&02	Low Likelihood of RAAC	Low Risk
Victoria Hospital	Tunnel P1 Base to Labs Base	Low Likelihood of RAAC	Low Risk
Victoria Hospital	Tunnel Kitchen Base to Service Yard Base	Low Likelihood of RAAC	Low Risk
Victoria Hospital	Central Laundry	Low Likelihood of RAAC	Low Risk
Victoria Hospital	P2 Main Building	Low Likelihood of RAAC	Low Risk

Table 4 - Low Likelihood of Containing RAAC Not yet surveyed.

Where RAAC has been discovered (5 blocks) the blocks can be divided into 2 distinct categories: -

- Blocks where RAAC has been identified but where there is no immediate cause for concern (Table 5) where the surveys have recommended periodical monitoring (annually or longer). We will put mechanisms in place to monitor these areas on an annual basis by suitably qualified personnel.

Site Name	Block Name	Monitoring
Lynebank Hospital	Tayview & Ward 12 Offices	Annual
Queen Margaret Hospital	P1 Main Block	Annual

Table 5 - Areas for Annual monitoring

- Blocks where further investigation is required: -

Site Name	Block Name	Further Investigation
Kirkcaldy Health Centre	Kirkcaldy Main Block	YES
Lynebank Hospital	Psychology, Health Records & Health Storage	YES
Lynebank Hospital	Main Building	YES

Table 6 - Areas for further investigation

For the blocks where further investigation is required (Table 6), discussion is ongoing Nationally about how this can be done consistently across Scotland. While this is being carried out, risk assessments (See Appendix 2 for example) have been carried out in the 3 areas identified above by our Health and Safety Manager, which have resulted in several mitigating actions which have now been put in place.

On further review of our estate, based on our experience of attending all of the surveys, there are 3 blocks (Table 7) in addition to the 27 initial blocks which our Compliance team have recommended are included in the National Survey Programme which are: -

Site Name	Block Name
Adamson Hospital	Tarvit Ward
Cupar Health Centre	Cupar Main Block
Glenrothes Hospital	Glenrothes Main Block

Table 7- Additional blocks

We expect these to be included in the National Programme, following a desktop survey exercise by the external partner which has been commissioned by NSS.

2.3.1 Quality, Patient and Value-Based Health & Care

We have not yet identified areas where patient care is affected by RAAC and the areas where further investigation is required are not primarily patient facing.

2.3.2 Workforce

We are committed to providing staff with a continuously improving & safe working environment. We have taken a risk-based approach to minimising the risks to all staff.

2.3.3 Financial

In the short-term we have identified a contingency sum of £50k to support further investigations and provide any short-term mitigations. In the longer-term we will ensure that RAAC is included in the risk assessed backlog maintenance capital expenditure plan, where necessary. It is anticipated that those areas containing RAAC may have significant costs in the future if the RAAC becomes unstable or reaches the end of its life.

2.3.4 Risk Assessment / Management

The Asset Management System prioritises work based on the condition of the different blocks and systems within the estate. The system will be updated with RAAC information and will be used to prioritise backlog maintenance and capital expenditure going forwards.

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

An Impact Assessment has not been carried out.

2.3.6 Climate Emergency & Sustainability Impact

There is no immediate impact on climate emergency and sustainability although there is a preference going forward to reuse existing buildings rather than replacement given the embodied carbon created during the construction period.

2.3.7 Communication, involvement, engagement and consultation

A post was published on Blink in September 2023 and following a discussion at Area Partnership Forum, an NHS Fife website has been developed [Reinforced Autoclaved Aerated Concrete \(RAAC\) | NHS Fife](#) to provide information in a transparent manner. It is likely that this resource will be updated with the information included in this paper as soon as reasonably possible.

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.

- Estates & Facilities Senior Management Team on 25 October 2023
- Executive Director Group on 2 November 2023
- Fife Capital Investment Group on 8 November 2023

2.4 Recommendation

This paper is provided to members for:

- **Assurance** - For members' information.

Following approval at Fife Capital Investment Group, the paper will be considered by the following groups:

Fife Clinical Governance Committee
Staff Governance Committee
Area Partnership Forum/Local Partnership Forum
Health & Safety Sub-Committee

3 List of appendices

The following appendices are included with this report:

- Appendix No. 1, Sample Survey Report
- Appendix No. 2, Sample Risk Assessment

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot

INSPECTION REPORT R006

ISSUE DATE:	10 August 2023	CONFIDENTIALITY:	Confidential
SUBJECT:	RAAC Discovery Inspection		
PROJECT:	NHS Scotland Assure RAAC Investigations	AUTHOR:	#012
CHECKED:	#003	APPROVED:	#003

SUMMARY DETAILS

NHS Board:	NHS Fife	
Site Code:	F810H	
Site Name:	Lynebank Hospital	
Block No.:	D0	
Block Name:	Main Building	
Inspection Date:	03/08/2023	
Structural Engineers	#003	#012
NHS Estates	Robert Terry	
Summary Status	RAAC observed	Action required as noted





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INTRODUCTION

This report has been prepared to summarise the findings of a visual structural inspection carried out at the property described above. The purpose of the inspection was to establish whether Reinforced Autoclaved Aerated Concrete (RAAC) is present in representative locations and to make observations about the condition of RAAC in those locations. This report is not intended to be an appraisal of the whole structure, nor is it intended to report on structural matters unrelated to RAAC. Should those services be required by NHS Scotland Assure then a separate report should be commissioned.

The inspection was conducted from ground level externally and from floor level internally, except where ladders were used to view above suspended ceilings. It should be noted that ceilings tiles were taken down in a limited number of locations, because the building remained live and because the asbestos management plan indicated that some locations were unsuitable for inspection. Nevertheless, in our opinion sufficient locations were inspected to decide whether RAAC was present or not.

Our report reflects the building and its condition at the time of inspection, however if RAAC becomes wet or is overloaded it will become distressed, and its capacity will reduce. For this reason, the building fabric, including the rainwater goods, must be regularly maintained and access to floors and roof structures should be managed.

The reader may not assume that locations not expressly described in this report are free from defects, damage, and distress. Nor can it be guaranteed that RAAC is not present in locations that were not viewed.

This report is for the exclusive use of NHS Scotland Assure and shall not be relied upon by third parties without the permission of WSP expressed in writing.

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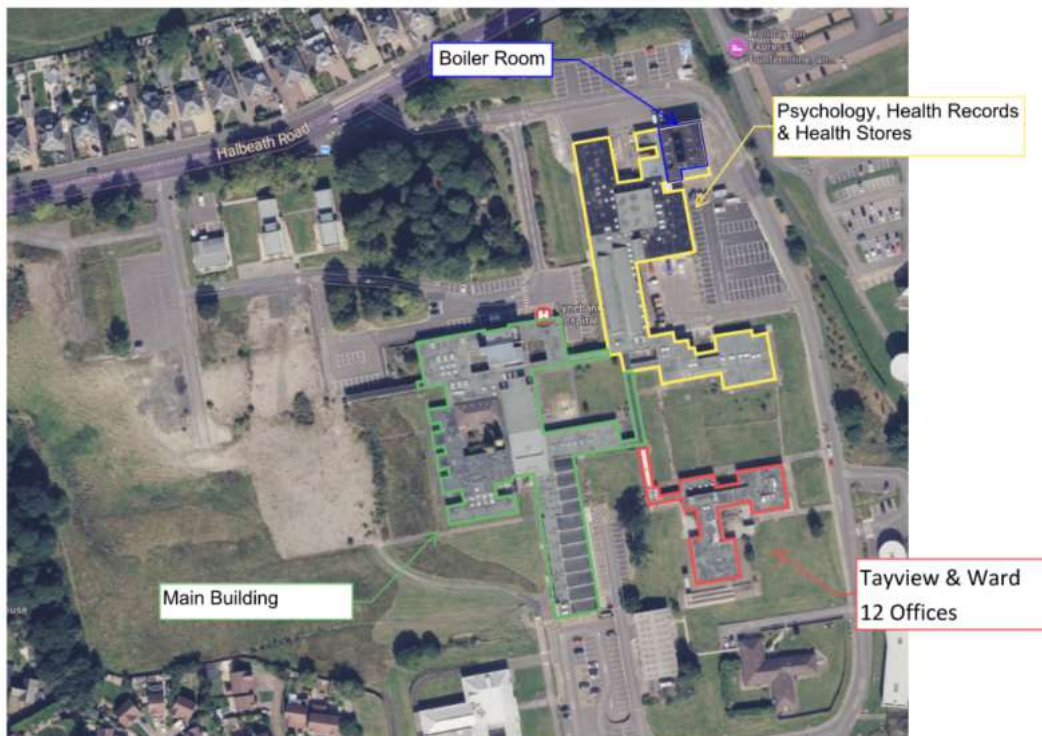
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INSPECTION LOCATIONS

The floor plan below shows locations where the structure was observed from inside the ceiling void. Only voids positively identified as being free from asbestos in the relevant report were considered for inspection. Some of those were in rooms that were in use at the time of our visit and consequently these were not selected for inspection. Locations with fixed plasterboard ceilings, and no access hatches, were also discounted as no intrusive works were to be undertaken.

The locations that were viewed were consistent with the building being a system build. For this reason, it is reasonable to assume that they are representative of the structure. We do not foresee a need to view additional locations in the building for the purpose of RAAC Discovery.

Site Plan



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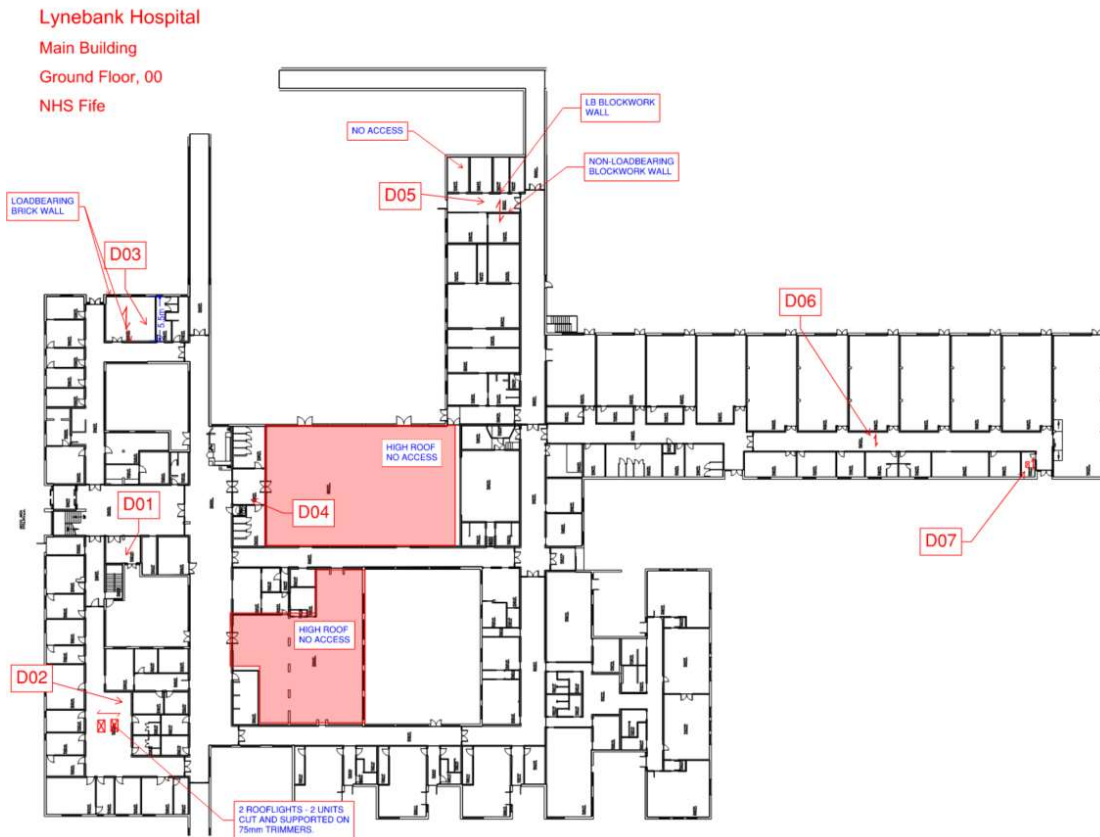
ISSUE DATE:	10 August 2023	CONFIDENTIALITY:	Confidential
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OBSERVATIONS

Lynebank Hospital is formed of multiple buildings constructed as one project circa mid-1970s. This inspection report includes only Block D0 – Main Building.

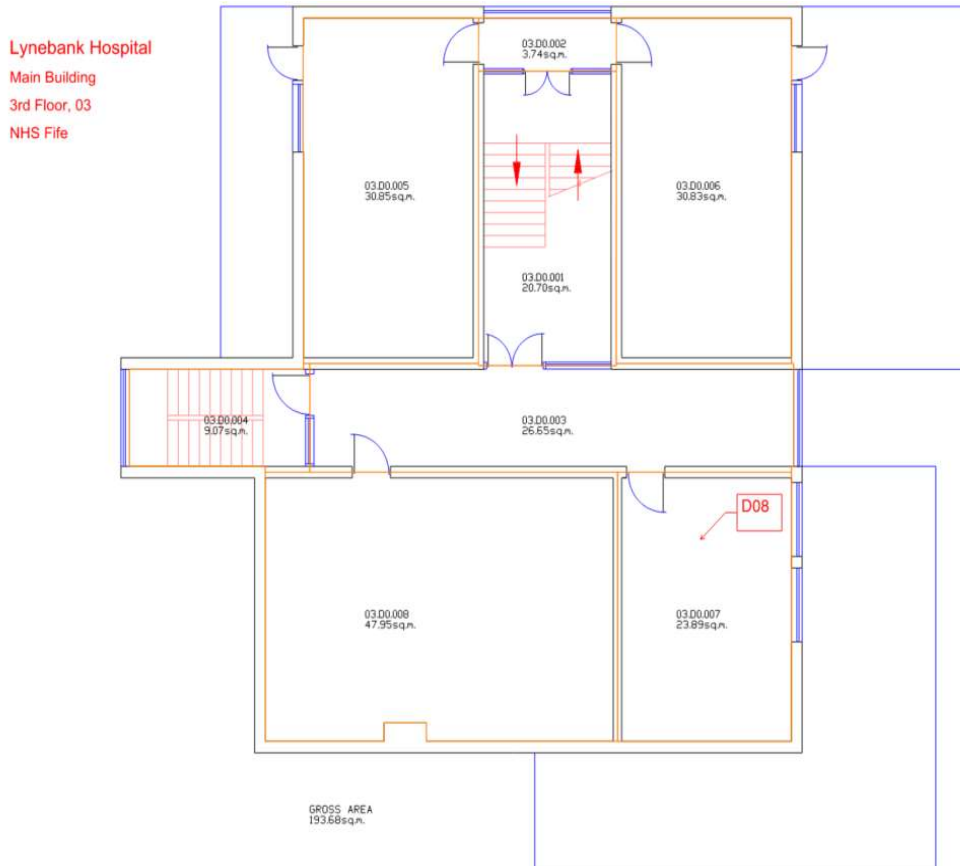
The multistorey central portion of the main building which houses the main entrance was constructed from reinforced cast in-situ concrete and the single storey surrounding buildings were formed from RAAC roof slabs supported on load bearing block or brick walls with precast concrete lintels or steel beams where walls were not present. Rooflights were present in the single storey roofs but most of these have been covered by suspended ceilings. The upstands to the rooflights appear to have been formed from timber and chipboard or plywood.

Block D0 – Main Building



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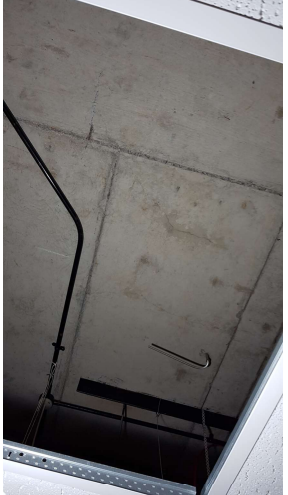

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Block D0 – Main Building

Location	Comments	Image
D01	<p>RAAC not observed No action</p> <p>Reinforced cast in-situ concrete flat slab observed above the ceiling in the central main building.</p>	
D02	<p>RAAC observed Medium risk – Inspect annually</p> <p>RAAC slabs supported on 215mm brick wall. Units typically 600mm wide.</p> <p>There are two rooflights trimmed with 75mm wide steel box/angle, actual bearing of slabs not determined. Two no. RAAC slabs cut and supported on trimmer steel at each end of each rooflight.</p> <p>Services and ceilings fixed to RAAC slabs. One no. slab damaged by localised spalling around previous fixing.</p> <p>No evidence of transverse or longitudinal cracking or excess deflection noted. Nor was there any evidence of water ingress.</p>	



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<p>D03</p>	<p>RAAC observed</p>	<p>Medium risk - Inspect annually</p>	<p>RAAC slabs observed spanning 5.5m between loadbearing brick walls.</p> <p>Ceiling and nominal services fixed to 600mm wide slabs.</p> <p>Evidence of deflection at midspan. Slabs appeared dry with no staining.</p> <p>Slab in contact with brick partition wall in direction of span has 10mm spalling, though no reinforcement has been exposed.</p> <p>Bearing lengths on brick walls could not be determined.</p> 
<p>D04</p>	<p>RAAC not observed</p>	<p>No Action</p>	<p>Flat Reinforced Concrete slab supporting floor above of multistorey RC central section of main building.</p> 
<p>D05</p>	<p>RAAC observed</p>	<p>Low risk - Inspect in 3 years</p>	<p>RAAC observed above ceiling spanning between block walls. Slab bearing length unknown. Ceiling part supported on walls and part supported by slabs. Electrical conduits supported by slab.</p> <p>No water ingress, cracking, spalling or deflection observed.</p> 

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	Bearing length could not be determined.		
D06	RAAC observed	High risk - Action required	
<p>RAAC observed above ceiling. There is a gutter outlet through roof slab with evidence of prolonged water ingress around downpipe causing staining on slabs. Intrusive inspection/investigation is recommended to determine if supplementary support is needed and sources of water should be treated.</p> <p>Services prevent close inspection, and re-appraisal by endoscope should be considered. Bearing width could not be observed.</p>			
D07	RAAC observed	High risk - Action required	
<p>Rooflight at centre where two slabs have been cut. Two slabs have been cut and supported on steel trimmers, trimmer 75mm wide but it is not clear whether the full width has been used for bearing. That said, the span of trimmed units is short. There is evidence of water ingress to slab around rooflight. Water heater located directly below so may be causing issue.</p> <p>Transverse cracks noted adjacent to external wall location. However, slabs are short span.</p> <p>Action required in this location to determine bearing width, although supplementary support is expected to be required due to cracking. Sources of water ingress should also be treated.</p>			

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<p>D08 (Third Floor)</p>	<p>RAAC not observed No Action</p>	
<p>External Facade</p>	<p>RAAC not observed No Action</p>	

Reinforced concrete walls and roof observed.

External façade generally brick/block cavity wall with white rendered brick at the head.
Multi-storey section of the main building formed with reinforced cast in-situ concrete façade.



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CONCLUSIONS

In general, the RAAC panels that were viewed were dry, and did not deflect excessively. Nevertheless, there were locations where water ingress and localised distress was evident. It was not possible to determine the bearing length of the slabs in most cases.

For these reasons, the frequency of intervention and reinspection is outlined on a case-by-case basis. We have made determinations based on the decision matrices shown below in the next page.

The frequency of inspection should be increased to annually if the roof finishes or rainwater goods become compromised in the intervening period or if distress becomes evident. Our recommendation assumes that the roof and rainwater goods are inspected and cleaned during scheduled maintenance of the property and that access to the affected structures is controlled so that RAAC panels are not overloaded. If subsequent annual inspection was to reveal increased distress, then interventions should take place.

At location D06 where there appears to be long term water ingress better access to the slab is required to make an accurate assessment of its condition. Remedial action is also required to prevent further water ingress to the slab. Should the slab have significantly deteriorated, suitable remedial action should be made.

It is important to note that our assessment of condition reflects the locations that were inspected. Other locations may be in a different condition. A detailed inspection of all RAAC panels, including intrusive work to inspect bearings, is required to provide a comprehensive assessment.



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Risk assessment if water ingress is observed				
Deflection	Major Cracking or spalling	Minor cracking/ or spalling within 500mm of support	Minor cracking or spalling away from the supports	No visible defect
Deflection >span/100	Red	Red	Red	Red
Span/100<Deflection<span/200	Red	Red	Red	Red
Span/200<Deflection<span/250	Red	Red	Amber	Amber
Deflection<span/250	Red	Red	Amber	Amber

Risk assessment if NO water ingress is observed				
Deflection	Major Cracking or spalling	Minor cracking/ or spalling within 500mm of support	Minor cracking or spalling away from the supports	No visible defect
Deflection >span/100	Red	Red	Red	Red
Span/100<Deflection<span/200	Red	Red	Amber	Amber
Span/200<Deflection<span/250	Red	Amber	Green	Green
Deflection<span/250	Red	Amber	Green	Green

Assessment Category	Risk Category	
Red	Critical Risk	Requires urgent remedial works which may include taking out of use or temporary propping to allow the safe ongoing use of a building. Depending on the extent, this may be part or all of the building. Combined with awareness campaign for occupants including exclusion zones.
	High Risk	Requires remedial action as soon as possible. Combined with awareness campaign for occupants, which may include exclusion zones, signage, loading restrictions and the need to report changes of condition, e.g., water leaks, debris, change in loading etc
Amber	Medium Risk	Requires inspection and assessment on a regular basis, e.g., annually. Combined with awareness campaign for occupants, which may include signage, loading restrictions and the need to report changes of condition, e.g., water leaks, debris etc
Green	Low Risk	Requires inspection and assessment occasionally, say 3-year period depending on condition. Combined with awareness campaign for occupants, which may include signage, loading restrictions and the need to report changes of condition, e.g., water leaks, debris etc

¹ IstructE, 'Reinforced Autoclaved Aerated Concrete (RAAC) Investigation and Assessment – Further Guidance' 2023

RECORD OF GENERAL RISK ASSESSMENT (Based on HSE's five steps to risk assessment)				
Date of Assessment:	29/09/2023	Assessment Reference:	RAAC – LBH 01	
Department	Estates - RAAC	Assessment Revision:	Rev.00	
Manager Responsible	Paul Bishop			
Risk Assessor(s)	Billy Nixon, Jim Wishart, Bob Terry,			

Step 1(a)- Description of Task and Environment
The purpose of this risk assessment is to respond to the summarised findings of a visual structural inspection carried out by WSP to establish whether Reinforced Autoclaved Aerated Concrete (RAAC) is present in representative locations and to make observations about the condition of RAAC in those locations.
Utilising Inspection Reports R005 R006 – Lynebank Hospital, this risk assessment is a collaboration between stakeholders to assess the risks highlighted and identify what control measures would be proportional to the evaluated risk to both staff and patients.

Step 1(b) What are the hazards	Step 2- Who might be harmed & how	Step 3(a)- Current Controls	Step 3(b) Evaluate the risks
RAAC present within the buildings	Staff, Visitors, Users of LBH – RAAC planks failing due to water ingress – falling debris, plank failure	<ol style="list-style-type: none"> Structural Engineering Contractor to be employed to undertake more intrusive survey to determine accurate bearing lengths of RAAC Planks RAAC management strategy being created to carry out annual inspections of roof planks. Excessive deflection was not observed by WSP in majority of areas No evidence of moisture present or water ingress observed by WSP in majority of areas WSP advised triennially inspection for sections of the buildings Roof inspection and maintenance carried out annually 	Remote (1) x Major (4) Low Risk (4)
A01 – Bearing edge of cut slab less than recommended 75mm	Staff, Visitors, Users of LBH – RAAC planks failing due to limited bearing support – falling debris, plank failure	<ol style="list-style-type: none"> No evidence of transverse cracks at supports observed by WSP No evidence of water ingress observed by WSP No evidence of excessive deflection observed by WSP RAAC planks observed to be reasonable condition by WSP Acrow Prop with baton to be placed directly next to steel angle support sections to increase bearing size Monthly inspection of area to inspect for any potential debris or movement of Acrow Prop 	Remote (1) x Major (4) Low Risk (4)

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		13. No permitted access to roof area directly above RAAC plank identified while building is occupied(marked drawing on WSP report)	
A04 – Close inspection not possible due to height of ceiling void	Staff, Visitors, Users of LBH – RAAC planks failing due to water ingress – falling debris, plank failure	14. No evidence of excessive deflection observed by WSP 15. No evidence of cracking observed by WSP 16. No services or suspended ceiling mounted to RAAC planks 17. Installation of larger inspection hatch to allow better access to ceiling void 18. Potential water ingress to be investigated and remedied 19. Additional supports to be discussed once closer inspection has been carried out 20. Room is not continually occupied throughout the day. 21. No permitted access to roof area directly above RAAC plank identified while building is occupied(marked drawing on WSP report)	Unlikely (2) x Major (4) Moderate Risk (8)
A05 – Bearing edge of cut slab less than recommended 75mm	Staff, Visitors, Users of LBH – RAAC planks failing due to limited bearing support – falling debris, plank failure	22. No mention of excessive deflection observed by WSP 23. No mention of cracking observed by WSP 24. No mention of water ingress observed by WSP 25. Limited span of RAAC plank due to covering corridor area 26. All main services in ceiling void are supported from steel angles spanning the corridor 27. Monthly inspection of area to inspect for any potential debris or evidence of change in condition of RAAC planks at bearing ends	Remote (1) x Major (4) Low Risk (4)
A06 – Water ingress and deterioration of RAAC plank	Maintenance staff of LBH – RAAC planks failing due to water ingress – falling debris, plank failure	28. Acrow Prop x 2 with baton to be placed at bearing edge of RAAC planks to provide additional support 29. No public access and limited access into area by maintenance staff – approx 1hr per day 30. Potential water ingress to be investigated and remedied 31. No permitted access to roof area directly above RAAC plank identified while building is occupied(marked drawing on WSP report)	Unlikely (2) x Major (4) Moderate Risk (8)
A07 – Bearing edge of cut slab less than recommended 75mm, mechanical damage	Maintenance staff of LBH – RAAC planks failing due to limited bearing support – falling debris, plank failure due to mechanical damage	32. No evidence of water ingress observed by WSP 33. Acrow Prop with baton to be placed directly under area of mechanical damage 34. Monthly inspection of area to inspect for any potential debris or evidence of change in condition of RAAC planks at bearing ends 35. Roof-light plank section limited in length	Unlikely (2) x Major (4) Moderate Risk (8)

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A08 – Water ingress and deterioration of RAAC plank	Maintenance staff of LBH – RAAC planks failing due to water ingress – falling debris, plank failure	36. Old boiler house / clinical waste store / garages are not to be accessed regularly by staff 37. Decision to be made on full closure after additional survey.	Possible (3) x Major (4) Moderate Risk (12)
D06 – Bearing edge of plank less than recommended 75mm, water staining	Staff, Visitors, Users of LBH – RAAC planks failing due to water ingress – falling debris, plank failure	38. Potential water ingress to be investigated and remedied around gutter outlet through RAAC plank 39. Limited span of RAAC plank due to covering corridor area 40. Additional supports to be discussed once closer inspection has been carried out using endoscope due to amount of services 41. Monthly inspection of area to inspect for any potential debris or evidence of change in condition of RAAC planks at bearing ends	Unlikely (2) x Major (4) Moderate Risk (8)
D07 – Bearing edge of plank less than recommended 75mm, water staining	Staff, Visitors, Users of LBH – RAAC planks failing due to water ingress – falling debris, plank failure	42. Acrow Prop with baton to be utilised to support sections to increase bearing size and cracking 43. Limited span of RAAC plank due to covering corridor area 44. Potential water ingress either from roof-light or water heater to be investigated and remedied 45. Monthly inspection of area to inspect for any potential debris or evidence of change in condition of RAAC planks at bearing ends 46.	Unlikely (2) x Major (4) Moderate Risk (8)

Severity Likelihood	Negligible (1)	Minor (2)	Moderate (3)	Major (4)	Extreme (5)
Certain (5)	Low risk (5)	Moderate risk (10)	High risk (15)	High risk (20)	High risk (25)
Likely (4)	Low risk (4)	Moderate risk (8)	Moderate risk (12)	High risk (16)	High risk (20)
Possible (3)	Very low risk (3)	Low risk (6)	Moderate risk (9)	Moderate risk (12)	High risk (15)
Unlikely (2)	Very low risk (2)	Low risk (4)	Low risk (6)	Moderate risk (8)	Moderate risk (10)
Remote (1)	Very low risk (1)	Very low risk (2)	Very low risk (3)	Low risk (4)	Low risk (5)

Step 3(c)- What Further Action is Necessary? Step 4- Record Your Findings and Implement Them

Action Required	Person Responsible	Action Date	Action Taken	Completed Date
A01 – 1 x Acrow Prop with batons installed to support RAAC Plank	James Wishart	27/10/23	Acrow supports installed 20/11/23	21/11/23
A04 – Installation of larger inspection hatch to allow better access to ceiling void	James Wishart	27/10/23	Works complete 20/11/23	21/11/23

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A06 – Acrow Prop x 2 with baton to be placed at bearing edge of RAAC planks to provide additional support	James Wishart	27/10/23	Acrow supports installed w/e 20/10/23	20/10/23
A07 – Acrow Prop with baton to be placed directly under area of mechanical damage	James Wishart	27/10/23	Acrow supports installed w/e 20/10/23	20/10/23
A08 – Communicate closure of areas	James Wishart	27/10/23	Boilerhouse and coal stores(garages) locked off. Alternative location for clinical waste bins agreed, due to be locked off Friday 27th October.	27/10/23
D06 – Additional inspection with endoscope	James Wishart	27/10/23	Modular ceiling so no need for additional hatch. Additional supports and beams ordered ready for installation if required.	21/11/23
D07 – 1 x Acrow Prop with batons installed to support RAAC Plank	James Wishart	27/10/23	Acrow supports installed 20/11/23	21/11/23
Has the risk assessment been agreed with Manager responsible?			Yes	No
Manager responsible Signature & Date				
Have the findings of this risk assessment been communicated to all relevant people?			Yes: ✓	No:
Method(s) of communication: Emailed to stakeholders				
Risk assessment completed by:				
Signature(s): 				
How soon should this assessment be reviewed and how regularly afterwards?		Review immediately following an incident or if there have been significant changes in RAAC condition		

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Document: NHS Fife General Risk Assessment Form	Version: 1.0	Version Date: 11 December 2018
Author: NHS Fife H&S Team	Page 4 of 4	Review Date: 31 November 2022

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 11 January 2024
Title:	Integrated Performance & Quality Report – Staff Governance
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Planning & Performance Manager

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to:

- Annual Delivery Plan

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

- Safe, Effective and Person Centred

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

- Well Informed

2. Report Summary

2.1 Situation

This report informs the Staff Governance Committee of performance in NHS Fife and the Health & Social Care Partnership against a range of key measures (as defined by Scottish Government 'Standards' and local targets). The period covered by the performance data is up to the end of September for Vacancies; end of October for Sickness Absence; and end of November 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.

We have now transitioned to the Annual Delivery Plan for 2023/24. Improvement actions have been included in the IPQR: statuses for these actions are being collated and will be included in the IPQR and redistributed prior to going to the Committees. This streamlines local reporting for governance purposes with quarterly national reporting to the Scottish Government.

Following the Active Governance workshop held on 2 November 2021, a review of the IPQR started with the establishment of an IPQR review group. The key early changes requested by this group were the creation of a Public Health & Wellbeing section of the report and the inclusion of Statistical Process Control (SPC) charts for applicable indicators.

The list of indicators has been amended, with the most recent addition being for Adverse Events Actions Closure Rate, in the Clinical Governance section. A further addition relating to Establishment Gap (Staff Governance) is being considered.

A summary of the Corporate Risks has been included in this report. Risks are aligned to Strategic Priorities and linked to relevant indicators throughout the report. Risk level has been incorporated into Indicator Summary, Assessment section and relevant drill-downs if applicable.

The final key change identified was the production of different extracts of the IPQR for each Standing Committee. The split enables more efficient scrutiny of the performance areas relevant to each committee and was introduced in September 2022.

2.3 Assessment

Performance has been hugely affected during the pandemic. To support recovery, NHS Fife is progressing the targets and aims of the 2023/24 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2023. New targets have been devised for 2023/24.

The Staff Governance aspect of the report covers Sickness Absence and Personal Development Plan & Review (PDPR), and their current status is shown in the table below:

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.00%	Not achieving (7.39% in October)
PDPR	Monthly	80%	Not achieving (This is measured on a rolling 12-month basis)

2.3.1 Quality/ Patient Care

IPQR contains quality measures.

2.3.2 Workforce

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

2.3.3 Financial

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

2.3.4 Risk Assessment/Management

A mapping of key Corporate Risks to measures within the IPQR is provided via a Risk Summary Table and the Executive Summary narratives.

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

Not applicable.

2.3.6 Climate Emergency & Sustainability Impact

Not applicable.

2.3.7 Communication, involvement, engagement and consultation

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

The Staff Governance extract of the November IPQR will be available for discussion at the meeting on 11 January.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 4 January 2024 and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

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

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

3. List of Appendices

None

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Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

**Position (where applicable) at November 2023
Produced in December 2023**

Introduction

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

Amendments have been made to the IPQR following the IPQR Review. This involves changes to the suit of key indicators, a re-design of the Indicator Summary, applying Statistical Process Control (SPC) where appropriate and mapping of key Corporate Risks.

At each meeting, the Standing Committees of the NHS Fife Board is presented with an extract of the overall report which is relevant to their area of Governance. The complete report is presented to the NHS Fife Board.

The IPQR comprises the following sections:

- a. Corporate Risk Summary**
Summarising key Corporate Risks and status.
- b. Indicatory Summary**
Summarising performance against National Standards and local KPI's. These are listed showing current, 'previous' and 'previous year' performance, and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also a column indicating performance 'special cause variation' based on SPC methodology.
- c. Projected & Actual Activity**
Comparing projected Scheduled Care activity to actuals.
- d. Assessment**
Summary assessment for indicators of continual focus.
- e. Performance Exception Reports**
Further detail for indicators of focus or concern. Includes additional data presented in tables and charts, incorporating SPC methodology, where applicable. Deliverables, detailed within Annual Delivery Plan (ADP) 2023/24, relevant to indicators are incorporated accordingly.

Statistical Process Control (SPC) methodology can be used to highlight areas that would benefit from further investigation – known as 'special cause variation'. These techniques enable the user to identify variation within their process. The type of chart used within this report is known as an XmR chart which uses the moving range – absolute difference between consecutive data points – to calculate upper and lower control limits. There are a set of rules that can be applied to SPC charts which aid to interpret the data correctly. This report focuses on the 'outlier' rule identifying whether a data point exceeds the calculated upper or lower control limits.

MARGO MCGURK
Director of Finance & Strategy
03 January 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	2	3	-	-	◀▶	High
To improve the quality of health and care services	6	5	1	-	-	◀▶	Moderate
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate
Total	19	13	6	0	0		

Risk Key	
High Risk	15 - 25
Moderate Risk	8 - 12
Low Risk	4 - 6
Very Low Risk	1 - 3

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

Summary Statement on Risk Profile

On 28/11/23, the Board approved the addition to the Corporate Risk Register of the corporate risk associated with: **Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019**

This risk is assessed as Moderate level.

It is mapped to Strategic Priority 'To improve the quality of health and care services' and will be reported for assurance purposes to the Staff Governance Committee.

The current assessment indicates that delivery against 3 of the 4 strategic priorities continues to face a risk profile in excess of risk appetite.

Mitigations are in place to support management of risk over time with some risks requiring daily assessment.

Assessment of corporate risk performance and improvement trajectory remains in place.

b. Indicator Summary

Section	Indicator	Target 2023/24 2023/24 TBC		Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Benchmarking
Clinical Governance	Major/Extreme Adverse Events - Number Reported	N/A	-	Month	Oct-23	63	○	▼	▼	●
	Major/Extreme Adverse Events - % Actions Closed on Time	50%		Month	Oct-23	25.5%	●	▼	▼	●
	HSMR	N/A	-	Year Ending	Jun-23	0.96	●	—	—	●
	Inpatient Falls	6.95	(L)	Month	Oct-23	7.36	○	▼	▲	●
	Inpatient Falls with Harm	1.44	(L)	Month	Oct-23	1.88	○	▼	▲	●
	Pressure Ulcers	0.89	(L)	Month	Oct-23	1.44	○	▼	▼	●
	SAB - HAI/HCAI	18.8	(N)	Month	Oct-23	12.8	○	▼	▼	● QE Jun-23
	C Diff - HAI/HCAI	6.5	(N)	Month	Oct-23	3.2	○	▲	▲	● QE Jun-23
	ECB - HAI/HCAI	33.0	(N)	Month	Oct-23	44.6	○	▼	▼	● QE Jun-23
	S1 Complaints Closed in Month on Time	80%		Month	Oct-23	54.8%	●	▶	▼	● 2021/22
	S2 Complaints Closed in Month on Time	33%		Month	Oct-23	24.0%	○	▲	▲	● 2021/22
S2 Complaints Due in Month and Closed On Time	N/A	-	Month	Oct-23	20.0%	●	▲	▲	●	
Operational Performance	IVF Treatment Waiting Times	90%		Month	Sep-23	100.0%	●	▶	▶	●
	4-Hour Emergency Access (A&E)	95%	(N)	Month	Nov-23	74.1%	○	▶	▲	● Oct-23
	4-Hour Emergency Access (ED)	82.5%	(L)	Month	Nov-23	66.6%	●	▼	▲	● Oct-23
	Patient TTG % <= 12 Weeks	100%		Month	Oct-23	40.5%	●	▲	▲	● Sep-23
	New Outpatients % <= 12 Weeks	95%		Month	Oct-23	42.7%	●	▼	▼	● Sep-23
	Diagnostics % <= 6 Weeks	100%		Month	Oct-23	50.0%	●	▲	▼	● Sep-23
	Cancer 31-Day DTT	95%		Month	Oct-23	91.8%	○	▼	▲	● QE Jun-23
	Cancer 62-Day RTT	95%		Month	Oct-23	86.6%	○	▲	▲	● QE Jun-23
	Detect Cancer Early	29%		Year Ending	Dec-22	27.6%	●	▼	▲	● 2020, 2021
	Freedom of Information Requests	85%		Month	Nov-23	97.1%	●	▲	▲	●
	Delayed Discharge % Bed Days Lost (All)	N/A	-	Month	Nov-23	11.9%	●	▼	▲	● Oct-23
	Delayed Discharge % Bed Days Lost (Standard)	5%		Month	Nov-23	7.5%	○	▼	▲	● Oct-23
Antenatal Access	80%		Quarter	Sep-23	92.1%	●	▼	▼	● CY 2022	
Finance	Revenue Resource Limit Performance	(£23m)	-	Month	Nov-23	(£19.414m)	●	—	—	●
	Capital Resource Limit Performance	£12.077m	-	Month	Nov-23	£5.010m	●	—	—	●
Staff Governance	Sickness Absence	4.00%		Month	Oct-23	7.39%	○	▼	▼	● YE Jun-23
	Personal Development Plan & Review (PDPR)	80%	(L)	Month	Nov-23	42.6%	●	▲	▲	●
	Vacancies - Medical & Dental	N/A		Quarter	Sep-23	9.4%	●	▲	▼	●
	Vacancies - Nursing & Midwifery	N/A		Quarter	Sep-23	6.5%	●	▲	▲	●
	Vacancies - AHPs	N/A		Quarter	Sep-23	8.0%	●	▲	▲	●
Public Health & Wellbeing	Smoking Cessation (FY 2023/24)	473	(N)	YTD	Jul-23	61	●	—	—	● YT Mar-23
	CAMHS Waiting Times	90%		Month	Oct-23	74.3%	○	▲	▼	● QE Jun-23
	Psychological Therapies Waiting Times	90%		Month	Oct-23	66.8%	○	▼	▼	● QE Jun-23
	Drugs & Alcohol Waiting Times	90%		Month	Sep-23	89.3%	●	▲	▼	● QE Jun-23
	Flu Vaccination (Winter, Age 65+)	85%		Month	Nov-23	66.6%	●	▲	—	●
	COVID Vaccination (Winter, Age 65+)	85%		Month	Nov-23	65.7%	●	▲	—	●
	Immunisation: 6-in-1 at Age 12 Months	95%		Quarter	Jun-23	93.8%	○	▲	▼	● QE Jun-23
	Immunisation: MMR2 at 5 Years	92%		Quarter	Jun-23	89.8%	○	▲	▼	● QE Jun-23

Performance Key

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

SPC Key

○	Within control limits
○	Special cause variation, out with control limits
●	No SPC applied

Change Key

▲	"Better" than comparator period
▶	No Change
▼	"Worse" than comparator period
—	Not Applicable

Benchmarking Key

●	Upper Quartile
●	Mid Range
●	Lower Quartile
●	Not Available

c. Projected & Actual Activity and Long Waits

Better than Projected | Worse than Projected

Better/Worse may be higher or lower, depending on context

		Month End			Quarter End	Month End			Quarter End	Quarter End
		Jul-23	Aug-23	Sep-23	Sep-23	Oct-23	Nov-23	Dec-23	Dec-23	Mar-24
ED 4-hour Performance (VHK only)	Projected	71.8%	73.1%	74.6%		75.8%	77.0%	78.5%		
	Actual	69.0%	72.2%	65.1%		66.8%	70.1%			
	Variance	-2.8%	-0.9%	-9.5%		-9.0%	-6.9%			
Elective Activity Diagnostics	Projected	5,121	5,121	5,121	15,363	5,121	5,121	5,121	15,363	15,363
	Actual	5,048	5,422	5,118	15,588	5,412				
	Variance	-73	301	-3	225	291				
Elective Activity New Outpatients	Projected	7,565	7,340	7,432	22,337	7,421	7,432	7,421	22,274	22,308
	Actual	6,414	7,942	7,224	21,580	7,090				
	Variance	-1,151	602	-208	-757	-331				
Elective Activity TTG	Projected	1,144	1,144	1,145	3,433	1,162	1,162	1,163	3,487	3,492
	Actual	918	1,294	1,077	3,289	1,109				
	Variance	-226	150	-68	-144	-53				
Long Waits Diagnostics > 26 weeks	Projected	94	79	63	63	42	26	10	10	0
	Actual	152	165	165	165	160				
	Variance	58	86	102	102	118				
Long Waits New Outpatients > 104 weeks	Projected	0	0	74	74	120	166	212	212	352
	Actual	1	2	2	2	2				
	Variance	1	2	-72	-72	-118				
Long Waits New Outpatients > 78 weeks	Projected	213	276	339	339	509	679	849	849	1358
	Actual	117	186	255	255	301				
	Variance	-96	-90	-84	-84	-208				
Long Waits TTG > 104 weeks	Projected	21	43	67	67	102	136	173	173	351
	Actual	20	20	17	17	25				
	Variance	-1	-23	-50	-50	-77				
Long Waits TTG > 78 weeks	Projected	203	258	305	305	388	465	547	547	893
	Actual	99	127	133	133	154				
	Variance	-104	-131	-172	-172	-234				
Arthroplasty 4 joint sessions	Projected				25.0%				25.0%	25.0%
	Actual	17.0%	14.0%							
	Variance									
Same Day Procedures Knee Arthroplasty	Projected				1.9%				1.9%	1.9%
	Actual									
	Variance									
Same Day Procedures Hip Arthroplasty	Projected				4.3%				4.3%	4.3%
	Actual									
	Variance									
Cancer Waiting Times 31-Day	Projected				94.1%				94.3%	94.5%
	Actual	94.7%	90.6%							
	Variance									
Cancer Waiting Times 62-Day	Projected				82.8%				85.0%	85.4%
	Actual	77.9%	77.1%							
	Variance									
CAMHS 18 Weeks RTT	Projected	85.0%	85.0%	70.0%		70.0%	70.0%	60.0%		
	Actual	71.0%	66.5%	68.4%		67.9%				
	Variance	-14.0%	-18.5%	-1.6%		-2.1%				
CAMHS Waiting List <= 18 weeks	Projected	230	218	228	228	232	257	235	235	200
	Actual	201	179	197	197	184				
	Variance	-29	-39	-31	-31	-48				
CAMHS Waiting List > 18 weeks	Projected	113	133	98	98	77	86	42	42	0
	Actual	82	90	91	91	87				
	Variance	-31	-43	-7	-7	10				
Psychological Therapies 18 Weeks RTT	Projected	65.2%	65.1%	73.5%		69.3%	68.2%	71.0%		
	Actual	53.4%	54.3%	54.8%		54.3%				
	Variance	-11.8%	-10.8%	-18.7%		-15.0%				
Psychological Therapies Waiting List <= 18 weeks	Projected	888	888	888	888	888	888	888	888	888
	Actual	1408	1497	1480	1480	1404				
	Variance	520	609	592	592	516				
Psychological Therapies Waiting List > 18 weeks	Projected	1625	1591	1569	1569	1609	1596	1680	1680	1604
	Actual	1227	1260	1219	1219	1184				
	Variance	-398	-331	-350	-350	-425				
Psychological Therapies Waiting List > 52 weeks	Projected	201	183	165	165	147	129	111	111	57
	Actual	262	262	251	251	278				
	Variance	61	79	86	86	131				

d. Assessment

STAFF GOVERNANCE



To improve staff experience and wellbeing

2



Moderate

Target Current

Sickness Absence

To achieve a sickness absence rate of 4% or less

4.00%

7.39%

Sickness absence has increased from 6.93% in September to 7.39% in October 2023, this is 0.84% higher than the same month in 2022. Short-term absence has decreased from 3.24% in September to 3.08% in October 2023. There has been an increase in long term absence from 3.69% In September to 4.30% in October 2023, which is the highest figure since April 2023.

Most sickness absence episodes and hours lost related to mental health related reasons for absence. (29.3%)

One Directorate, Community Care has an absence rate above 9% and both Planned Care and Emergency Care Directorates have a rate of above 8%.

Service Narrative

The Attendance Management training programme continues to be delivered in partnership to groups of managers within NHS Fife to complement the Turas LEARN NHS Scotland Attendance eLearning module. The uptake of training has been high, which has led to additional sessions being offered and bespoke sessions arranged.

Responding to the analysis of our absence trends, this refreshed programme incorporates a range of support packages available to help support staff's mental health, including resources available on the Healthy Working Lives website, plus the Live Positive - Stress Management Toolkit. Attendance Review Panels are scheduled across NHS Fife with discussion on attendance cases, providing opportunities for shared learning and assurance on consistency of approach and best practice.

The Mental Health Occupational Health Nurse is now offering a light touch service from a 'wellbeing' practitioner perspective, to provide an opportunity to advise on self help tools to aid the promotion of mental wellness and / or recommend enhanced sign posting to additional services that may be relevant for staffs' mental wellbeing whilst awaiting counselling or other interventions.

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

80%

42.6%

Compliance has increased to 42.6% in November, an increase of 0.5% from month prior and +9% on the same month in 2022. Compliance has increased every month since January 2023.

Compliance was highest in HSCP, (Complex & Critical) at 55.9% whilst in Acute Services all areas saw increases. One area showed compliance of <30% - Emergency Care (25.4%)

The number of reviews held in November rose to 295 (from 266), this represents an increase of 42.5% since November 2022. Performance remains at approximately half of the national standard of 80%.

Service Narrative

Communications have now been issued to all members of staff who have not recorded a PDPR/Appraisal in the last 18 months outlining the requirement to engage in the PDPR process. Work is now underway to inform all members of staff who have not yet recorded a PDPR in Turas Appraisal since its launch in 2018. Once this work has been completed, communications will be issued to reviewers who are responsible for any member of staff who does not have an up-to-date Appraisal recorded encouraging engagement. Turas Appraisal Lunchtime Bytes sessions are provided on a monthly basis however there has been a drop in attendance levels in the last 3 months. The Turas Appraisal eLearning is in the final review phase and will be launched before the end of this year. We are now entering the winter period where service pressures will place a higher level of demand on many members of staff. This could place additional challenges in relation to increasing the level of engagement in PDPR before 31st March 2024.

Reduce the number of vacancies in the following professions:

Vacancies

<i>Medical & Dental (M&D)</i>		9.4%
<i>Nursing & Midwifery (N&M)</i>		6.5%
<i>Allied Health Professionals (AHPs)</i>		8.0%

Medical & Dental WTE vacancies saw no change from the June figure of 30.2 to 30.2. The largest % of vacancies falls within a single area of General Psychiatry at 8.9%.

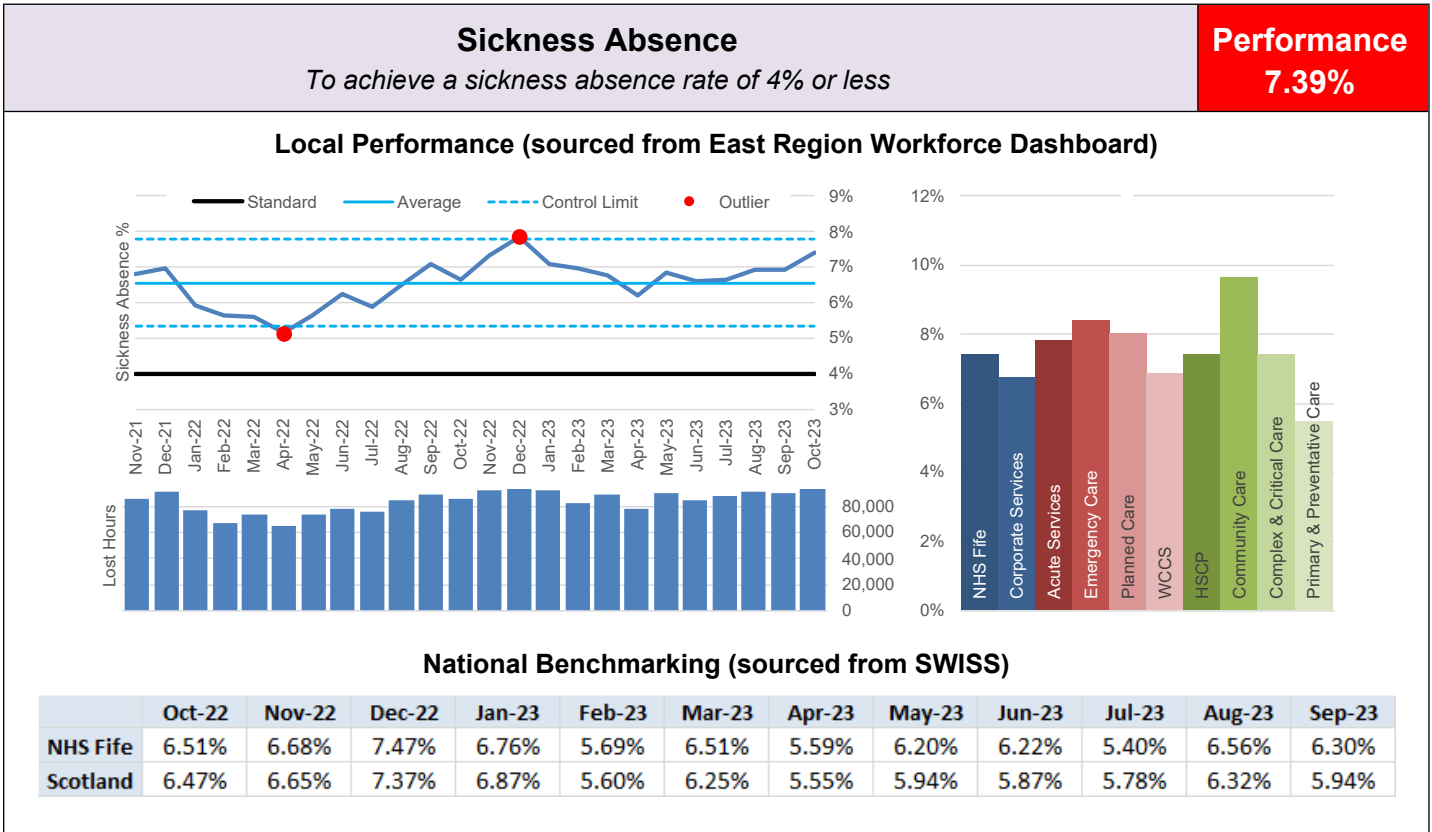
Nursing & Midwifery WTE vacancies has seen a significant decrease for this reporting quarter dropping from 507.7 WTE to 282.1 WTE. 53% of vacancies are for qualified staff Band 5 - Band 7.

AHP WTE vacancies have decreased to their lowest level since March 2022 (61.1 WTE). The largest number of vacancies lie within Physiotherapy and Occupational Therapy.

Service Narrative

Actions continue to support efforts to recruit to vacancies within NHS Fife and to promote Fife as a place to live and work, including weekly "Spotlight" on jobs on social media and our #nhsfifelifechanger features. A successful mass recruitment event held on 1 June 2023, to support workforce sustainability, attracted over 350 applicants, with over 100 offers of employment made to date. Candidates have undergone pre-employment checks with 71 start dates being confirmed and allocated to services based on priority of need and skill mixed required.

e. Performance Exception Reports



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Delivery of Staff Health & Wellbeing Framework aims for 2023 to 2025					Mar-25
Key Milestones	Draft Staff Wellbeing action plan developed for consideration by NHS Fife Staff Health & Wellbeing Group, NHS Fife Area Partnership Forum, NHS Fife Staff Governance Committee				Jan-24
	Agreed evaluation and metrics in place for measuring outputs of staff health & wellbeing activities, including sustained reduction in absence levels, initially targetting 6% in 2023/24.				Mar-24
	Review of Action Plan to inform development of 24/25 aims				Mar-24
Growth of OH services and establishment of resources to assure function sustainability meets the changing needs of the organisation and supports the delivery of care goals through a variety of services including mental health / wellbeing / fatigue management support					Jan-24
Key Milestones	Review and retention of bank and admin fixed term contracts				Jan-24
	Review of OH provision as part of Directorate service change proposals completed, taking account of succession planning, service resilience and diversification of service provision to support staff health and wellbeing within NHS Fife				Jan-24
	Examine the effects of diversification of service provision and implications on OH Team resources				Mar-24

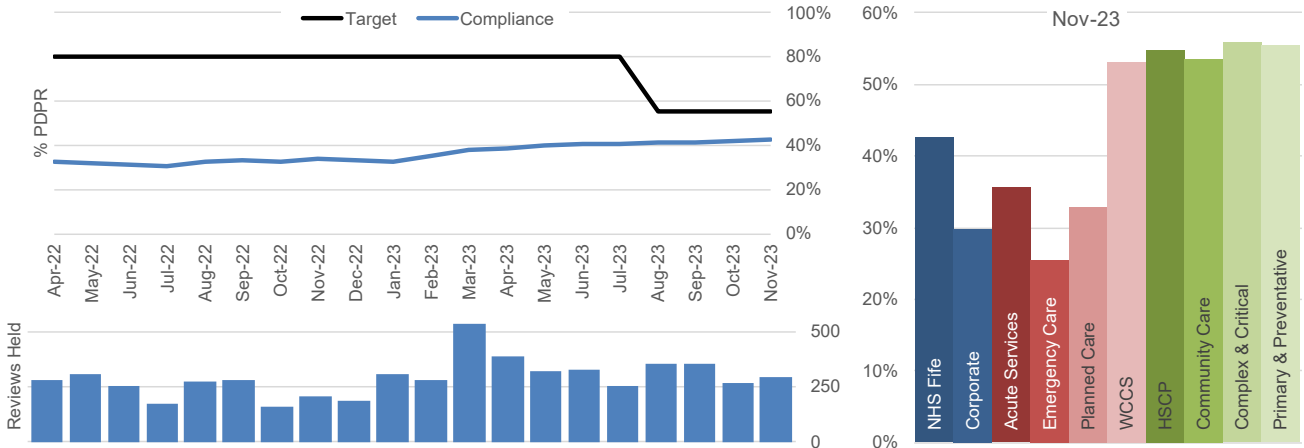
STAFF GOVERNANCE

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%

Performance
42.6%

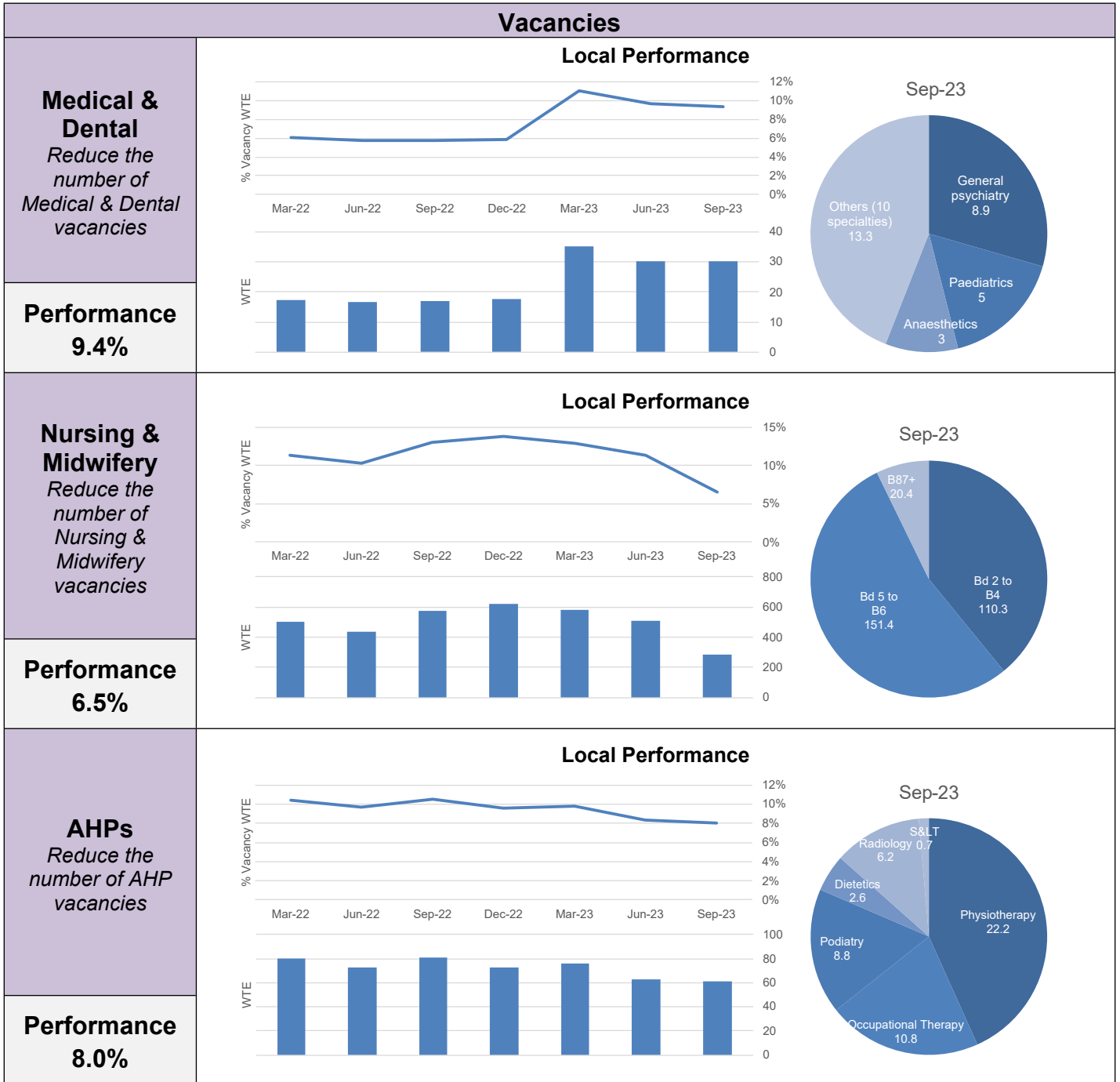
Local Performance



	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
NHS Fife	33.3%	32.3%	35.0%	37.9%	38.3%	39.8%	40.3%	40.4%	41.2%	41.3%	42.1%	42.6%
Corp.	26.9%	26.3%	26.3%	25.6%	24.1%	27.6%	29.2%	29.5%	29.8%	29.7%	32.6%	32.4%
Acute	35.0%	34.5%	35.2%	36.6%	36.0%	36.2%	35.3%	34.0%	34.4%	33.8%	34.2%	35.5%
HSCP	36.0%	34.3%	40.2%	46.7%	49.1%	50.5%	51.5%	52.5%	53.6%	54.5%	54.4%	54.8%

Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Create and Nurture a Culture of Person Centred Care					Mar-26
Key Milestones	Development of Leadership Development framework completed				Mar-24
	Review of OD function delivery as part of Directorate service change proposals completed				Sep-23
	Stakeholder Engagement on the development of a behavioural framework completed				Dec-23
	Proposals developed for a programme to embed a behavioural framework delivered				Mar-24

STAFF GOVERNANCE



Key Deliverable					End Date
Off track	At risk	On track	Complete	Suspended	Proposed
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Bank Governance – Enhanced Management & Staff Bank Consolidation					Dec-24
Key Milestones	Bank & Agency Programme Board established and project plan developed				Apr-23
	Plans delivered to exit off contract Agency use				Jun-23
	Escalation Process revised to reflect Agency utilisation changes				Jun-23
	Bank Consolidation proposals finalised and implementation commenced				Mar-25
	Bank Model changes fully in place and operating as Business as Usual				Mar-25

Delivering Anchor Institution workforce aims - Promoting employability priorities		Mar-25
Key Milestones	Identification of future Modern Apprenticeship programme numbers for 2023/24	Jul-23
	Representation on new national workstreams agreed	Aug-23
	Employability Model of delivery review completed	Sep-23
	Review of MA target numbers in line with key stakeholders	Oct-23
	Other programme aims for 2023/24 and 2024/25 identified and progressed in line with Workforce Planning priorities	Mar-24
Attracting & Recruiting Staff to deliver Population Health & Wellbeing Strategy; Recruitment Shared Services Implementation Consolidation & enhanced International Recruitment service		Mar-27
Key Milestones	Performance Oversight Group established to oversee Shared Services Agreement	Apr-23
	Internal Recruitment Performance Reporting established	Sep-23
	Review of International Recruitment programme to inform 24/25 ambitions	Jan-24
Further developing agile working and use of digital solutions in Directorate through investment in Workforce Analytics provision to support series of org. priorities, including Safe Staffing and eRostering Programmes		Mar-24
Key Milestones	Development of Workforce Dashboard reporting to support Bank & Agency programme	Jul-23
	Creation of on line Workforce information overview accessible within NHS Fife	Mar-24
	Review of Workforce Analytics as part of Directorate service change proposals completed	Mar-24
	Coordination of recruitment activity with Graduate Apprenticeship Schemes	Dec-23
	Develop proposals for business as usual support for the eRostering system	Aug-23
	Production of workforce information to support workforce planning and service delivery, including safe staffing reporting requirements	Mar-24
Development of improved digital processes i.e. online pre-employment and management referrals programmes		Dec-25
Key Milestones	Pilot for pre-employment module live within NHS Fife	Jun-23
	Evaluation of initial pre-employment module activity and planning for further phasing within NHS Fife	Sep-23
	Evaluation of next phase of pre-employment module activity and planning for further phasing within NHS Fife. Agreement of initial cohort for management referrals	Dec-23
	Evaluation of pre-employment module activity and of initial cohort for management referrals	Mar-24

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 11 January 2024
Title:	NHS Fife Draft Staff Health & Wellbeing Action Plan 2023-2025
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This report is presented to Staff Governance Committee for:

- Decision

This report relates to:

- Annual Delivery Plan
- Government policy / directive
- Local policy
- National Health & Wellbeing Outcomes / Care & Wellbeing Portfolio

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

- Safe, Effective, and Person Centred

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

- Provided with a continuously improving & safe working environment, promoting the health and wellbeing of staff, patients and the wider community.

2. Report Summary

2.1 Situation

Staff Governance Committee members will be aware of the on-going work in respect of staff health and wellbeing through previous reports to the Committee. The attached draft Staff Health and Wellbeing Action Plan attached at Appendix 1 has been developed to implement the ambitions in respect of staff health and wellbeing which are set out in the Staff Health & Wellbeing Framework for 2022 to 2025. The purpose of bringing the draft Action Plan to the Committee is to request comments on the content prior to publication.

2.2 Background

Given the importance of and continued focus on staff health and wellbeing generally and in the context of the legacy of the pandemic, setting out our intentions as an employer is key.

The Action Plan aligns to the commitments set out in the three year Workforce Plan, Annual Delivery Plan and National Workforce Strategy, with the emphasis on the “Nurture” pillar of the five pillars of the workforce journey.

2.3 Assessment

The draft Action Plan sets out the focus and structure for staff health and wellbeing activity within the Board and takes account of current and evolving work in this area.

In addition, the draft demonstrates a commitment to the provided with a continuously improving & safe working environment, promoting the health and wellbeing of staff, patients and the wider community strand of the NHS Scotland Staff Governance Standard.

2.3.1 Quality, Patient and Value-Based Health & Care

Providing support for the workforce is an essential component of our approach to staff health and wellbeing. As set out in the Staff Health and Wellbeing Framework, evidence suggests that the longer term provision. In addition, healthier staff may have long term benefits in terms of future patient population, impact on health services and on sickness absence rates.

2.3.2 Workforce

Having a defined Action Plan to accompany the Staff Health and Wellbeing Framework will be beneficial for staff within the Board and in terms of the aspirational employer of choice ambition.

This report contributes to the provided with a continuously improving & safe working environment, promoting the health and wellbeing of staff, patients and the wider community strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Any bids for on-going support will be progressed in line with Board requirements for Fife Health Charity funding or as formal business cases to EDG.

2.3.4 Risk Assessment / Management

There is a risk that inadequate staff support provision may impact on staff attendance and on our ability to attract and retain staff in the longer term.

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

The draft Action Plan is aligned to wider strategic ambitions detailed within the Population Health and Wellbeing Strategy and supports the Board’s role as an Anchor Institution.

2.3.6 Climate Emergency & Sustainability Impact

The draft Action Plan is aligned to the aims and targets outlined by the [NHS Scotland Climate Emergency & Sustainability Strategy](#), by supporting active travel and Cycle to Work initiatives.

2.3.7 Communication, Involvement, Engagement and Consultation

The draft Action Plan was developed in partnership with the Staff Health & Wellbeing Group and takes account of expert input from Occupational Health, Psychology and Spiritual Care staff.

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. The Area Partnership Forum has also had the opportunity to comment on the draft.

- NHS Fife Staff Health & Wellbeing Group, various dates during 2023

2.4 Recommendation

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

- **Endorse** the Draft Staff Health & Wellbeing Action Plan for publication.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Draft Staff Health & Wellbeing Action Plan

Report Contact:

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



Staff Health & Wellbeing Action Plan

December 2023 – March 2025

well ^{to} work

Introduction

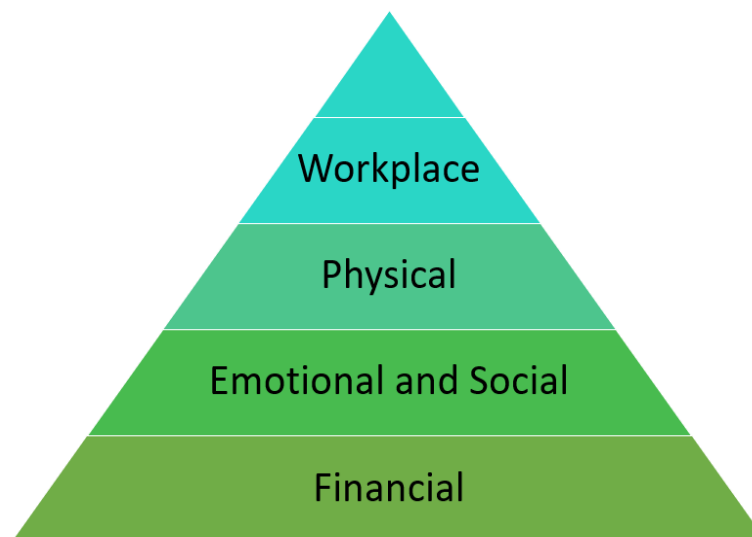
NHS Fife's Staff Health and Wellbeing Action Plan set out below details the actions which NHS Fife will prioritise over the period to March 2025 and takes account of the content of the Staff Health and Wellbeing Framework for 2022 to 2025. Published in November 2022, the Framework aligned our staff health and wellbeing aspirations to the Four Pillars of Wellbeing and this Action Plan also focuses on the Nurture aim of the five pillars of the Workforce reflected in the National Workforce Strategy for Health and Social Care in Scotland, published in March 2022.

The Five Pillars of the Workforce



Four Pillars of Wellbeing

NHS Fife's Staff Health and Wellbeing Framework is an integral component of our Workforce Plan and meets the overall NHS Fife objective of improving physical and mental wellbeing through access to workplace and related staff support services. It also supports the NHS Scotland Staff Governance Standard, particularly the strand: Provided with a continuously improving and safe working environment, promoting the health and wellbeing of staff, patients and the wider community and NHS Fife's values, alongside the aims of NHS Fife's Population Health and Wellbeing Strategy 2022 and the ambition of the Board to become an Anchor Institution.



The Health and Wellbeing of people working in health and care depends on our drive and commitment to create and sustain good work and positive, safe and supportive environments in which to work and practice and we want to do this well. It is important to have the right support in place at the right time, with both informal and formal options. This in turn can help to provide and sustain the highest possible quality contribution to health and care for the population of Scotland.

‘Wellbeing’ encompasses the individual, plus their social and structural work conditions. By working together to develop quality work and working environments, we know that the experience of employees can be positively impacted, by helping to optimise individuals’ health and wellbeing.

We can achieve this by working closely together, listening to and learning from each other about best practice, and collaborating to achieve a positive working experience for all staff. This is in the knowledge that early intervention and support is key.

Best practice in health and social care attends to the whole person; the physical, emotional, social and spiritual aspects of human living. Spiritual Care is a core and fundamental component of person-centred care. When the physical, emotional, social and spiritual needs are expressed, identified and addressed, staff can experience a greater sense of personal wellbeing and resilience when dealing with ill health or other issues.

In addition, this Action Plan reflects **Priority 3** of the NHS Fife Population Health and Wellbeing Strategy: **Improve staff experience and wellbeing - we value and look after our staff**. In relation to the specific objective:

- Continue to support our staff with their practical health and mental wellbeing.

Our staff health and wellbeing work is being informed by the NICE guidelines on Mental Wellbeing at Work <https://www.nice.org.uk/guidance/ng212>

This is underpinned by the principles of:

1. Promoting mental wellbeing,
2. Preventing poor mental health and
3. Providing interventions where needed

The content of this document may be subject to change, given the current consultation (Autumn 2023) on the proposed Improving Wellbeing and Culture Framework and Action Plan for NHS Scotland.

NHS Fife is committed to ensuring a planned approach towards the provision of a healthy and safe working environment to support staff in maintaining and enhancing their personal health and wellbeing at work and creating a great place to work by being “Healthy, Happy and Here”.

NHS Fife Actions

Over the period to March 2025, we will concentrate on our core, existing staff health and wellbeing provision, aligned to the Anchor Strategic Plan and our commitment as one of the largest employers in Fife, our actions to support the wellbeing of our workforce will also benefit local population health. This Action Plan is also aligned to the Four Pillars of Wellbeing and the Nurture pillar of the National Workforce Strategy for Health and Social Care in Scotland.

What we will achieve:

Supporting staff with early wellbeing support through regular discussion and signposting with resources such as the Mental Health In the Workplace tools, Step on Stress, the Access Therapies Fife and the Mind to Mind websites, the Active Transport Framework and the Health & Safety Executive Talking Toolkit – learning lessons from the pilots to help within other areas

Promotion of our existing Mindfulness video clips and our TURAS Learn online resources on Compassionate Leadership, Resilience and Self Care

Maximising the use of our Staff Hubs (at Adamson, Glenrothes, Queen Margaret, Randolph Wemyss Memorial, St Andrews Community, Victoria and Whyteman’s Brae Hospitals) and our staff rest areas

Promoting everyday physical activity opportunities for staff through the workplace through us of our outdoor spaces and site walks and via our partnership with Fife Sports and Leisure Trust and Active Travel

Supporting the Staff Health and Wellbeing Groups

Piloting the Staff Pantries at Queen Margaret and Victoria Hospitals and acting on the results

Supporting staff with financial wellbeing through the output of the Boost Your Income Campaign, the NHS Credit Union and other resources

Providing Menopause support for staff as one of their key requests

Making best use of the Energy Pods on the Victoria Hospital site

Fostering support for our Wellbeing Champions

Establishing the Values Based Reflective Practice® approach throughout NHS Fife

Providing additional wraparound wellbeing support where opportunities exist and widening the opportunity for wellbeing, focusing on self care skills and tailored to the needs of specific staff groups and designed to improve resilience

Supporting staff with smoking cessation

What we will achieve:

Contributing to workplace sustainability initiatives

Making sure those staff who require it, have direct access to or are referred to the relevant service – Occupational Health, including self referral to Counselling and Physiotherapy, Peer Support, Staff Listening, Spiritual Care and our Psychology Staff Support Service

Promoting Trauma Informed practice and operating in an environment where psychological safety is practised

Supporting a culture of compassionate leadership

Remember that the small things mean a lot to staff, such as breaks, leaving work on time and holidays

We will continue to work collaboratively with our partners such as the Health and Social Care Partnership, the Healthy Working Lives Fife Team, the National Wellbeing Champions Network, and the new Fife Employers' Wellbeing Network, to ensure that we promote opportunities for our staff in the key areas set out within the NHS Fife Staff Health and Wellbeing Framework.

How we'll know we've been successful:

Staff feel well informed about the help and resources available to support their health and wellbeing

Staff are confident about accessing the range of staff support services available within NHS Fife

There is a reduction in the number of staff absent due to stress and in staff absence due to Musculo Skeletal issues, with early intervention and prevention as far as possible

Mental Health and Wellbeing is discussed openly and staff are confident about seeking help when they need it

A trauma informed approach is consistently promoted

Staff are able to manage and balance changing demands in work and outside of work

There will be a range of physical activity opportunities available, which suit the various needs of staff

How we'll know we've been successful:

Staff will report an increased sense of mental and physical wellbeing at work through feedback, evaluation and benchmarking of activities e.g. iMatter and local Health Needs Assessment

Wellbeing resources and toolkits will be well publicised and utilised

Our knowledge base of the health and wellbeing of our people and the effectiveness of interventions and support will be increased and will help to improve future staff health and wellbeing plans

Data and evaluation of how our core staff wellbeing supports, including: Occupational Health Services, Counselling and Physiotherapy, Peer Support, Staff Listening, Spiritual Care and our Staff Psychology Support Service are used and received by staff, will be available, alongside the impact of these services

Managers feel knowledgeable and confident to support staffs' health and wellbeing

This document supports our overall direction of travel, recognising that we are part way along our wellbeing journey and that we all have a role to play in supporting colleagues with their wellbeing. By taking small steps which mean a lot to staff and working through a continuous improvement approach, we can develop and sustain a healthier and happier workplace for our staff.

We are keen to hear your views about your wellbeing:

You can leave feedback here – (QR code to be added) or via the W@W e-mail address: fife.wellatwork@nhs.scot

“There is no single intervention that would resolve staff health and wellbeing within the NHS, but indicators of common characteristics across a range of organisational interventions that can impact change include organisation-wide implementation, staff involvement in development, visible leadership, and long-term implementation.

Quote from NHS Employers Research findings (July 2023)

We provide accessible communication 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**

NHS Fife

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Meeting:	Staff Governance Committee
Meeting Date:	Thursday 11 January 2024
Title:	Internal Control Evaluation
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Jocelyn Lyall, Chief Internal Auditor / Barry Hudson, Regional Audit Manager

1. Purpose

This report is presented for:

- Assurance

This report relates to a:

- Local policy

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

- Safe, Effective and Person Centred

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

- Well informed

2. Report Summary

2.1 Situation and Background

As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control to manage and control all the available resources used in the organisation. The work of Internal Audit and the assurances provided by the Chief Internal Auditor in relation to internal control are key assurance sources taken into account when the Chief Executive undertakes the annual review of internal controls, and form part of the consideration of the Audit and Risk Committee and the Board prior to finalising the Governance Statement which is included and published in the Board's Annual Accounts.

This review aims to provide early warning of any significant issues that may affect the Governance Statement.

2.2 Assessment

Key Themes

Audit Scotland – NHS Scotland 2023, issued February 2023, stated that ‘the NHS in Scotland faces significant and growing financial pressures. These include inflation;

recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been exacerbated by the Covid-19 pandemic, even more challenging'. Internal Audit reports have recorded similar concerns and highlighted the strategic changes required. The financial risk for NHS Fife, NHSScotland and the public sector has continued to increase. As reported in the Internal Audit Annual Report for 2022/23, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change.

We previously highlighted the need for realistic workforce plans. The NHS Fife Workforce Plan 2022-2025 was published in November 2022 and work is underway to inter-relate and align financial and workforce planning via the Strategic Planning Resource Allocation (SPRA) process.

Continuing staff shortages and increased demand for staff means that effective workforce planning remains key in supporting the achievement of the Board's operational, financial and strategic objectives.

Maintaining operational performance against mandated targets remains extremely challenging. While operational improvements will have a limited impact on performance, genuinely strategic solutions must be identified, with a focus on working closely with partners to address underlying capacity and flow issues. The Board has continued to respond, and risk assess to ensure the most urgent work is prioritised.

NHS Fife continues to progress its Risk Management Framework Improvement Programme. The Board's overall approach to risk management has been revised with a new Corporate Risk Register replacing the Board Assurance Framework. Current risk scores and achievement of target scores by target dates will require careful consideration and constant monitoring to ensure they fully reflect current risk and controls and are realistic.

The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023. The framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities.

2.3.1 Quality, Patient and Value-Based Health & Care

The Institute of Healthcare Improvement Triple Aim (Better population health, better quality of patient care, financially sustainable services) is a framework that describes an approach to optimising health system performance and is a core consideration in planning all internal audit reviews.

2.3.2 Workforce

Management responsibilities, skill sets and structures are a core consideration in planning all internal audit reviews.

2.3.3 Financial

Financial Governance is a key pillar of the Annual Internal Audit Plan and value for money is a core consideration in planning all internal audit reviews.

2.3.4 Risk Assessment/Management

The internal audit planning process which produces the Annual Internal Audit Plan takes into account inherent and control risk for all aspects of the Audit Universe. Individual internal audit assignments identify the key risks at the planning stage and our work is designed to evaluate whether appropriate systems are in place and operating effectively to mitigate the risks identified. Legal requirements are a core consideration in planning all internal audit reviews.

This report contains narrative on the overall system of Risk Management as well as detailed commentary on a number of individual risks. It will be supplemented by a detailed review of Risk Management later in this financial year.

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

All internal audit reviews which involve review of policies and procedures examine the way in which equality and diversity is incorporated in Board documentation.

2.3.6 Climate Emergency & Sustainability Impact

This report has no impact on the Board's likelihood of meeting the aims and targets outlined by the NHS Scotland Climate Emergency & Sustainability Strategy.

2.3.7 Communication, involvement, engagement and consultation

All papers have been produced by Internal Audit and shared with the Director of Finance and Strategy.

2.3.8 Route to the Meeting

Audit & Risk Committee on 13 December 2023.

2.4 Recommendation

This paper is provided to Staff Governance members for **Assurance** and members are asked to **note** the content of the Internal Control Evaluation report.

3. List of Appendices

Appendix 1 - Internal Control Evaluation Report.

Report Contact:

Jocelyn Lyall
Chief Internal Auditor
Email jocelyn.lyall2@nhs.scot

FTF Internal Audit Service

Internal Control Evaluation 2023/24 Report No. B08/24

Issued To: C Potter, Chief Executive
M McGurk, Director of Finance and Strategy and Deputy Chief Executive

G MacIntosh, Head of Corporate Governance/Board Secretary
Executive Directors Group

H Thomson, Board Committee Support Officer

Audit Follow-Up Co-ordinator

Audit and Risk Committee
External Audit

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Draft Report Issued	28 November 2023
Management Responses Received	6 December 2023
Target Audit & Risk Committee Date	13 December 2023
Final Report Issued	07 December 2023

EXECUTIVE SUMMARY

1. As Accountable Officers, Chief Executives are responsible for maintaining a sound system of internal control and to manage and control all the available resources used in the organisation. This review aims to provide early warning of any significant issues that may affect the Governance Statement.

OBJECTIVE

2. The NHS Fife Internal Audit Plan provides cyclical coverage of all key elements of Corporate, Clinical, Staff, Financial and Information Governance.
3. Together the mid-year Internal Control Evaluation (ICE) and the Annual Report provide assurance on the overall systems of internal control, incorporating the findings of any full reviews undertaken during the year and providing an overview of areas which have not been subject to a full audit. These reviews do not, and cannot, provide the same level of assurance as a full review but do allow an insight into the systems which have not been audited in full. This interim review gives early warning of issues and provides a holistic overview of governance within NHS Fife.
4. The draft Annual Delivery Plan (ADP) 2023/2024 was signed off by Scottish Government (SG) on 11 August 2023. The NHS Fife draft Medium Term Plan for 2023-2026, was submitted to SG on 7 July 2023, with feedback to be provided. SG guidance advised that the draft Medium Term Plan should take into consideration service changes which Boards are preparing for locally over the next 3 years, and identify through horizon scanning, issues which may require local, regional, or national planning input.
5. The ICE will be presented to the December 2023 Audit and Risk Committee, allowing the year-end process to be focused on year-end assurances and confirmation that the required actions have been implemented. The ICE provides a detailed assessment of action taken to address previous internal audit recommendations from the 2022/23 ICE and Annual Report.
6. This review will be a key component of the opinion we provide in our Annual Internal Audit Report and will inform the 2024/25 Internal Audit planning process.
7. Our audit specifically considered whether:
 - Governance arrangements are sufficient, either in design or in execution, to control and direct the organisation to ensure delivery of sound strategic objectives.

AUDIT OPINION

8. Ongoing and required developments and recommended actions are included at Section 2.
9. The Annual Internal Audit Report was issued on 19 June 2023 and was informed by detailed review of formal evidence sources including Board, Standing Committee, Executive Directors Group (EDG), and other papers.
10. As well as identifying key themes, the Internal Audit Annual Report made six specific recommendations in the following areas
 - Ongoing development of risk management, risk appetite, deep dives, Key Performance Indicators (KPIs) and clarification and formalisation of the joint risk management process with Fife IJB.
 - Requirement to provide a year-end assessment to the Staff Governance Committee (SGC) concluding on implementation of the strands of the Staff Governance Standard and action required to achieve full compliance.

- Requirement for the SGC Annual Assurance Statement to include a statement confirming the Whistleblowing Champion’s opinion on the adequacy of NHS Fife’s whistleblowing arrangements.
 - Requirement to present a financial sustainability action plan to the Finance, Performance and Resources Committee (FPRC) and Board, demonstrating clear links to the Population Health and Well Being Strategy (PHWS), the Workforce and Digital & Information strategies, and service redesign and transformation.
 - Requirement to record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision.
 - Requirement to identify and report to the CGC on those elements of the 2019-2024 Digital & Information (D&I) Strategy which will not be delivered by 31 March 2024, stating the impact upon NHS Fife’s strategic ambitions and how this is being addressed in the next D&I Strategy. The next iteration should also include at the outset a resourcing and financial assessment to assess its likelihood of being delivered within the stated timescale and the risks associated with non-delivery.
11. Outstanding actions from previous ICE and Annual Internal Audit Report recommendations are shown in table 1. 11 actions have been completed since the issue of our Annual Internal Audit Report.
 12. Overall, there has been good progress on actions to address recommendations from the 2022/23 ICE and Annual Report. Where action is still to be concluded, the Board has been informed of the planned approach and timescales, as well as associated improvement plans.
 13. In this report we have provided an update on progress to date and, where appropriate, built on and consolidated previous recommendations to allow refreshed action and completion dates to be agreed.
 14. We recommend that this report is presented to each Standing Committee so that key themes can be discussed and progress against the recommendations can be monitored.

KEY THEMES

15. Detailed findings are shown later in the report, and for context, relevant Corporate Risks against each strand of Corporate Governance are included. Key themes emerging from this review and other audit work during the year are detailed in the following paragraphs.
16. Audit Scotland – NHS Scotland 2022, issued February 2023, stated that ‘the NHS in Scotland faces significant and growing financial pressures. These include inflation; recurring pay pressures; ongoing Covid-19 related costs; rising energy costs; a growing capital maintenance backlog; and the need to fund the proposed National Care Service. These pressures are making a financial position that was already difficult and has been exacerbated by the Covid-19 pandemic, even more challenging’. Internal Audit reports have recorded similar concerns and highlighted the strategic changes required. The financial risk for NHS Fife, NHSScotland and the public sector has continued to increase.
17. As reported in the Internal Audit Annual Report for 2021/22, the challenge now is balancing short term risks against longer term risks which can only be mitigated through strategic change. The shape of future strategy will be dependent on a number of complex factors, with some subject to change. However the Board has continued to respond, and risk assess, to ensure the most urgent work is prioritised.

18. We previously highlighted the risks associated with the National Workforce Strategy for Health and Social Care and the need for realistic plans. The NHS Fife Workforce Plan 2022-2025 was published in November 2022 and work is underway to inter-relate and align financial and workforce planning via the Strategic Planning Resource Allocation (SPRA) process. Workforce risks remain very high across NHSScotland, and the current risk and target risk scores will require careful consideration to ensure they reflect local, national and international pressures and the extent to which these are and can be mitigated locally.
19. Continuing staff shortages and increased demand for staff means that effective workforce planning remains key in supporting the achievement of the Board's operational, financial and strategic objectives.
20. Maintaining operational performance against mandated targets remains extremely challenging. While operational improvements will have a limited impact on performance, genuinely strategic solutions must be identified, with a focus on working closely with partners to address underlying capacity and flow issues.
21. NHS Fife continues to progress its Risk Management Framework Improvement Programme. The Board's overall approach to risk management has been revised with a new Corporate Risk Register replacing the Board Assurance Framework. A Risks and Opportunities Group continues to meet and aims to embed an effective organisational risk management framework and culture, including assurance mapping principles. Current risk scores and achievement of target scores by target dates will require constant monitoring to ensure they fully reflect current risk and controls and are realistic.
22. The Clinical Governance Strategic Framework and associated Annual Delivery Plan were approved by Fife NHS Board on 28 March 2023. The framework outlines the governance and assurance reporting routes for clinical governance throughout the full span of NHS Fife responsibilities.
23. This report contains a number of recommendations that reflect the changes to the risk environment in which the Board operates. Our recommendations are aimed at ensuring coherence between Governance Structures, Performance Management, Risk Management and Assurance.

KEY DEVELOPMENTS SINCE THE ISSUE OF THE ANNUAL REPORT INCLUDED:

- Following the approval of the PHWS in March 2023, NHS Fife has moved to the delivery stage with associated reporting to the Board and Committees.
- Reporting continues on OPEL (Operational Pressures Escalation Levels) on the NHS Fife intranet, to support proactive management of increased activity, and the related impact on capacity and flow.
- Approval of the Whole System Property and Asset Management Strategy at the September 2023 Board meeting.
- Approval of the Five-year Medium Term Financial Plan by the NHS Fife Board in March 2023.
- An updated approach to achievement of savings with 3 horizon levels for in year and the future.
- SG sign off of the 2023/24 Annual Delivery Plan (ADP) on 11 August 2023.
- Approval of the Risk Management Framework in August 2023 and ongoing development of Risk Management arrangements, including a Corporate Risk Reporting tool and Risk Summary Dashboard as guidance for risk owners.
- Approval of the Clinical Governance Strategic Framework by Fife NHS Board in March 2023 and the implementation of elements of associated Delivery Plan.

- Ongoing work to implement the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation).
- Whistleblowing directives issued by the Independent National Whistleblowing Officer continue to be implemented by NHS Fife, with improvements being made to the procedures for completing investigations and reporting thereon.
- Continuing development of the Integrated Performance Quality Report (IPQR).



ACTION



24. The action plan has been agreed with management to address the identified weaknesses. A follow-up of implementation of the agreed actions will be undertaken in accordance with the audit reporting protocol.




ACKNOWLEDGEMENT




25. We would like to thank all members of staff for the help and co-operation received during the course of the audit.



Jocelyn Lyall, BAcc CPFA
Chief Internal Auditor

TABLE 1		
Annual Report 2022/23 (B06/24) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Development of Risk Management</p> <p>a. Greater use of risk appetite including greater detail in risk reports presented to standing committees on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus.</p> <p>b. Deep Dive Reports to include:</p> <ul style="list-style-type: none"> • Further assessment as to which key management actions will impact on the target score with success criteria stated. • A focus on key controls only, providing overt assurance and an overt conclusion on the effectiveness of implemented controls. • An assessment of the proportionality of proposed actions and whether they should be sufficient to achieve the target score. <p>c. Revised Risk Management KPIs presented to the Audit and Risk Committee (ARC) that take account of previous internal audit recommendations and allow ARC members to assess the overall effectiveness of the system of Risk Management.</p> <p>d. Revised Risk Management Framework approved by the ARC providing a detailed description of joint Risk Management arrangements with the IJB including responsibility for operational risks, responsibility for sharing of information and responsibility for provision of assurance consistent with the IJB Risk Management Strategy.</p> <p>Action Owner: Director of Finance & Strategy Original target implementation date 31 March 2024.</p>	<p>a. Corporate Risks papers presented to each standing committee state if risks are within or outwith risk appetite. Review of the Board's risk appetite has not taken place yet.</p> <p>Risk reports to standing committees do not yet include greater detail on how the risk appetite will affect strategy, decision-making prioritisation, budget setting and organisational focus.</p> <p>b. The Risks and Opportunities Group (ROG) is progressing changes to the deep dive process, and these should be evident in deep dive papers presented to Standing Committees in the remainder of 2023/24.</p> <p>c. The development of KPIs for the risk management process is a work in progress.</p> <p>d. The revised NHS Fife Risk Management Framework, including a description of RM arrangements with the IJB that satisfies our recommendation, was approved by Fife NHS Board on 26 September 2023 (Complete).</p>	 <p>On track</p>
<p>2. Staff Governance Standards</p> <p>a. A year-end report to be presented to the Staff Governance Committee providing year-end feedback on:</p> <ul style="list-style-type: none"> • The action taken on each strand of the Staff Governance Standards during 2023/24. • Reflection on how successfully and effectively these have been implemented. 	<p>a. The Annual Internal Audit Report for 2022/23 (B06/24) was presented to SGC on 20 July 2023 and the minutes record:</p> <p><i>'The Director of Finance & Strategy highlighted the Staff Governance section within the report and was pleased to advise that there were only two recommendations, both in the lower category, which merit attention'</i></p> <p>b. As per 2a above</p>	 <p>On track</p>

<ul style="list-style-type: none"> What actions are being taken forward into 2024/25, plus the further coverage planned for each strand during 2024/25. <p>b. The Staff Governance Committee Annual Report and Statement of Assurance to include a conclusion on compliance with the different strands of the Staff Governance Standards based on the paper referred to in 2a above.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>Internal Audit is monitoring implementation of these recommendations as part of the Audit Follow-up process and will contact management closer to the implementation date to confirm reporting will be completed as agreed.</p>	
<p>3. Whistleblowing</p> <p>The Staff Governance Committee Annual Report and Statement of Assurance including a statement confirming the Whistleblowing Champion’s opinion on the adequacy NHS Fife’s whistleblowing arrangements.</p> <p>Action Owner: Director of Workforce</p> <p>Original target implementation date 31 March 2024.</p>	<p>As per 2a above</p> <p>Internal Audit is monitoring implementation of this recommendation as part of the Audit Follow-up process and will contact management closer to the implementation date to confirm reporting will be completed as agreed.</p>	 <p>On track</p>
<p>4. Financial Sustainability Action Plan</p> <p>A Financial Sustainability Action Plan to be presented to the FPRC which:</p> <ul style="list-style-type: none"> Demonstrates clear links to the Population Health and Well Being Strategy, the Workforce and Digital & Information strategies, and service redesign and transformation. Includes the following overtly to the required savings: <ul style="list-style-type: none"> a clear process and timetable for the setting and implementation of organisation priorities a clear methodology for agreeing areas for de-prioritisation. a robust process for identifying and delivering service change. Includes the process for formal monitoring of operational and strategic savings programmes. Includes provision of overt positive assurance to the Board that NHS Fife has the capacity and capability (both in terms of planning and operations) to drive transformational change, whilst maintaining business as usual and delivering savings, both in the short and longer term. Includes a clear delineation of the cultural changes required to ensure that financial sustainability receives sufficient priority both strategically and operationally, in the face of competing pressures and conflicting Scottish Government priorities. <p>Action Owner: Director of Finance & Strategy</p>	<p>The Financial Performance and Sustainability Report includes actions aimed at achieving financial sustainability and has been presented to EDG, FPRC and Fife NHS Board.</p> <p>The Financial Performance and Sustainability Report links to the Annual Delivery Plan which links to the Corporate Objectives which are aligned to the Public Health & Wellbeing Strategy.</p> <p>The process to determine corporate objectives for 2024/25 will include the setting and implementation of organisation priorities and de-prioritisation will be included in this.</p> <p>The broader service change objectives are aligned with the other significant change programmes.</p> <p>The Financial Improvement and Sustainability Board is monitoring actions being taken to improve efficiency savings performance.</p>	 <p>Completed</p>

Original target implementation date 31 March 2024		
<p>5. Brokerage Contingency Planning.</p> <p>NHS Fife to record, monitor and have contingency plans in place to manage the risk of a sudden cessation for brokerage, which, unmitigated, could impact on service provision.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 30 September 2023</p>	<p>NHS Fife is in dialogue with SG who are aware of the potential brokerage required at Year-End.</p>	 <p>Completed</p>
<p>6. Digital & Information Strategy</p> <p>a. Clinical Governance Committee (CGC) to be updated regarding the impact on strategic ambitions & new D&I Strategy of elements from previous strategy not yet delivered.</p> <p>b. The new D&I Strategy to include a resource & financial assessment supporting the likelihood of the revised D&I Strategy being delivered within the stated timescale.</p> <p>Action Owner: Associate Director of Digital & Information</p> <p>Original target implementation date 31 July 2024.</p>	<p>a. The D&I Strategy update to CGC on 3 November 2023 included analysis of the delivery of items from the 2020-24 D&I Strategy and clearly shows items partially or not delivered. The update also identifies themes to be taken forward to the next iteration of the strategy (Complete).</p> <p>b. The D&I Strategy update to CGC on 3 November 2023 confirmed that this will be supported by a financial framework.</p>	 <p>On track</p>
ICE Report 2022/23 (B08/23) - Update of Progress Against Actions		
Agreed Management Actions with Dates	Progress with agreed Management Actions	Assurance Against Progress
<p>1. Committee Assurances</p> <p>a. The Board's action list, which is currently maintained and followed up by the Corporate Governance & Board Administration team, will be tabled for review at future Board meetings.</p> <p>b. Risk sections within the SBAR papers presented to the Standing Committees and the Board should fully articulate the risks associated with the report, the linkage to the relevant Corporate or Operational risk and any related consequences.</p> <p>c. SBARs on Policy Updates to include a risk assessment on each policy which has passed the renew date, highlighting the risks and possible consequences of the policy not being reviewed within the timescale and superseded policies will be removed from Stafflink.</p> <p>Action Owner: Head of Corporate Governance & Board Secretary</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. The Board's Action List was included on the agenda for its meetings on 31 January and 28 March 2023 and a comparison of the two Action Lists shows that it is being updated between meetings (Complete).</p> <p>b. The revised SBAR template and associated guidance were issued in November 2023, so time is needed to evidence the use of these in practice at Board and Committee meetings. An extended timescale to 31 March 2024 has been agreed to allow this.</p> <p>c. Discussion on the policies that have lapsed review dates took place at EDG on 2 November 2023 and a risk-based approach to prioritise the review and update policies was agreed and relevant assurances regarding this were provided by the relevant responsible Executive Directors. FPRC were notified of this on 14 November 2023 (Complete).</p>	 <p>Minor slippage on agreed timelines</p>

<p>2. Risk Management</p> <p>a. Risk Management KPIs to be presented for approval and reported to the Audit and Risk Committee.</p> <p>b. Risk appetite to be overtly reflected in the corporate risk register updates to standing committees, particularly within target scores, when risks are updated and reviewed.</p> <p>Action Owner: Director of Finance & Strategy</p> <p>Original target implementation date 30 June 2023.</p>	<p>a. KPIs for Risk Management are still being updated and a date for presentation to ARC has not yet been agreed This recommendation has been superseded by B06/24 Point 1c.</p> <p>b. The Corporate Risk Register presented to ARC on 15 March 2023 includes the risk appetite for each strategic priority and indicates for each risk whether the current risk rating is above, below or within that risk appetite. This format will be used for presentation to all Standing Committees.</p>	 <p>Completed</p>
<p>3. Clinical Governance and Assurance re Services Delegated to the Integration Joint Board</p> <p>a. Regular reporting to the Clinical Governance Oversight Group (CGOG) providing assurance that recommendations made following external body visits are being progressed through service action plans to completion.</p> <p>b. Reporting on risk associated with Adult and Child Protection to the CGOG.</p> <p>Action Owner: Director of Health and Social Care Partnerships</p> <p>Original target implementation dates a - 30 April 2023 & b – 31 July 2023.</p>	<p>a. Inspections and methodology reported to CGOG on 18 April 2023 and future reporting scheduled in CGOG 2023/24 workplan.</p> <p>b. Report on risk 10 regarding Adult and Child Protection was presented to the CGOG meeting on 20 June 2023.</p>	 <p>Completed</p>
<p>4. Clinical Governance Strategic Framework & Clinical Governance Risk Management</p> <p>a. The Clinical Governance Strategic Framework (CGSF) to be presented to Fife NHS Board for approval.</p> <p>b. Adult and Child Protection and the latest guidance (Scottish Government's NHS Public Protection Accountability and Assurance Framework to be considered as part of the 2023/24 workplan for the Clinical Governance Strategic Framework.</p> <p>c. The Terms of Reference for the CGOG to be amended to include a specific responsibility regarding consideration of external reviews and whether appropriate action has been undertaken to address any recommendations made.</p> <p>d. A meeting of the Organisational Learning Group (OLG) to be held focused on how to build in the consideration of issues identified in external reports into future OLG agendas and the analysis that would need to be undertaken to provide the OLG with the information to discharge their responsibility as per its Terms of Reference item 2.4 regarding consideration of whether internal controls and associated reporting mechanisms need to be improved if they did not identify issues highlighted in inspections undertaken by external regulators/auditors.</p> <p>e. Minutes of OLG meetings to be routinely presented to the CGOG.</p>	<p>a. The CGSF was approved by Fife NHS Board on 28 March 2023.</p> <p>b. The Mid-Year Update on the Clinical Governance Strategic Framework presented to CGOG on 24 October 2023 and CGC on 3 November 2023 includes reference to the Scottish Government's NHS Public Protection Accountability and Assurance Framework.</p> <p>c. CGOG Terms of Reference was appropriately updated and was noted by CGOG on 24 October 2023 acknowledging their acceptance of the changes made.</p> <p>d. A review of the OLG commissioned by the Chief Executive has concluded and the recommendations made supersede this recommendation.</p> <p>e. The minutes of the OLG meeting held on 18 August 2023 were included on the CGOG Agenda for its meeting on 24 October 2023.</p> <p>f. The updated CRR presented to EDG on 17 August 2023 includes the revised wording of the risk. The Director of Acute Services advised that the scoring is reviewed regularly and was last updated at the end of April. The risk</p>	 <p>Completed</p>

<p>f. The description of risk 7 on the CRR to be updated to more accurately describe the risk associated with deferred treatment due to late presentation due to the pandemic (eg: changing the 'could' in 'This time delay could impact clinical outcomes for the population of Fife' to 'will'). and the scoring of this risk to be revised to take account of the related performance information.</p> <p>g. The anticipated deep dive analysis to be undertaken on risk 7 to be prioritised and to be undertaken in a manner that clearly explains the scale of the risk and better describes the controls in place.</p> <p>h. The alignment of Risk 7 to be reconsidered with specific consideration given to whether assurance on its management should be provided to the CGC.</p> <p>i. The difficulties in meeting targets for Serious Adverse Events Reviews to be reported to the CGC.</p> <p>Action Owner: Medical Director</p> <p>Original target implementation date 31 August 2023.</p>	<p>was scored at 16 High when reported to FPRC in November 2022 and is reported as 20 High to FPRC in May 2023.</p> <p>g. The deep dive into risk 7 has been undertaken and was presented to FPRC on 14 March 2023 and CGC on 7 July 2023.</p> <p>The deep dive into the related CRR 5 was undertaken and presented to EDG on and was presented to CGC on 5 May 2023.</p> <p>h. The alignment of risk 7 is to continue to be to FPRC but it was presented to CGC on 7 July 2023.</p> <p>i. The narrative included in the IPQR presented to CGC on 3 March 2023 highlighted the performance issues regarding the Adverse Events Management Process and the action being taken to address this.</p>	
<p>10. IG&S Incident Reporting to CGC</p> <p>The IG&S update report for the Clinical Governance Committee to be updated to include a section for IG Incident Management including:</p> <ul style="list-style-type: none"> ○ Reasons for any instances of non-compliance with the 72-hour statutory timescale for reporting to the ICO and what has been done to prevent this from happening in future. ○ Sufficient information to allow an opinion on whether any of the incidents reported to date should be considered for disclosure within the Board's Governance statement. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 29 February 2024 (TBC)</p>	<p>IG&SSG Updates to CGC on 3 March and 8 September 2023 – (both Item 9.1) - Summary of Incident Reporting in the period including assurance regarding compliance with the 72-hour timescale for reporting to the ICO but does not include a statement regarding whether or not any of the incidents will warrant disclosure in the Board's Governance statement. This is to be included in the update presented to CGC on 12 January 2024.</p>	 <p>Minor slippage on agreed timelines</p>
<p>11. D&I Strategy Risk</p> <ul style="list-style-type: none"> • D&I Workforce Plan to be added to the Corporate Risk Register as a mitigation to risk 18 – regarding the D&I Strategy to allow assessment of its implementation and effectiveness. <p>Action Owner: Associate Director of Digital and Information</p> <p>Original target implementation date 31 May 2023.</p> <p>Extended to 30 November 2023</p>	<p>The risk report presented to CGC on 8 September 2023 includes the following as mitigation against corporate risk 18:</p> <p><i>'Active review of the Strategy deliverables against current strategic objectives. This includes financial and workforce planning'.</i></p>	 <p>Complete</p>

CORPORATE GOVERNANCE

Corporate Risks:

Risk 1 – Population Health and Wellbeing Strategy – Moderate (12); Target (12) Moderate by March 2024 - Below Risk Appetite

There is a risk that the ambitions and delivery of the new organisational Strategy do not deliver the most effective health and wellbeing and clinical services for the population of Fife.

Risk 2 – Health Inequalities – High Risk (20); Target (10) Moderate by March 2024 - Within Risk Appetite

There is a risk that if NHS Fife does not develop and implement an effective strategic approach to contribute to reducing health inequalities and their causes, health and wellbeing outcomes will continue to be poorer, and lives cut short in the most deprived areas of Fife compared to the least deprived areas, representing huge disparities in health and wellbeing between Fife communities.

Governance Arrangements

The Code of Corporate Governance was updated and approved at the May 2023 Board meeting.

Board and Committee Development Sessions covered a diverse range of topics and are critical for gaining further insight into key areas. The Annual Internal Audit Report 2022/23 (B06/24) highlighted that learning and key actions from these sessions should be recorded with formal outputs to ensure that actions are taken forward. The Board Secretary has advised that notes are taken on Development Sessions where appropriate and these used as part of the planning and design of topics under development.

The ARC members attended training sessions on the Annual Accounts, the role & function of the ARC and Risk Management. The CGC have considered Medical Education, Addiction Services, the Research relationship between NHS Fife and the University of St Andrews and Optimal Clinical Outcomes. The Public and Wellbeing Committee has considered topics which include Child and Adolescent Mental Health Service and Psychological therapies and Integrated Screening. The Staff Governance Committee has considered continuously improving a safe working environment, promoting the health and wellbeing of staff, and iMatters.

Self- Assessment

The second edition (November 2022) of the Blueprint for Good Governance was presented to the March 2023 ARC. It describes the latest good governance practice including active and collaborative governance. A National survey for Board members, (self-assessment) is closing on 1 December 2023 and a Development Session will be held in February 2024 to reflect on the outcomes of the National Survey.

In March 2023 Governance Committees completed self-assessments and identified improvements which are being progressed within the Committee Action Lists. We will review the progress of the identified improvements and comment in the Internal Audit Annual Report 2023/24 (B06/25).

Committee Assurance

Standing Committees review their Terms of References annually. Internal audit review of Standing Committee papers found that where serious issues are reported, for example adverse findings from an inspection by a regulator, the papers do not conclude on whether the issue is likely to warrant disclosure in the Board's Governance Statement. A process should be introduced to prompt consideration by committee members, throughout the year, of issues that may warrant disclosure in the Board's Governance Statement.

Policies

A General Policies and Procedures paper presented to the 2 November 2023 EDG provided an update of the status of policies as at October 2023. 36 (64%) of the 56 General Policies were up to date, 12 (21%) were beyond their due date and review work was underway within departments for 8 (14%) of General Policies. We noted good practice in that the paper reported the potential risk management implications of overdue policies and the EDG will take a risk-based approach to prioritise out-of-date policies that are significantly beyond their due date.

Internal Audit will undertake a review of Policies and Procedures as part of the 2023/24 audit plan, to ensure that the update of policies is risk-assessed, delivered and monitored appropriately and that updated policies are published effectively, and superseded versions removed from circulation.

Culture and Values

A Board Development Session in April 2023 focussed on Culture, Values and the Role of the Board. The NHS Fife Code of Corporate Governance refers to culture and values, and we have evidenced examples of the Board and its officers embracing and promoting these values.

Strategy

The Public Health & Wellbeing Strategy (PHWS) was approved at the March 2023 Board meeting. The Public Health and Wellbeing Committee (PHWC) has oversight of the delivery of the PHWS and a Mid-Year Report to the November 2023 meeting provided a six-monthly update on delivery. Progress during the first 6 months was provided (to September 2023) with planned activity to the end of March 2024 highlighted. The report uses the three-horizons framework to plan the first year, medium-term and longer-term objectives, to describe how ongoing work will collectively contribute to the system change required.

The internal audit B14/23 on Strategic Planning, will evaluate the development of the Strategic Plan.

Operational Planning

The draft ADP 2023-24 is in line with SG guidance and was presented to the Board before submission to SG by end of July 2023, and subsequent approval on 11 August 2023. It was approved by the Board in September 2023. There are three ADP related submissions: the draft ADP1, the draft ADP2 (spreadsheet with detailed actions, milestones and risks) and the draft Medium-Term Plan (MTP) 2023/26, which was submitted to Scottish Government on 7 July 2023. Quarterly updates on ADP delivery are reported to the FPRC.

We commended the OPEL tool within our B08/23 Internal Control Evaluation report. OPEL supports management of increased activity, and the related impact on capacity and flow and scores continue to be reported on a daily basis on Stafflink to provide organisational awareness of the extreme pressures within the system and the high-risk environment the Board operates within.

Assurance Mapping

Committee Assurance Principles were endorsed by the NHS Fife ARC in May 2021. Internal Audit will continue to promote the use of the assurance principles through continued leadership of the Assurance Mapping Group, chaired by the Chief Internal Auditor, attendance at the Risks and Opportunities Group, and through internal audits.

Integration

The Integration Scheme was reviewed and approved by NHS Fife Board in September 2021. A Ministerial Strategic Group (MSG) published a report in 2019 outlining proposals to develop the features of good Integration. An MSG self-assessment was carried out by the Fife Health and Social Care Partnership and reported to the NHS Fife Finance, Performance and Resources Committee (PRC)

in January 2023. Sixteen key features were established, 6 were partially established. Internal Audit would expect an update report is provided to a future NHS Fife Finance, PRC meeting.

Performance

The Integrated Performance & Quality Report (IPQR) has continued to be reviewed and enhanced by the IPQR group, which was set up following the Board's Active Governance Workshop held in November 2021. The IPQR report now provides a Public Health and Wellbeing section and Statistical Process Control charts where relevant. This demonstrates improved connectivity through inclusion of Corporate Risks aligned to strategic priorities. Providing extracts of the IPQR for each Standing Committee has facilitated focussed scrutiny of the performance areas most relevant to each. The November 2023 IPQR included uptake of Covid and Flu winter vaccination programme and staff vacancies.

The Board, the FPRC, the SGC, the CGC and the PHWC have received regular performance reports against a range of key measures (Scottish Government and local targets). Projected & Actual Activity for Patient TTG, New Outpatients and Diagnostics are also reported.

The latest IPQR presented to the November 2023 Board meeting highlighted:

- Eight indicators are on schedule to meet Standard/Delivery trajectory: Inpatient Falls, Inpatient Falls with Harm; Pressure Ulcers; SAB HAI/HCAI; C Diff; IVF Treatment Waiting Times; Freedom of Information Requests and Antenatal access.
- The Cancer 31 Day DTT current performance is at 90.6% with a target of 95%, which is a decrease in performance from last year.
- The Cancer 62 Day DTT current performance is 77.1% against a target of 95%, which has decreased in performance since last year.
- The following indicators show an Amber status, which is behind the target but within 5% of the Standard/Delivery trajectory: Cancer 31 Day DTT; Major/Extreme Adverse Events - % Closed on Time; Detect Cancer Early; Immunisation 6 in 1 at Age 12 months and Immunisation MMR2 AT 5 Years.
- Twelve indicators are not achieving target but are performing within the Mid-Range quartile for benchmarking: Cancer 62 Day RTT, S1 Complaints Closed in Month on Time, S2 Complaints Closed in Month on Time; 4-Hour Emergency Access (A&E) & (ED); Patient TTG%; New Outpatients; Diagnostics; Sickness Absence; CAMHS Waiting Times; Psychological Therapies Waiting Times (Statistical Process Control has identified this as an outlier and negatively outside the control limits) and Drugs & Alcohol Waiting Times.
- Performance in September for the 4-Hour Emergency Access decreased from 79% to 73.3%, significantly below the 95% national target and just below the 24-month average of 73.9%.

The pressures on the system are making performance against a range of targets challenging for NHS Fife in common with the entirety of NHSScotland.

Risk Management

The Risk Management Framework 2023-2025 was approved at the September 2023 Board meeting, following consideration by the ARC in August 2023. A delivery plan is being developed to support the implementation of the Framework.

More than 60% of the Corporate Risk scores are above risk appetite, meaning that action to bring risk scores within appetite and within a short timeframe are required. The annual review of risk appetite

has not yet taken place. Within the context of the unprecedented challenging external environment we are of the opinion that risk appetite needs to be revisited.

The implementation of Deep Dive risk reviews is designed to provide Governance Committees with assurance on the appropriate management of risk. We commend the paper to the 2 November 2023 EDG, where recommended criteria for undertaking a Deep Dive review was agreed. The triggers for invoking a Deep Dive review were outlined as, Proposed New, Deteriorating and Static, Corporate Risks, and Proposed De-escalation of a risk. Internal Audit will review these arrangements, including a review the full Deep Dive process, within B14/24 Risk Management this year.

The Risk and Opportunities Group (ROG) continues to meet to provide leadership and promote and embed an effective risk management culture.

Risk management dashboard operational guidance and a demonstration of the Risk Summary Dashboard was provided to the 2 November 2023 EDG. The dashboard is designed to guide risk owners through a series of activities to facilitate effective risk management. The implementation approach for the ROG to take this forward was agreed by the EDG. KPIs for operational risks have been developed and will continue to be refined as part of the ROG agenda.

Action Point Reference 1 – Governance Statement Disclosures

Finding:

Papers have been presented to each standing committee that highlight serious issues, but they have not concluded on, or prompted discussion on, whether these issues are likely to require disclosure in the Board's Governance Statement.

Audit Recommendation:

A process should be implemented that ensures serious issues are highlighted to all Standing Committees and members are prompted to agree if the issue warrants disclosure in the Board's Governance Statement. This may include a direction in the SBAR supporting the relevant paper, along with providing members with the key considerations for deciding upon disclosures from the relevant section of the Scottish Public Finance Manual:

- *'might the issue prejudice achievement of the business plan or other priorities?*
- *could the issue undermine the integrity or reputation of the organisation?*
- *what view does the audit committee take on the issue?*
- *what advice or opinions have internal audit and/or external audit given?*
- *might the issue make it harder to resist fraud or other misuse of resources?*
- *does the issue put a significant programme or project at risk?*
- *could the issue divert resources from another significant aspect of the business?*
- *could the issue have a material impact on the accounts?*
- *might financial stability, security or data integrity be put at risk?'*

A register of potential disclosures should be maintained and considered at year-end when preparing the Board's Governance Statement.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

Standing Committees each reflect on their year's business at the point of reviewing their annual assurance report. Significant work has been taken forward in recent years to enhance the content and detail of these reports, ensuring that the information provided within is comprehensive, robust and relevant for the purpose of providing assurance to the Board. It is at that point where committees discuss and decide on any potential disclosures, reflecting on the year's business overall and the movement of potential disclosure issues throughout the year (some in-year issues can be satisfactorily resolved by year-end, for instance).

In totality, the consideration of each Standing Committee's assurance statement influences the content and conclusions of the Governance Statement, which is discussed in draft and agreed with the Audit & Risk Committee. We believe the process in place at present is robust and appropriately reflective, without the need for a rolling issue list to be created, or additional changes to the SBAR template.

Action by:	Date of expected completion:
Head of Corporate Governance & Board Secretary	N/A

CLINICAL GOVERNANCE

Corporate Risks:

Risk 3 – COVID-19 Pandemic – Moderate (9); Target (12) Moderate by October 2023 – Below Risk Appetite

There is an ongoing risk to the health of the population, particularly the clinically vulnerable, the elderly and those living in care homes, that if we are unable to protect people through vaccination and other public health control measures to break the chain of transmission or to respond to a new variant, this will result in mild-to-moderate illness in the majority of the population, but complications requiring hospital care and severe disease, including death in a minority of the population.

Risk 5 - Optimal Clinical Outcomes – High Risk (15);Target (10) Moderate by March 2024 – Within Risk Appetite

There is a risk that recovering from the legacy impact of the ongoing pandemic, combined with the impact of the cost-of living crisis on citizens, will increase the level of challenge in meeting the health and care needs of the population both in the immediate and medium term.

Risk 9 - Quality & Safety – High Risk (15);Target (10) Moderate by March 2024 – Above Risk Appetite

There is a risk that if our governance, arrangements are ineffective, we may be unable to recognise a risk to the quality of services provided thereby being unable to provide adequate assurance and possible impact to the quality of care delivered to the population of Fife.

Risk 16 - Off-Site Area Sterilisation and Disinfection Unit Service – Moderate Risk (12);Target (6) Low by April 2026 – Within Risk Appetite

There is a risk that by continuing to use a single offsite service Area Sterilisation Disinfection Unit (ASDU), our ability to control the supply and standard of equipment required to deliver a safe and effective service will deteriorate.

Risk 17 & 18 are aligned with the Clinical Governance Committee but are considered under the Information Governance section below.

Risk 7 is aligned with the Finance Performance and Risk Committee. We recommended that consideration be given to aligning this risk to the Clinical Governance Committee. This was considered but it was felt appropriate that the risk remained aligned to the FP&RC. The Clinical Governance Committee was updated on the deep dive into this risk at its 7 July 2023 meeting.

Risk 7 - Access to Outpatient, Diagnostic and Treatment Services - High Risk (20);Target No target due to uncertainty over level of funding – Above Risk Appetite

There is a risk that due to demand exceeding capacity, compounded by unscheduled care pressures, NHS Fife will see deterioration in achieving waiting time standards. This time delay will impact clinical outcomes for the population of Fife.

Clinical Governance Framework

The Clinical Governance Strategic Framework was approved by Fife NHS Board on 28 March 2023 and the annual delivery plan and progress update was presented to the Clinical Governance Oversight Group (CGOG) in October 2023, setting out the workstreams, objectives, leads, timescales and their status.

The only item reported as having slipped was the Risk Management Policy which is being revised following Board approval of the NHS Fife Risk Management Framework at the end of August 2023.

A Fife Health and Social Care Partnership (HSCP) Clinical & Care Governance Strategic Framework is in development and is to be presented to the IJB for approval by January 2024. This will outline arrangements for providing strategic direction and assurance on health and social care to the IJB, Fife Council and NHS Fife. This framework will complement the existing NHS Fife Clinical Governance Strategic Framework which describes HSCP Clinical and Care Governance Assurance Arrangements.

Fife IJB report F06/22 - Clinical and Care Governance was issued on 31 October 2023 and provided reasonable assurance on developments to Clinical and Care Governance Assurance processes and made two significant and three moderate recommendations. The significant findings related to the reporting of assurance regarding the management of the corporate risk recorded regarding Child and Adult Protection and establishing regular reporting on Adult and Child Protection to Fife Council's People and Communities Scrutiny Committee and the IJB's Quality and Communities Committee and SLT Governance and Assurance.

Clinical Governance Committee

Updated CGC Terms of Reference (ToR) were included in the Code of Corporate Governance approved by Fife NHS Board on 30 May 2023 and include a membership change related to patients' representative, responsibility for oversight of patient experience and feedback mechanisms and other administrative items.

The CGC 2023/24 annual workplan is presented to each CGC meeting with the latest update indicating that CGC should receive all items in 2023/24.

Clinical Risk Management

The four corporate risks detailed at the start of this section have been aligned to the CGC, as have two Information Governance risks.

Risk 7 - Access to Outpatient, Diagnostic and Treatment Services is aligned to the Finance Performance and Risk Committee. Internal audit previously recommended this risk should be aligned to the CGC, but we were advised that the risk would remain aligned to the FPRC. However, the CGC was updated on the deep dive into this risk on 7 July 2023.

The CGC has also considered deep dive assurance reports for risks 9, 16 and 18 in 2023/24 and reviewed the corporate risks aligned to the Committee on 8 September 2023 and 3 November 2023.

Clinical Performance Reporting

The latest IPQR presented to CGC on 3 November 2023 highlighted the following areas which are not achieving target, with the SBAR providing detailed narrative and actions to improve:

- Adverse Events - August 2023 – 48.4% LAER/SAERs closed on time against a target of 50%:
- Escherichia Coli Bacteraemia (ECB) (HAI/HCAI) - August 2023 – 38.4 HAI/HCAI per 100,000 Occupied Bed Days against a target of 33.0
- Complaints (Stage 1 & Stage 2) - August 2023 - Stage 1 closed in month on time 42.6% against a target of 80% & Stage 2 closed in month on time 11.1% against a target of 50%. (A project and improvement plan is being developed by the Patient Experience Team in conjunction with a Senior Project Manager to improve performance in this area).

Quality Performance Indicators (QPIs) included in the Clinical Governance Strategic Framework are reported to the CGC along with details of remedial action being taken to address any indicators that were performing below target with the exception of:

- Adverse Events Improvement Actions (70% target for closure of actions within timescales)

- Complaint Closed- Stage 1 (80% target) – The summary table on the IPQR reported 42% for this, significantly below the target of 80% but there is no narrative included in the Clinical Governance section and any remedial action being taken (there is narrative regarding Stage 2 performance and improvement actions).

External Review

External Inspection Reports are included on an Activity Tracker document routinely considered by the Clinical Governance Oversight Group (CGOG).

In response to a recommendation in our 2022/23 ICE report (B08/23) a HSCP Inspection Update is presented to each CGOG meeting as a standing agenda item.

We commend the presentation of the papers on the HIS inspection and the Fatal Accident Enquiry to the CGC. These papers highlighted the serious issues raised to CGC members but, in common with other standing committees, did not include a conclusion on whether they require to be included as disclosures in the Board's Governance Statement at year-end and the members of the CGC were not asked to consider this. A recommendation relevant to this is included in the Corporate Governance section above at Action Plan Point 1.

The Cabinet Secretary requested all Boards in Scotland provide assurance that their processes and systems for the early identification, reporting and robust timely investigation of patient and staff safety concerns are fully effective. The NHS Fife Chief Executive commissioned a review of the Organisational Learning Group (OLG) which had a remit to ensure that the learning gained from events is used to optimise patient safety, outcomes and experience and to enhance staff wellbeing and job satisfaction. Our 2022/23 ICE report recommended that the OLG need to consider the effectiveness of internal control and reporting systems in relation to adverse findings in external reports.

Healthcare improvement Scotland (HIS) Inspection Report

HIS undertook an unannounced inspection on Acute Hospital Safe Delivery of Care at Victoria Hospital between 31 July and 2 August 2023 and reported serious concerns about the condition of the healthcare-built environment within the older building of the hospital and stated nine requirements and made two recommendations. The initial findings from the inspection were reported to CGC in September 2023 ahead of the publication of the final report on 26 October 2023. This update informed CGC that NHS Fife took immediate action to address issues identified by relocating a ward to another area in the hospital and bringing forward a planned programme of ward refurbishment. The timing of the publication of the final report did not allow enough time for an update to be provided to the CGC meeting in November 2023 but an update on progress to address the findings in the report is to be provided to the January 2024 CGC meeting. We are advised by the Director of Nursing that this update will consider the effectiveness of internal control and reporting systems (ie why corrective action wasn't undertaken before the issues were highlighted by HIS and what improvements need to be made to ensure that should similar issues occur, Senior Management are promptly notified).

Fatal Accident Enquiry

CGC were updated on the outcome of the fatal accident enquiry into death of a patient in the intensive care unit (ICU) at Victoria Hospital in October 2019. The report identified three specific shortcomings in the care of the patient and stated that had any one of the three been undertaken properly this might realistically have resulted in the death being avoided. The action plan to address the 8 recommendations made in the report was presented to CGC and the status of the actions is to be monitored by the Acute Services Division CGC which reports into CGOG.

Significant Adverse Events

The revised Adverse Events Policy (reviewed February 2023) is available on Stafflink and includes a flowchart of the revised process which links to further Adverse Events Management Resources on Stafflink.

The target related to closing SAERs within timescale has only been achieved in 1 month of the 5 reported to date. Actions designed to improve this are being implemented and are reported as being on track for implementation by 31 March 2024.

Duty of Candour (DoC)

The latest DoC Annual Report presented to the CGC on 3 March 2023 related to the financial year 2021/22 and included an update on DoC activity in 2022/23 to date. We have been advised by management that the 2022/23 DoC annual report for presentation to CGC in March 2024 will include an update on DoC activity in 2023/24.

Action Point Reference 2 – Performance Monitoring**Finding:**

Quality Performance Indicators (QPIs) included in the Clinical Governance Strategic Framework should be reported to the CGC along with evidence of review and remedial action. We confirmed that reporting on QPIs to CGC or CGOG is evident in 2023/24 and that remedial action was reported where required, with the following exceptions:

- Adverse Events Improvement Actions (70% target for closure of actions within timescales) – not included in the IPQR or the Adverse Events reporting to CGOG
- Complaint Closed- Stage 1 (80% target) – the summary table on the IPQR reported 42% for this significantly below the target of 80% but there is no narrative on this and on remedial action included in the Clinical Governance section.

Audit Recommendation:

Performance reporting for the Clinical Governance Strategic Framework QPIs referred to in the finding above should be added to the performance reporting to CGC.

Assessment of Risk:

Moderate



Weaknesses in design or implementation of controls which contribute to risk mitigation.

Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.

Management Response/Action:**Adverse Events:**

The action closure rate was added to IPQR from January 2023. The initial target was set at 70%, however it quickly became apparent that we would not be able to meet this until improvements were made to the actions module on Datix and some training and education was devised and delivered. This was escalated through to CGOG on 20 June along with an overview of the short and long term goal for the improvements required. There was agreement to have a staggered approach to achieving the target. The target was reduced to 50% to be achieved by March 2024, at which time it would be reassessed and increased to the 70% if appropriate. An update on the short term goals was provided in August 2023, both of which will have been captured in the minutes.

Actions on Stage 1 Complaints:

The Patient Experience Team (PET) are working with services to improve the compliance of Stage 1 complaints, focusing on ensuring these are resolved locally at the service level via telephone or face-to-face, aiming to reduce the number of Stage 1 written complaint responses required. A new Stage 1 template has been created and tested within Acute to raise awareness of these complaints being resolved locally and highlight lessons learned.

The PET dashboard has been launched, raising awareness and providing up-to-date data regarding all open, Stage 1, Stage 2, enquiries and concerns.

A new weekly complaint report has been created and highlights the compliance target of 80% for Stage 1s and the previous month's data for Acute and H&SCP and whether the target has been achieved.

A PET staff page has been created on Blink to raise awareness of the PET and the complaints process. There is greater engagement with PET and Services, focusing on open complaints, providing support, advice, and training.

Roles and responsibilities with PET have been streamlined, releasing time for the support officers to focus on stage 1 complaints, concerns, and enquiries.

PET will link with Planning and Performance Team to include narrative in IPQR.

Action by:	Date of expected completion:
Director of Nursing / Planning & Performance Team	31 December 2023

STAFF GOVERNANCE

Corporate Risks:

Risk 11 - Workforce Planning and Delivery – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

There is a risk that if we do not implement effective strategic and operational workforce planning, we will not deliver the capacity and capability required to effectively.

Risk 12 - Staff Health and Wellbeing – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

There is a risk that if due to a limited workforce supply and system pressure, we are unable to maintain the health and wellbeing of our existing staff, we will fail to retain and develop a skilled and sustainable workforce to deliver services now and in the future.

Risk 19 – Implementation of Health and Care (Staffing) (Scotland) Act 2019 [HCSA] – Moderate (12); Target (9) Moderate (no date given) – Within Risk Appetite

Taking account of ongoing preparatory work, there is a risk that the current supply and availability of trained workforce nationally, will influence the level of compliance with HCSA requirements. While the consequences of not meeting full compliance have not been specified, this could result in additional Board monitoring /measures.

Governance Arrangements

The SGC approved revised Terms of Reference in March 2023 and updates on the progress of the 2023/24 SGC workplan are reported to each meeting.

Workforce Strategy/Planning

The NHS Fife Workforce Plan 2022-2025, agreed by the Board and Scottish Government (SG), was published in November 2022. Internal Audit will comment on the plan within internal audit B17/23 – Workforce Planning, which will be presented to the SGC once finalised. Work to capture information on the identifying and meeting future workforce requirements is ongoing, with the granular information to be obtained by service-based workforce plan templates.

An update on the Three-Year Workforce Plan 2022-25 was presented to the September 2023 SGC meeting with an action plan to address both SG feedback and the recommendations from the Internal Audit Annual Report 2022/23 (B06/24). The majority of the actions are scheduled for completion by March 2024, with the timescale for one action to be confirmed.

The Workforce Plan should provide an opportunity to identify strategic solutions to critical workforce risks and a coherent, cohesive and proportionate response to extreme pressures is needed. The Medium Term Plan 2023-26 highlights the positive steps being taken by NHS Fife to develop and sustain its workforce.

Risk Management

The SGC has oversight of the Workforce Delivery & Planning and Staff Health & Wellbeing corporate risks, both of which have a current high rating. The planned date to reduce the risk score from high to moderate for both risks has been changed to the end of March 2025 (previously March 2023). Whilst these target dates are more realistic, due to the pressures within the system achievability of these dates may need to be reconsidered over time.

A paper on implementation of the Health & Care (Staffing) (Scotland) Act 2019 (Safe Staffing Legislation) was presented to the 14 September 2023 SGC meeting, to update it on the action being

taken to comply with this legislation, which has to be fully implemented by 1 April 2024. To help manage this a new corporate risk has been created, which will be reported to the SGC.

Staff Governance Standards

The SG do not require a staff governance action plan for 2023/24 and no further guidance on Staff Governance Standard (SGS) monitoring procedures has been issued. NHS Fife does ensure the principles of the SGS are followed through:

- SGC workplan reports on the strands of the SGS are presented.
- Signposting other papers to the strand of the SGSs to which they relate.
- Board Development Days.

A date for reporting on the Well-Informed strand has yet to be confirmed.

The Internal Audit Annual Report 2022/23 concluded that further improvements could be made to monitoring and reporting on compliance with the SGS with progress on track for financial year end reporting.

A copy of the 2022/23 Annual Monitoring Return was presented to the 9 November 2023 SGC meeting prior to submission to the SG. For 2021/22 the SG provided feedback on suggested topics for further consideration, which were highlighted to the SGC. The SGC has not been provided with an update on whether action was taken in response to them, and we recommend that this is done.

A workforce policy update to the November 2023 SGC covered development and maintenance of local HR policies and Once for Scotland Workforce Policies. To raise awareness of workforce policies a number of briefing sessions have been held across various sites and virtually over the month of October 2023 with more scheduled for November 2023.

Staff Experience

An update paper on the Annual Delivery Plan (ADP) 2023/24 was presented to the 14 September 2023 SGC meeting to enable monitoring of workforce aspects, with the ADP a standing agenda item at the SGC. Nursing and midwifery staffing issues including the number of registered nurses needed and those entering the workforce, a decrease in for nursing courses in Scotland in 2023 and significant vacancy challenges within NHS Fife.

The September 2023 SGC was informed that iMatters engagement for 2023 had improved and was 66% compared to a national figure of 59%.

Whistleblowing

Implementation of whistleblowing arrangements and reporting was reviewed in Internal Audit Report B18-23. Steps are being taken to fully implement the directives of the Independent National Whistleblowing Officer, including quarterly and annual reporting of whistleblowing instances, investigation and implementation of lessons learned.

Recommendations made by Internal Audit have yet to be fully implemented and are being monitored through the Audit Follow-Up Protocol. This includes a recommendation that the SGC Annual Statement of Assurance 2023/24 includes an overt opinion on the adequacy of existing whistleblowing arrangements, supported by a concluding statement from the Whistleblowing Champion.

Remuneration Committee

The Remuneration Committee (RC) reviewed its terms of reference at its March 2023 meeting and completed a self-assessment of its performance.

Appraisals

The RC reviewed the completion of the 2022/23 performance appraisal process for the Executive and Senior Manager Cohort at its May and June 2023 meetings. The RC approved the 2022/23 objective setting process for the Executive and Senior Management Cohort at its June 2023 meeting. The RC agreed the Chief Executive's 2023/24 objectives at its May 2023 meeting and the 2023/24 Executive Cohort objectives at its July 2023 meeting. The RC also agreed that, due to the importance of ensuring that there is sufficient robust evidence to support the performance rating applied to each member of staff, the RC would further consider the appraisal process at a future date. We recommend this is built into the RC workplan.

The completion of annual Agenda for Change appraisals was 40% as at 31 October 2023, demonstrating a slight continuous improvement (38% at 31 March 2023 and 33% at 31 October 2022), but highlighting that more action to improve staff engagement is required. The SGC was advised that the appraisal performance is being monitored and actions to support staff engagement continue, with current initiatives to increase the focus on this process and sustain improvement ongoing.

Presentation of the 2022/23 Annual Report on Medical Consultant and GP appraisals to the November 2023 SGC has been delayed until the January 2024 meeting, due to the need to collate additional information on the appraisal strategic framework.

Core Skills Training

Core training compliance at 31 October 2023 was 63% (57% in May 2023) against the target of 80%, as reported to the November 2023 SGC meeting.

The SGC was advised of work to increase compliance to the 80% target by 31 March 2024, including:

- Developing compliance improvement trajectories across services to target and prioritise activity.
- Further engagement with training owners to establish delivery plans and improve levels of staff attendance/completion.
- The roll out of enhanced manager reporting to support compliance monitoring activity.
- Completion of a full core training compliance review to develop and refine the programme to improve role specific training requirement.

Sickness Reporting

Sickness absence is now reported to the SGC on a regular basis through the Promoting Attendance update reports, which detailed work being undertaken towards improving attendance and wellbeing. This is supplemented by summary data in the IPQR presented to each SGC. The absence rate at 30 September 2023 was 6.93%, which compares with a Scottish average of 5.94% and the target of 4%. The committee was advised that a range of support packages are being made available to help support the mental health of staff, including resources available on the Healthy Working Lives website, plus the Live Positive - Stress Management Toolkit. An Attendance Management training programme continues to be delivered in partnership to groups of managers within NHS Fife.

Action Point Reference 3 – SG Annual Monitoring Return

Finding:

The Scottish Government (SG) Annual Monitoring Return update to the 20 July 2023 SGC advised that the same 'streamlined' approach would be adopted for the 2022/23 return as in 2021/22, with the SG providing feedback on topics it feels Boards should concentrate on.

The SGC was advised of SG feedback on the 2021/22 Return and areas that NHS Fife may wish to feed into the Staff Governance Plan and subsequent Return for 2022/2023. An example included feedback received from iMatter roadshows 'Have a natter because iMatter'.

The SGC has not been advised as to whether the reported matters have been progressed and these areas do not feature specifically in the 2022/23 Annual Monitoring return presented to the 9 November 2023 SGC meeting.

Audit Recommendation:

Future updates to the SGC within the Annual Monitoring Return should include an update on action to address SG feedback from previous years.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

We note the recommendations and will work with the Staff Governance Committee chair to progress the necessary updates

Action by:

Date of expected completion:

Director of Workforce

31 March 2024

FINANCIAL GOVERNANCE

Corporate Risks:

Risk 13 Delivery of a Balanced In-Year Financial Position – High Risk (16); Target (8) Moderate by March 2025 – Above Risk Appetite

There is a risk that due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally, the Board will not achieve its statutory financial revenue budget target in 2023/24 without further planned brokerage from Scottish Government.

Risk 14 Delivery of Recurring Financial Balance over the Medium-Term – High Risk (16); Target (12) Moderate by March 2024 – Above Risk Appetite

There is a risk that NHS Fife will not deliver the financial improvement and sustainability programme actions required to ensure sustainable financial balance over the medium term.

Risk 15 Prioritisation & Management of Capital Funding – Moderate (12); Target (8) Moderate by April 2026 – Within Risk Appetite

There is a risk that lack of prioritisation and control around the utilisation of limited capital and staffing resources will affect our ability to deliver the PAMS and to support the developing Population Health and Wellbeing Strategy.

Medium Term Financial Plan (MTFP)

The SG issued formal guidance on financial planning covering the financial years 2023/24 to 2025/26 with final plans to be submitted to SG by 16 March 2023. The guidance required that Boards currently unable to deliver financial balance in 2022-23 without support from SG develop a Financial Recovery Plan to demonstrate how balance will be achieved within three years.

In agreement with SG, NHS Fife developed a 5-year plan on the basis that it provides a more realistic and credible timescale within which NHS Fife can achieve financial sustainability and commence brokerage repayments for the financial support received in the years 2022/25.

The MTFP was endorsed by the FPRC (Reserved Business) on 14 March 2023, followed by Board approval (Reserved Business) on 28 March 2023. It provides clarity on funding and expenditure assumptions with areas of greatest risk and uncertainty highlighted. It presents a range of potential scenarios which demonstrate the impact of changes to key parameters, with a £10.9m financial gap identified for 2023/24.

MFTP – SG Response and Brokerage Required

The SG acknowledged the position outlined in the MTFP in March 2023, with the Board advised to undertake the following actions:

- Provide an update on progress against actions set out in the financial recovery plan, including the work carried out in collaboration with the IJB and regional partners.
- Develop a plan to deliver 3% recurring savings in 2023-24 and develop options to meet any unidentified or high-risk savings balance.
- Develop other measures to be taken to further reduce the financial gap.
- Review key underlying drivers of the deficit and specific risks as presented within the Financial Plan.
- Focus on addressing Covid-19 legacy costs, including additional bed capacity.

The NHS Fife Financial Improvement and Sustainability Programme aims to mitigate the financial gap and deliver against the SG actions. Financial reporting to the Board and FPRC has highlighted that currently there is a high possibility that NHS Fife will require a level of brokerage from the SG

to deliver the identified financial gap of £10.9m it is however now clear that the in-year financial gap is materially increasing, the latest forecast is £23m, this position has been reported to NHS Fife Board and SG. The Board will work towards reducing the final level of brokerage where that is possible.

Internal Audit Annual Report 2022/23 (B06/24) previously highlighted that *“NHS Fife Board needs to assure itself that it has the capacity and capability sufficient to drive strategy, and the associated transformation programme as well as delivering savings of £15m a year.”* NHS Fife needs to ensure it has the capacity to drive forward required savings, if it is to have any chance of avoiding the use of further brokerage in 2023/24 and onwards.

Current Financial Position for the period to 30 September 2023

Finance reporting to Board and FPRC has been transparent, and the Director of Finance and Strategy has consistently and clearly articulated financial challenges through EDG, Standing Committees and the Board.

The MTFP reports an underlying deficit of £25.9m with a £15m cost improvement plan and a projected residual gap of £10.9m for 2023/24. A £15.9m revenue overspend was reported for the six months to the end of September 2023. The financial report reflects the continuing impact of the historic and emerging financial pressures set out in the medium-term financial plan and, more importantly, reflects the limited progress to deliver against the agreed £15m cost improvement programme.

The overall financial overspend of £15.9m includes extra funding allocations of £7.5m pro rata for the period to September 2023 (full year £15.1m) which, if they had not been received, would have substantially impacted the current overspend.

The SG has highlighted in recent letters to NHS Fife, following Quarter 1 results and the forecast year end position, that NHS Fife need to identify more actions between now and the financial year end to improve the forecast outturn and move towards break even.

Cost Improvement Plans (Savings)

In line with national expectations and highlighted above, a 3% cost reduction target was allocated across the Board core revenue resource limit which included the funds delegated to the Fife H&SCP. A cost improvement target of £4.6m was delegated to the partnership and the remaining £15m is the responsibility of NHS Fife to deliver.

The Financial Improvement and Sustainability (FIS) Board meets monthly. The update on the status of the FIS Programme to the end of September 2023 noted that £5.38m of cost improvement plans was confirmed as delivered, however only £2.56m is confirmed on a recurring basis. The absence of recurring savings will impact on subsequent years.

The MTFP savings identified £10m of temporary staff reduction and £5m of surge capacity reduction. The spend on temporary staffing has remained high and as highlighted in financial reports spending this year, this is more than last year, with only £0.31m confirmed savings. Initial plans to reduce surge capacity have not materialised and the Director of Finance has reported that savings will not be made in this area due to ongoing pressures within Acute Services. Other areas have been identified as providing savings but as of September 2023, £9.62m remains as unconfirmed.

The FIS report to the November 2023 FPRC refocused the approach to recovery options in 2023/24 (Horizon 1), for example, introducing a different approach to achieve supplementary staffing reduction with a *“focus on determining the impact and effectiveness of the additional measures taken over the past 12 months to increase substantive staffing to enable a reduction in premium cost agency staffing”*. Further work (Horizon 2) is planned to assess the viability of a range of other options to deliver greater value and, where possible, achieve cost reductions over the medium

term, with options including Service Redesign, Estates Review, Reducing Corporate Overheads, Optimising Digital Opportunities and review of Waste systems. Horizon 3 will aim to drive forward the Values Based Healthcare discussion with clinicians to determine whether there are opportunities to realise greater value from the c£900m revenue budget based on considering how services might be delivered in the future.

Savings identified within the FIS Programme are currently operational rather than strategic in nature. Now that the PHWS has been approved and in-year and medium term plans are in place, the linkage of future cost improvement programmes to the operational delivery of the PHWS should be made explicit within future reporting.

Finance Risk Reporting Revenue

There are two corporate financial risks, one for in year delivery of the financial plan and the second related to the longer-term financial plan.

The update provided to the FPRC in November 2023 for Risk 13 - Delivery of a balanced in-year financial position noted the position *'has materially deteriorated in Q2 with very limited progress against the in-year cost reduction target. This position has been reviewed to determine actions which can be taken to reduce the level of forecast overspend. Despite ongoing attempts to reduce costs and a commitment to avoid any additional investment in our services, it is highly likely that the Board will require significant financial brokerage to break-even'*.

We commend the openness of the reporting of the financial position and the forewarning that brokerage will likely be required. We recommend that both target and actual risk scores are reviewed, to ensure they fully reflect the deterioration in the financial position and the challenging environment. The target risk scores due to be achieved by 31 March 2024 appear to be optimistic in the circumstances.

We reiterate our view from the Internal Audit Annual Report 2022/23 (B06/24) that the organisation must assure itself that it has both capacity and can affect cultural change sufficient to deliver the required level of savings in addition to business as usual. Key actions should follow from the production of the PHWS in terms of prioritisation and service change.

Property Asset Management, Net Zero and Capital Risk

In September 2023 NHS Fife Board approved the Whole System Property and Asset Management Strategy, developed from the previous Property Asset Management Strategy. This new Strategy demonstrates links to the PHWS. It is anticipated that the SG will request a 'Whole System Initial Agreement' and this new Property Strategy provides the strategic direction to develop this approach.

The capital plan for 2023/24 was approved in March 2023 as part of the MTFP. Reporting of the capital plan to the FPRC is frequent, with the latest report in November 2023 highlighting no significant risks but issues remain with long lead in times within the supply chain and continued inflationary challenges.

The new strategy highlights the importance of Net Zero, having started the process of creating net-zero carbon road maps for all NHS Fife sites as part of its building energy transition programme. This will show what NHS Fife needs to do to achieve net-zero emissions and the costs associated with that.

The Prioritisation & Management of Capital funding risk is reported to the FPRC, and a Deep Dive is due to be presented to the January 2024 meeting. As part of this we would expect an assessment is provided on the adequacy and effectiveness of key controls and actions.

Asset Verification

Physical checking of a sample of assets is a management requirement within the NHS Fife Financial Operating Procedures. Internal Audit have been provided with evidence that physical checking of equipment has been undertaken during the financial year to date.

INFORMATION GOVERNANCE

Information Governance

Corporate Risks:

Risk 17 – Cyber Resilience – High Risk (16); Target (12) Moderate by September 2024 – Above Risk Appetite

There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or integrity of digital and information required to operate a full health service.

Risk 18 – Digital and Information – High Risk (15); Target (8) Moderate by April 2025 – Above Risk Appetite

There is a risk that the organisation maybe unable to sustain the financial investment necessary to deliver its D&I Strategy and as a result this will affect our ability to enable transformation across Health and Social Care and adversely impact on the availability of systems that support clinical services, in their treatment and management of patients.

Governance and Assurance

The Information Governance and Security Steering Group (IG&SSG) and Digital and Information Board (D&IB) continue to provide assurance to the CGC. The latest IG&S update was presented to CGC in September 2023, with a further update scheduled for March 2023. Updates on the D&I Strategy were provided to CGC in July and November 2023.

The IGS Accountability and Assurance Framework Report has been developed following a mapping exercise between the Scottish Public Sector Cyber Resilience framework and the ICO Accountability Framework and is presented to each meeting of the IG&SSG. Whilst we commend this approach, further development is required as only three of the 10 categories reported have fully defined performance metrics defined and only one of the 10 categories includes cross reference to the risks associated with it. The IG&SSG has been informed that work is underway to address these issues, but no definitive timeline has been communicated.

The Terms of Reference for both the IG&SSG and D&I Board require papers to be issued at least 5 clear days before the meetings but this has not been happening. Some papers have been delivered as presentations at the meeting without having been sent to members in advance. This should be remedied to ensure compliance with the ToR.

Risk Management – IG&SSG and D&I

The management of IG&S risks is reported to each IG&SSG meeting within the IGS Accountability and Assurance Framework Report and is included in the updates to CGC twice a year. A risk report is also presented to each D&IB and there is some commonality of risks in the reports presented to IG&SSG and D&IB.

The latest risk reporting to IG&SSG and D&IB shows that there are a total of 48 risks with 11 scored as high, 27 as medium and 10 scored as low. The graphical representations showed that 23 risks had improved scores since the last report, 24 had remained static and 1 had deteriorated.

Summary information is also provided indicating the total number of risks in each category across D&I with the number within (35%) and outwith (65%) the risk appetite highlighted. The report does not currently include commentary on whether the actions underway and planned will be sufficient to bring these risks within the risk appetite in an acceptable timescale.

Corporate Risks

The two Information Governance corporate risks have been aligned to the CGC for scrutiny and Deep Dives are reported. A deep dive into risk 18 – D&I Strategy was presented to CGC on 3 November 2023 and a deep dive into risk 17 Cyber Resilience is to be presented to the 12 January 2024 meeting. In common with other areas of risk management the format of the deep dives should be improved to address our annual report (B06/24) recommendations.

Although the scores on the corporate risks associated with IG&S have remained static in the year to date, there is evidence of actions being progressed to reduce these towards their target scores and the latest reporting includes a timescale for reaching the target level.

Digital and Information Strategy

The D&I Strategy update to the CGC on 3 November 2023 included analysis of delivery and clearly shows items partially or not delivered. It also identified themes for the next iteration of the strategy and confirmed that this will be supported by a financial framework.

The regular portfolio and project updates provided to the D&IB outline the status of projects and their strategic alignment.

Information Governance Responsibilities

An NHS Fife Senior Information Risk Owner (SIRO) and Data Protection Officer (DPO) are in place and the SIRO is an Executive member of the Board.

Information Governance Policies and Procedures

The status of IG related policies is reported to IG&SSG in the IGS Accountability and Assurance Framework Report with the most recent report presented in October 2023 indicating that all 7 of the 8 policies were within their review date (87.5%). The exception being GP/D3 – NHS Fife Information Governance and Data Protection Core Policy which has a review date August 2023. The IGS Accountability and Assurance Framework Report states that this policy has been reviewed and is available for consultation.

Information Governance Incidents and Reporting

Updates on IG&S incident management are reported to each IG&SSG meeting and to the CGC twice per year. The most recent update to CGC on 3 November 2023 included:

- the number of IG&S incidents reported via DATIX
- the number of IG&S incidents reported to the ICO or Competent Authority, the number of these reported within the required 72-hour timescale and the number that required follow-up by the ICO.

At its meeting on 10 October 2023 the IG&SSG received an update on an incident where an imposter obtained personal identifiable information. This resulted in a reprimand from the ICO, which is the tier of ICO enforcement action below monetary penalties and can include publication of the reprimand on the ICO website. The IG&SSG agreed that the reports from the SAER would be provided to the IG&SSG for consideration before this incident would be highlighted to CGC outlining the issue would warrant disclosure in the Board's Governance Statement.

Action Point Reference 4 – Assurance Reporting to IG&SSG

Finding:

The IGS Accountability and Assurance Framework Report includes ten categories but while the IG&SSG have been advised that performance metrics are being developed for these, the group have not been informed of a timescale for completion of this and to date only three of the categories have fully established performance metrics defined.

Papers to the IG&SSG and the D&I Board has not always been timely and some papers have been delivered as presentations at the meeting without being distributed. The terms of reference for both IG&SSG and D&I Board state that the papers will be issued at least 5 clear days before the meetings, but this has not been happening in practice.

Audit Recommendation:

IG&SSG should be provided with a timescale by which the IGS Accountability and Assurance Framework Report will be improved to include:

- fully established performance measures for each category reported in the framework
- completed risk sections for each category in framework report including cross referencing to the ID of risk in DATIX and to the improvement actions that will reduce the risk score.

The timing of the issue of papers to IG&SSG and D&I Board members should be monitored, and action taken to ensure that the papers are provided to members at least 5 days before the meeting dates.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The performance measures will be established throughout the remainder of 2023-24. While the measures can be developed the ability to report on these in a consistent and efficient manner will need to be established.

The IG&S Accountability Framework will be updated to include the relevant risk summary.

The timing of the issue of papers will be monitored.

Action by:

Date of expected completion:

Associate Director of Digital and Information

30 April 2024

Action Point Reference 5 – IG&S Incident Management Assurance

Finding:

At its meeting on 10 October 2023 the IG&SSG received an update on an incident where an imposter obtained personal identifiable information. This resulted in a reprimand from the ICO, which is the tier of ICO enforcement action below monetary penalties and can include publication of the reprimand on the ICO website. The IG&SSG agreed that this incident would warrant disclosure in the Board's Governance Statement, however, the report and findings from the SAER group would need to be issued to the IG&SSG prior to the item being highlighted to the CGC.

Audit Recommendation:

Our existing recommendation in ICE 2022-23 (B08/23 point 10) relates to including a conclusion in the incident management part of the update report to CGC from IG&SSG regarding whether any of the incidents being managed are likely to require a disclosure in the Board's Governance Statement. Having considered the breach referred to above the approach to reporting on information governance and security breaches should be strengthened to ensure that:

- The IG&SSG consider whether any of the breaches being reported are likely to require to be disclosed in the Board's Governance statement
- CGC are informed at the earliest opportunity regarding any breaches that are likely to require a disclosure in the Board's Governance Statement
- These steps are reflected in the relevant policies and procedures.

Assessment of Risk:

Merits
attention



There are generally areas of good practice.

Action may be advised to enhance control or improve operational efficiency.

Management Response/Action:

The Incident reporting element to the IG&SSG will consider if any of the breaches are likely to require disclosure in the Board's Governance statement.

Through identification of these breaches the IG&SSG will consider the necessary escalation to the CGC.

Action by:





Date of expected completion:

Associate Director of Digital and Information

30 April 2024

Assessment of Risk

To assist management in assessing each audit finding and recommendation, we have assessed the risk of each of the weaknesses identified and categorised each finding according to the following criteria:

Fundamental		Non Compliance with key controls or evidence of material loss or error. Action is imperative to ensure that the objectives for the area under review are met.	None
Significant		Weaknesses in design or implementation of key controls i.e. those which individually reduce the risk scores. Requires action to avoid exposure to significant risks to achieving the objectives for area under review.	None
Moderate		Weaknesses in design or implementation of controls which contribute to risk mitigation. Requires action to avoid exposure to moderate risks to achieving the objectives for area under review.	One
Merits attention		There are generally areas of good practice. Action may be advised to enhance control or improve operational efficiency.	Four

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 11 January 2024
Title:	Medical Appraisal and Revalidation Annual Report 2022/2023 & Medical Appraisal & Revalidation Strategic Framework
Responsible Executive:	Dr Chris McKenna, Medical Director, NHS Fife
Report Author:	Alison Gracey, Medical Appraisal and Revalidation Co-ordinator

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance
- Discussion

This report relates to a:

- Annual Operational Plan

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

- Safe, Effective and Person Centred

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

- Well informed
- 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 Medical Staff Revalidation and Appraisal Report for 2022/2023 (Appendix 1) is being brought to the Staff Governance Committee for their awareness and to provide the committee with assurance that doctors in NHS Fife are up-to-date and are practising to the appropriate professional standards.

A Medical Appraisal and Revalidation Strategic Framework (Appendix 2) has been developed for NHS Fife The aim of the Medical Appraisal and Revalidation Framework is to:

- Ensure that NHS Fife has the capacity and capability to deliver high quality appraisals to eligible doctors in Fife.
- Create a faculty of enthusiastic and competent appraisers.
- Develop an appraiser recruitment and retention plan that meets the needs of the organisation.
- Ensure all the employed and contracted doctors in NHS Fife are aware of the importance, value and benefits of medical appraisal.
- Maximise the number of doctors able to revalidate successfully on their given date by the GMC.
- Give assurance to the organisation and public that our employed and contracted doctors are professionally up to date and fit to practice medicine.
- Ensure doctors are supported appropriately when any issues are raised in connection with appraisal activity.

The Framework is being brought for discussion and comment.

2.2 Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3 Assessment

NHS Fife continue to meet the requirements of the GMC in terms of Medical Revalidation and Appraisal. Although primary care has no issues around recruitment of appraisers, secondary care has found this a challenge and struggle to recruit and retain sufficient NES trained appraisers. However, this is covered by their current appraisers enhanced with bank appraisers. The role continues to be advertised.

2.3.1 Quality/ Patient Care

Medical appraisal ensures that licensed doctors are up-to-date and are practising to the appropriate professional standards.

2.3.2 Workforce

The impact of the Covid 19 pandemic continues to affect appraisal and revalidation. Many doctors experienced significant delays to their appraisals during the pandemic resulting in some of them only being able to complete 4 appraisals rather than the required 5 during their current revalidation cycle.

2.3.3 Financial

Not applicable

2.3.4 Risk Assessment/Management

There may be a risk of being unable to meet the GMC requirements for Medical Revalidation and Appraisal if unable to recruit and retain sufficient numbers of NES Trained Appraisers.

2.3.5 Equality and Diversity, including health inequalities

Not applicable

2.3.6 Other impact

Not applicable

2.3.7 Communication, involvement, engagement and consultation

NHS Fife has a Medical and Appraisal Revalidation Group, who assess and implement any changes which need to be made to current system to adhere to the national enhanced appraisal process.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases, closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

2.3.8 Route to the Meeting

Not applicable.

2.4 Recommendation

This report is presented to the Staff Governance for **Assurance** and members are asked to note the contents of the:

- Medical Appraisal and Revalidation Annual Report 2022/2023 for **Awareness**
- Medical Appraisal and Revalidation Strategic Framework for **Discussion** and **Comment**

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Medical Appraisal and Revalidation Annual Report 2022/2023
- Appendix 2: Medical Appraisal and Revalidation Strategic Framework

Report Contact

Alison Gracey
Medical Appraisal and Revalidation Coordinator, NHS Fife
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Medical Appraisal and Revalidation Annual Report

Consultants, Career Grade Doctors and General
Practitioners

2022/2023

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Medical Appraisal and Revalidation 2022/2023

Consultants, Career Grade Doctors and General Practitioners

Background

Any doctor wishing to practise medicine in the UK must be registered with the General Medical Council (GMC) and hold a licence to practise which needs to be revalidated every 5 years. This is to assure patients, employers and other healthcare professionals that licensed doctors are up-to-date and are practising to the appropriate professional standards.

Revalidation requires annual appraisal, including feedback from colleagues and patients at least once during the five year period. Evidence of the doctor's range and volume of practice, such as the number of operations carried out or prescribing patterns is also reviewed.

Governance Structure

Every doctor wishing to practise medicine in the UK must be linked to a Designated Body and its' Responsible Officer (RO) referred to as a "prescribed connection". Recommendations for the revalidation of all doctors is achieved through each Health Board's RO.

NHS Fife meets with representatives of the GMC twice yearly. These meetings cover feedback on actions from the last meeting; GMC and local updates, current GMC cases, closed GMC cases, GMC related press enquiries for NHS Fife doctors and the opportunity for the RO to discuss any other issues such as revalidation.

In line with national policy Dr Chris McKenna is NHS Fife's Responsible Officer, Dr Iain MacLeod and Dr Helen Hellewell are NHS Fife's Deputy Responsible Officers. This responsibility covers all Consultants, Career Grade Doctors and General Practitioners employed by NHS Fife.

Medical Revalidation in NHS Fife is overseen by the Medical Appraisal and Revalidation Group chaired by Dr Chris McKenna, Medical Director/Responsible Officer – NHS Fife. This group reports to NHS Fife's Clinical and Staff Governance Committees.

Annual Appraisal

Revalidation for doctors in Scotland is achieved by using a standardised bespoke "Enhanced Appraisal" system designed by the National Appraisal Leads Group for Scotland (NALG).

All doctors in both Primary Care and Secondary Care are required to participate in an annual appraisal.

Appraisals are documented using the NHS Education Scotland (NES) provided web based system SOAR (Scottish Online Appraisal Resource). A signed Form 4 (appraisal summary) is proof that an individual has successfully engaged in the Appraisal process for that year.

Medical Appraisal & Revalidation 2022/2023	Version 1.0 (Draft)	Date: 6 October 2023
Alison Gracey, Medical Appraisal & Revalidation Coordinator	Page 1 of 5	Review Date: N/A

Appraisers

All appraisers in Scotland must be NES trained. In Primary Care there are 14 NHS Fife appointed NES trained Appraisers. This allows every General Practitioner (GP) to have an annual appraisal. GP Appraiser recruitment is undertaken locally. GP appraisers are expected to undertake around 18 appraisals per annum for 1 session.

In Secondary Care there were 42 NES trained appraisers as of 31 March 2023, having lost one of the bank appraisers and gaining 2 part time appraisers toward the end of the period.

The recruitment and retention of appraisers in Secondary Care can be challenging hence NHS Fife has enlisted the help of a small bank of retired appraisers and are working on developing a strategy to attract eligible doctors to undertake appraiser training and encourage the recruitment of trained appraisers within Secondary Care.

Appraisers in Secondary Care are expected to cover 10 appraisals per year within 0.5 of a Supporting Professional Activity (SPA), although there are a number who do half of this

NES offer the new appraiser training course with 2 courses available most months; however with the pressures on services, it has still been difficult to recruit. The course is 2 half days delivered virtually in combination with e-learning modules.

Continuing Impact of Covid 19 Pandemic on Appraisal/Revalidation

Although the appraisal and revalidation process is essentially back to normal, the impact of the pandemic continues to affect appraisal and revalidation. Many experienced significant delays to their appraisals during the pandemic meaning they have only been able to complete 4 appraisals rather than 5 during their current revalidation cycle.

While a light year for revalidation with only 69 doctors due for revalidation during 2022-2023, a number of doctors have required a deferral of their revalidation date due to the delays and lack of evidence. There were a total of 74 recommendations made as 5 who were deferred were later revalidated during the same appraisal period, 2 in Primary Care and 3 in Secondary Care. See Chart 1 for figures.

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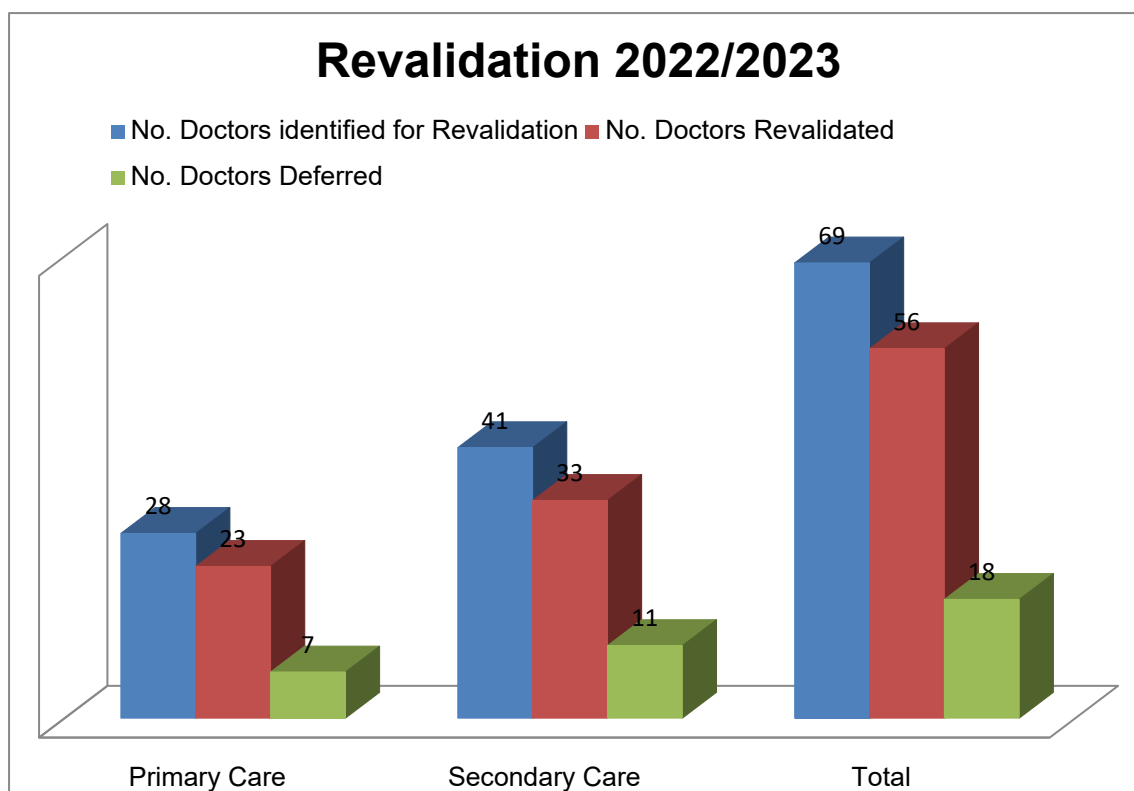


Chart 1: Revalidation 2022/2023

* A total of 5 doctors (2 PC and 3 SC) were deferred later revalidated in the same period.

Appraisal within NHS Fife for Period 1 April 2022– 31 March 2023

As at 31 March 2023 there were 722 doctors with a prescribed connection to NHS Fife. This includes Primary Care (GP's), Secondary Care (Consultants, SAS Doctors, Clinical Fellows and Honorary Consultants), and University staff without an honorary contract.

Appraisals, in the most part, have returned to pre pandemic levels of evidence. Although some are still struggling to obtain patient feedback due to virtual or telephone appointments, the majority are now managing to obtain this without too much difficulty. Despite the delays, most are getting back on track to meet their future revalidation requirements. The focus of appraisal remains on wellbeing.

The figures in Chart 2 show that the majority of those eligible managed to have an appraisal this year. A proportion were not eligible because they were either new to their role and not yet due an appraisal during the period or were issued a Form 5A, giving them exemption for the period. Table 1 shows appraisal numbers for those eligible. Chart 3 shows the reasons for a Form 5A having been issued.

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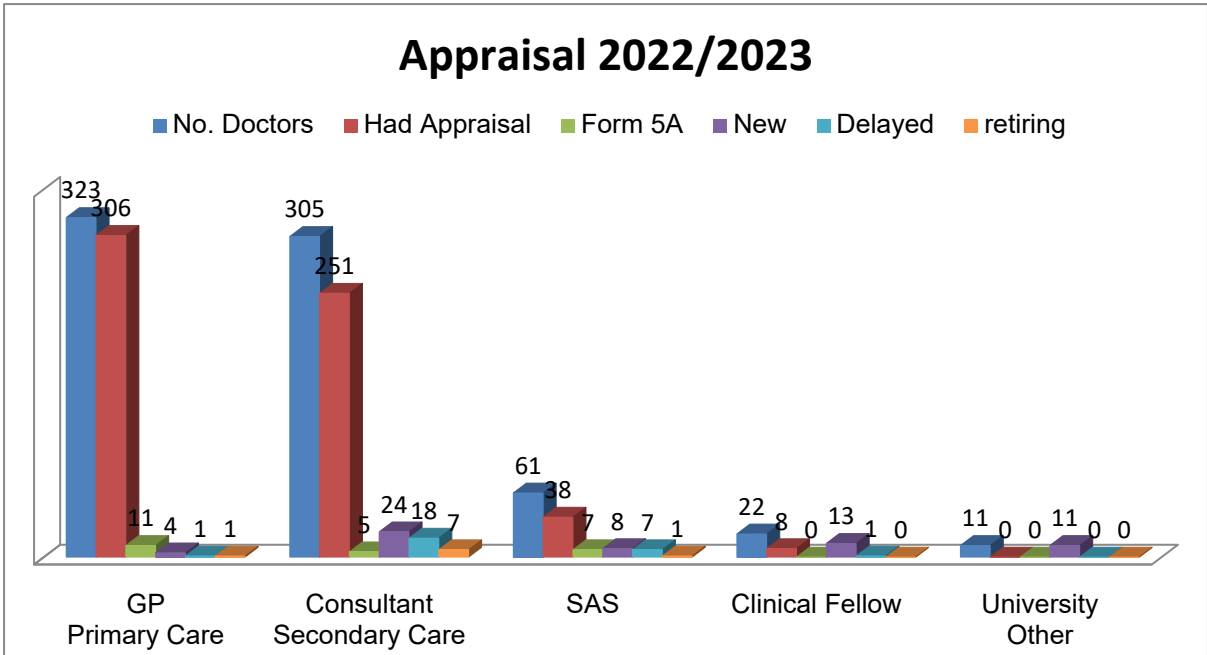


Chart 2: Appraisal 2022/2023

		No. Doctors	No. Not eligible (exempt or new)	No. Eligible	No. Had appraisal	% had appraisal
Primary Care	GP	323	15	308	306	99.35%
Secondary Care	Consultant	304	29	275	251	91.27%
	SAS	83	15	68	38	55.88%

Table 1: Appraisal Numbers - Those Eligible 2022/2023

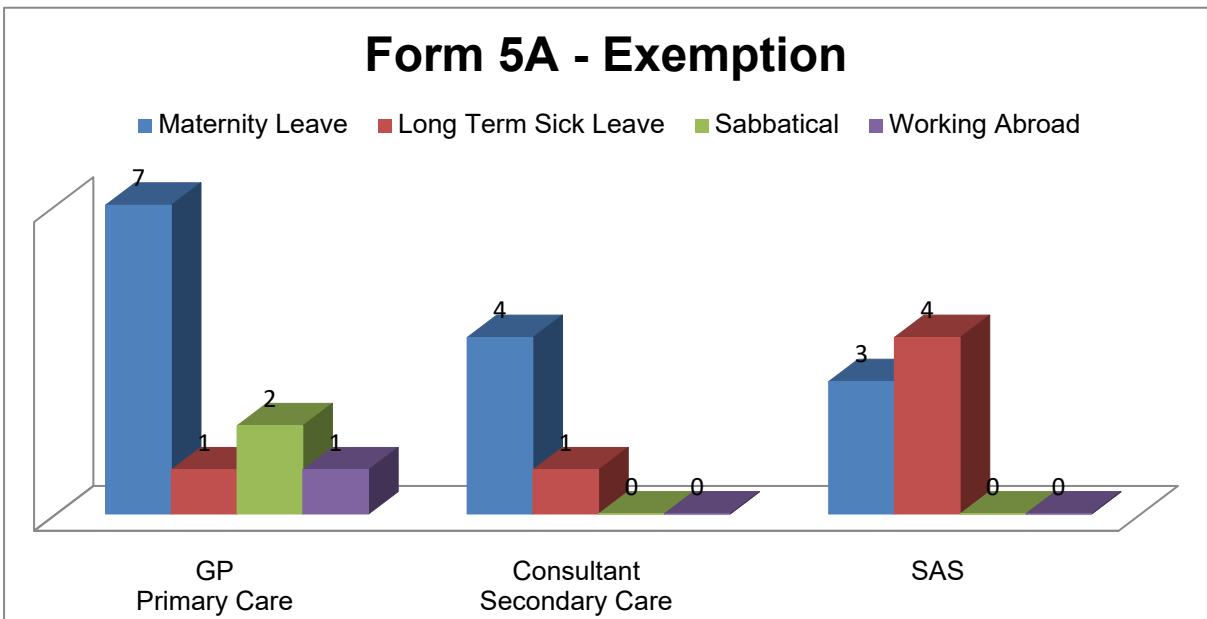


Chart 3: Form 5A's Issued 2022/2023

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Summary

The key issues for 2022/2023

1. NHS Fife continues to respond well to the challenges of Medical Appraisal and Revalidation and is getting back on track following the Covid 19 pandemic delays.
2. The GP Appraisal scheme in Fife continues to run well with little or no problems identified therefore no further action is required at this time.
3. The Appraisal process in Secondary Care continues to run well with few problems identified other than recruitment and retention of Appraisers.
4. MARG continues to be instrumental in overseeing the appraisal and revalidation processes and ensuring any issues/challenges that arise are resolved.

The key actions for 2023/2024

1. Continue to maintain an up-to-date record of all Consultants, Career Grade Doctors and General Practitioners with whom NHS Fife has a “prescribed connection”.
2. Continue to develop and implement a strategy to encourage the recruitment of trained appraisers within secondary care in NHS Fife. Create a supportive ‘myth busting’ approach towards appraisal and revalidation in Fife.
3. Continue to support doctors with the appraisal/revalidation process.
4. Develop Medical Appraisal and Revalidation Strategic Framework.

Alison Gracey
Medical Appraisal and Revalidation Coordinator
NHS Fife
6 October 2023

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Medical Appraisal & Revalidation Strategic Framework

2024-2027



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1. Executive Introduction

Our aim as an organisation is to deliver safe, effective, person-centred care. Medical Appraisal and Revalidation is part of the process to ensure this, encouraging a meaningful and supportive appraisal available to all doctors. This in turn provides assurance to us as the employing Health Board and our patients that our doctors are up to date and fit to practice.

Appraisal is a supportive, formative and developmental process. It should be a positive process, providing doctors with feedback and allow reflection on their past and to plan their future progress.

Appraisal and revalidation will support and equip our medical staff ensuring their health and wellbeing as well as providing the appropriate information and support to deliver excellent care.



Dr Christopher McKenna

Executive Medical Director and Responsible Officer, NHS Fife

2. Purpose

The aim of the Framework is to:

- Ensure that NHS Fife has the capacity and capability to deliver high quality appraisals to eligible doctors in Fife.
- Create a faculty of enthusiastic and competent appraisers.
- Develop an appraiser recruitment and retention plan that meets the needs of the organisation.
- Ensure all the employed and contracted doctors in NHS Fife are aware of the importance, value and benefits of medical appraisal.
- Maximise the number of doctors able to revalidate successfully on their given date by the GMC.
- Give assurance to the organisation and public that our employed and contracted doctors are professionally up to date and fit to practice medicine.
- Ensure doctors are supported appropriately when any issues are raised in connection with appraisal activity.

3. What is Medical Appraisal and Revalidation?

3.1 Appraisal

Medical appraisal in Scotland is managed in the NHS designated bodies at Board level by Executive Medical Directors who are also Responsible Officers (ROs). They appoint appraisal leads and appraisers. NHS Fife has two deputy ROs- the Deputy Medical Directors for Acute Services and the Health and Social Care Partnership. The Medical Director for NHS Education Scotland (NES) is the RO for all doctors in training.

Annual appraisal is a contractual obligation for all Consultants, Specialty Doctors and Associate Specialists (SAS doctors), Career Grade doctors and General Practitioners (GPs) contracted by NHS Boards. It is an opportunity for reflection and learning of a doctor's whole practice. It should be a supportive process, providing doctors with feedback and to allow reflection and plan their future professional development.

The appraisal is based on the General Medical Council (GMC) Good Medical Practice Framework for Appraisal and Revalidation (March 2013) which describes the principles of good medical practice and standards of competence, care and conduct expected of doctors in all aspects of their professional work. It consists of four domains:

- Knowledge, skills and performance.
- Safety and quality.
- Communication, partnership and teamwork.
- Maintaining trust.

and gives the doctor the opportunity to:

- Reflect on their clinical and non-clinical practice.

- Reflect on the supporting information they have gathered and what that information demonstrates about their practice.
- Reflect on and discuss their health and wellbeing.
- Identify areas where they could make improvements or undertake further development and produce a Personal Development Plan (PDP) for the coming year.
- Demonstrate that they are up to date.

3.2 Revalidation

Medical Revalidation has been a legal requirement in the UK since December 2012 and is the process by which doctors demonstrate to the General Medical Council (GMC) and reassure patients and employers that they are up to date and fit to practise.

The Medical Profession (Responsible Officers) Regulations 2010(1) and the Medical Profession (Responsible Officers) (Amendment) Regulations 2013(2) require each body designated under the regulations to appoint a Responsible Officer (RO) who must monitor and evaluate the fitness to practise of doctors with whom the designated body has a prescribed connection. A designated body is a doctor's principal employer that will provide a regular appraisal and support them with revalidation.

Under current legislation, every 5 years, the RO is responsible for making recommendation to the GMC regarding a doctor's suitability for licence renewal (revalidation). This is based on the satisfactory completion of annual appraisals undertaken in the workplace and any other governance information available to the RO.

The process:

- Supports doctors in regularly reflecting on how they can develop or improve their practice.
- Gives patients confidence doctors are up to date with their practice.
- Promotes improved quality of care by driving improvements in clinical governance.

4. Framework Overview



Our Aims

- Deliver high quality appraisals to the senior doctors in Fife.
- Create a faculty of appraisers.
- Develop an appraiser recruitment and retention plan.
- Support doctors to appreciate the importance, value and benefits of medical appraisal.
- Give assurance our doctors are 'up to date and fit to practise'.



Our Values

- Care and compassion.
- Dignity and respect.
- Quality and teamwork.
- Openness, honesty and responsibility.



Medical Appraisal and Revalidation Activities

- Medical appraisal for all employed and contracted medical staff.
- Ensuring robust appraisal procedures in place to allow annual appraisal for all trained medical staff.
- Support and training for appraisers.
- Support for all trained medical staff to enable them to meet appraisal and revalidation requirements.
- Responsible Officer revalidation recommendations.



Enablers

- Effective policies and procedures.
- Scottish Online Appraisal Resource (SOAR).
- NES Training.
- Appraisers.
- Strong senior medical leadership.
- Medical Appraisal & Revalidation team.
- Medical Appraisal & Revalidation Group (MARG).



Our Values

We will:

- Lead with compassion.
- Ensure that the wellbeing of our medical workforce is a priority.
- Ensure that we are visible, approachable and supportive.
- Ensure that learning is shared.



Medical Appraisal and Revalidation Activities

We will:

- Maintain robust medical appraisal policies and procedures.
- Develop an appraiser and recruitment and retention plan.
- Support all doctors to appreciate the importance, value and benefits of medical appraisal.
- Ensure annual appraisal is available for all employed and contracted medical staff.
- Ensure that employed and contracted doctors have access to supporting information for their appraisal.
- Provide training and support in relation to appraisal for both appraisers and appraisees.
- Ensure that doctors who find the process challenging are supported appropriately to avoid the requirement for GMC non-engagement action.
- Ensure that our medical workforce understands the requirements to remain up to date.
- Ensure the employed and contracted doctors continue to have a licence to practise through timely revalidation recommendations.



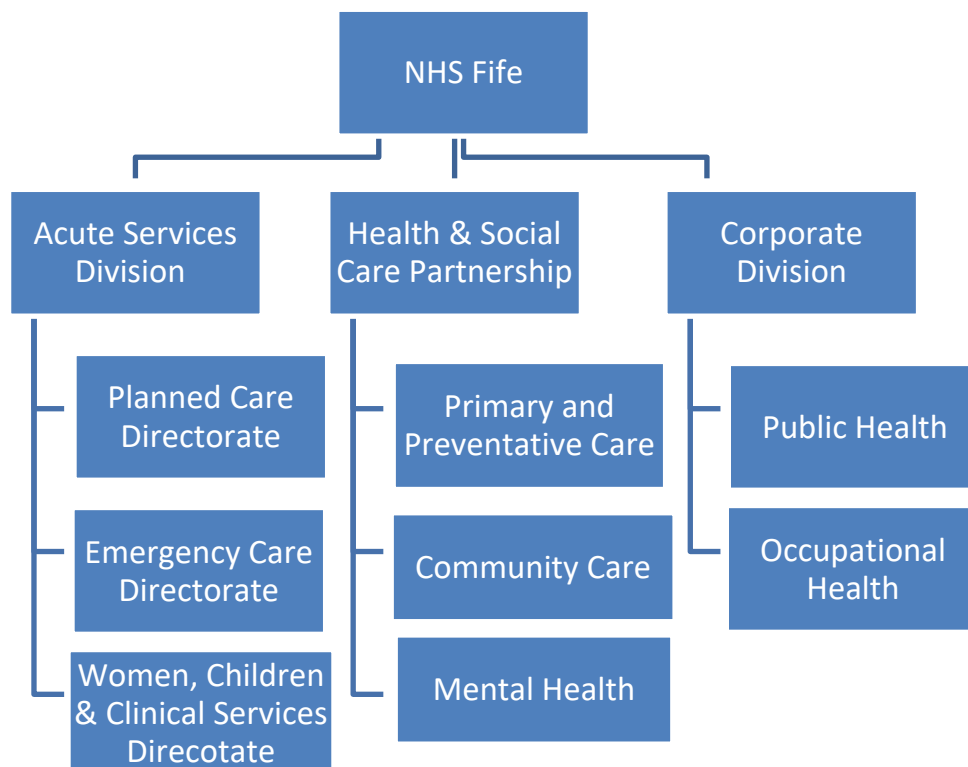
Enablers

We will:

- Adhere to national guidance.
- Update all local appraisal policies and procedures.
- Maintain and ensure NHS Fife data on the Scottish Online Appraisal Resource (SOAR) is kept up to date and any issues are raised regarding the platform.
- Provide support, training and advice in relation to the use of SOAR.
- Actively promote NES appraiser training on a regular basis to encourage and direct potential appraisers to the course.
- Support the Responsible Officer with the revalidation process.
- Provide support, training and advice around the appraisal and revalidation process.
- Develop a delivery plan that will support the delivery of this framework.
- Ensure that MARG meetings are supported by focussed agendas, action plans, monitoring of the appraisal process and any issues that may arise.

5. Scope

This framework applies to all employed doctors (GP's, Consultants, SAS Doctors and Career Grade Doctors) contracted to NHS Fife.



6. Strategic Context

This framework aligns to our strategic priorities:

- To improve health and wellbeing.
- To improve the quality of health and care services.
- To improve staff experience and wellbeing.
- To deliver value and sustainability.



Below are the national documents which influence our approach to medical appraisal and revalidation and the local policies and procedures which align to this Framework.

National Documents

- The Good Medical Practice Framework for Appraisal and Revalidation GMC March 2013.
- Medical Appraisal Guidance Scotland (MAGS) December 2021.
- Preparing for Appraisal for Revalidation Purposes – produced by Short Life Working Group of the Revalidation Delivery Board for Scotland (RDBS), November 2022.
- Medical Profession (Responsible Officers) Regulations 2010(1).
- Medical Profession (Responsible Officers) (Amendment) Regulations 2013(2).

Local policies and procedures

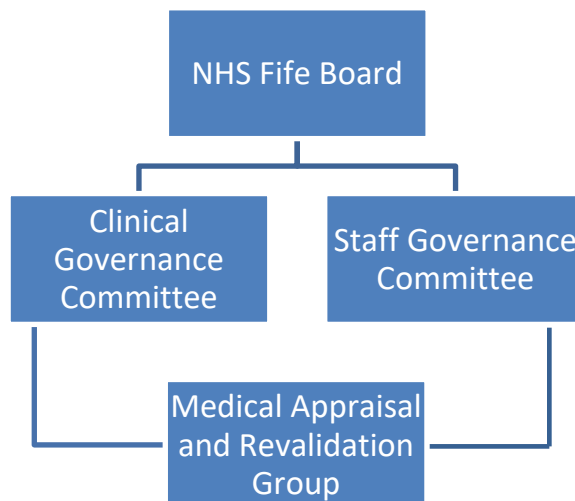
- Medical Appraisal and Revalidation Policy and Procedure 2018.

7. Governance Structures

The Revalidation Delivery Board for Scotland (RDBS) was convened by the Scottish Government to oversee the development and implementation of revalidation. It is the main policy making body for appraisal and revalidation in Scotland. The Board is chaired by the Senior Medical Officer, lead for Medical Revalidation within the Scottish Government and includes a range of stakeholders with an interest in appraisal and revalidation.

An annual review of appraisal and revalidation is commissioned by RDBS on behalf of the Scottish Government produced by NHS Education for Scotland (NES) -Medical Appraisal & Revalidation Quality Assurance (MARQA) Review. The Chief Medical Officer (CMO) requires Medical Directors of NHS Boards to submit an Annual Report outlining the key performance indicators relating to the delivery of appraisal to their NHS Board. Submission of the MARQA report would normally suffice for this purpose.

Medical Appraisal and Revalidation processes in NHS Fife are overseen by the Medical Appraisal and Revalidation Group (MARG). The purpose of the group is to provide NHS Fife's Clinical Governance Committee (CGC) and Staff Governance Committee (SGC) with the assurance that systems/processes are in place, as per NHS Scotland's Guide to Enhanced Appraisal for Medical Revalidation to support annual appraisal of all doctors with a prescribed connection to NHS Fife to take place, thus enabling NHS Fife's Responsible Officer to make revalidation recommendations to the General Medical Council. The Medical Appraisal and Revalidation Annual Report is sent to both the CGC and SGC.



8. Roles and Responsibilities

8.1 Responsible Officer

The Responsible Officer (RO) is the Executive Medical Director for NHS Fife. The RO is tasked with making recommendations for revalidation to the GMC with regard to their Health Board's doctors based on their satisfactory completion of annual appraisals. The RO is also responsible for ensuring that a robust appraisal system is in place within the organisation and that the appraisers who conduct appraisals for revalidation purposes have been appropriately trained.

To avoid conflict of interest and protect the integrity of the system, ROs do not undertake appraisals for doctors for whom they will be required to make a revalidation recommendation.

Similarly, ROs in Scotland are appraised by a trained appraiser who is independently allocated to them by NHS National Services Scotland (NSS).

8.2 NHS Education Scotland (NES)

The Scottish Online Appraisal Resource (SOAR) is a secure online application developed by NES to facilitate the appraisal and revalidation processes. Funded by Scottish Government, SOAR is provided for all doctors connected to a designated body in Scotland. It facilitates safe collection and storage of information for appraisal. It also allows the organisation and tracking of appraisals and the storage of appraisal forms.

To ensure that appraisals are delivered to a uniform high standard across the country, all appraisers must undertake training. In Scotland, this is organised and delivered by NES. Appraisers are also expected to undertake refresher training, approximately every 5 years.

8.3 Appraisal Leads

The RO appoints an Appraisal lead for Secondary Care and Primary Care who oversee the process in their respective areas. They support both doctors and appraisers and are involved in the Appraiser recruitment and training processes for their respective areas.

8.4 Medical Appraisal & Revalidation Coordinator and Primary Care Appraisal Administrator

The Medical Appraisal and Revalidation Coordinator manages the appraisal process on behalf of the RO and Secondary Care Appraisal Lead. They are responsible for overseeing the day-to-day management of the process, making sure all secondary care doctors have access to an appraiser to enable them to complete annual appraisals. They also support both doctors and medical appraisers through the appraisal process, providing information, advice and training as necessary. The Primary Care Appraisal Administrator operates a similar process for appraisal within Primary Care on behalf of the RO and the Primary Care Appraisal Lead (Local Appraisal Advisor for Primary Care).

The Medical Appraisal and Revalidation Coordinator manages the revalidation process for both Primary and Secondary Care providing support to doctors and appraisers as well as ensuring the RO has all relevant information available when making revalidation recommendations.

8.5 Medical Appraisers

In Secondary Care the appraiser is expected to undertake around 10 appraisals and in Primary Care around 18 appraisals per year. The appraiser is responsible for reviewing the doctor's supporting documents, conducting the appraisal interview and completing the appraisal summary.

8.6 Doctors

All doctors are asked to reflect and review the entirety of their practice which should focus in the main on information gathered during the preceding year and provide relevant supporting information to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice. This will shape discussions with their appraiser.

9. Medical Appraisal

The appraisal is based on the GMCs Good Medical Practice Framework for Appraisal and Revalidation (March 2013) which describes the principles of good medical practice and standards of competence, care and conduct expected of doctors in all aspects of their professional work.

9.1 Appraiser

- To ensure that appraisals are delivered to a high standard all appraisers in Scotland must be approved by the Appraisal Lead and undertake the NES Appraiser Training. The central appraisal team at NES (Medical Appraisal Scotland) has responsibility for training appraisers and the development and maintenance of the Scottish Online Appraisal Resource (SOAR) used to record all appraisals in Scotland.
- The appraiser is responsible for reviewing the doctor's supporting documents, conducting the appraisal interview and completing the appraisal summary (Form 4). The Form 4 forms the evidence reviewed by the RO when making a recommendation.

9.2 Selecting an Appraiser

- Each doctor in NHS Fife is allocated an appraiser by the Medical Appraisal and Revalidation Coordinator or the Primary Care Appraisal Administrator. Should the doctor have reason not to accept the choice of appraiser, a new allocation will be arranged. There is no right of refusal of the second allocated appraiser.
- There is no requirement for an appraiser that is allocated to an appraisee to be from the same clinical discipline.

- Normally an appraiser will be in current practice or within 3 years of retirement.
- To ensure all doctors have an opportunity to experience different appraisals and to provide robust evidence for revalidation, a doctor should have at least 2 different appraisers within any 5-year period. An appraiser should not normally undertake more than 3 appraisals with the same doctor within this period.

9.3 The Appraisal

In preparation for their annual appraisals, doctors must provide supporting information to demonstrate that they are continuing to meet the principles and values set out in Good Medical Practice Framework 2013.

The appraisal:

- should focus on information gathered during the preceding year and the appraisal year is aligned to the financial year, running from 1st April to 31st March.
- uses the GMCs Good Medical Practice Framework (2013) as its focus and consists of 4 domains:
 - Knowledge, skills and performance
 - Safety and quality
 - Communication, partnership and teamwork
 - Maintaining trust
- is an opportunity for doctors to reflect on their clinical and non-clinical practice, the supporting information they have gathered, their health and wellbeing and identify areas they could make improvements, produce a Personal Development Plan (PDP) for the coming year and demonstrate that they are up to date.
- supports revalidation.
- provides assurance to the employing organisation and to the wider public that a doctor is up to date across their whole practice.

SOAR is a secure online application developed by NES to facilitate the appraisal and revalidation processes. Funded by Scottish Government, SOAR is provided for all doctors connected to a designated body in Scotland. It facilitates safe collection and storage of information for appraisal. It also allows the organisation and tracking of appraisals and the storage of Form 4s.

9.4 Supporting Information

Supporting information must include evidence of Continuing Professional Development, Quality Improvement Activity, Significant Events Analysis, review of complaints and compliments. Colleague multi source feedback (MSF) and patient feedback must be discussed at least once in every 5-year cycle as they are a GMC requirement for

Revalidation. Where a doctor does any work out with their designated body, they must include information about this in their appraisal.

- Continuing Professional Development (CPD)
Doctors must show evidence of CPD for example: courses attended, online modules completed etc. to keep themselves up to date. They should also reflect on if/how the learning has changed their practice. This will often link into their personal development plan (PDP).
- Quality Improvement Activity
All doctors must demonstrate and reflect upon participation in activities that review and evaluate their work, for example audit, review of performance against national benchmarks, case review etc.
- Significant Adverse Event Review (SAER)
SAERs are used to analyse incidents where patients experience harm or could have been harmed during their care. The doctor should reflect either on any SAERs they have been involved in (what they have learned/how it has changed their practice), or if they do not have any, they should reflect on the local SAER process or what they have been doing to avoid the risk of an incident.
- Complaints and Compliments
Doctors should reflect on any formal complaints they have been named in or if not demonstrate an understanding of how the complaints are managed. They can also reflect on any compliments they have received.
- Patient Feedback
All doctors with patient contact are required to gather patient feedback. Any exemptions must be agreed by the RO. Forms and analysis are provided by the Medical Appraisal and Revalidation Team.
- Colleague Multi-Source Feedback (MSF)
To support revalidation all doctors are required to gather MSF. This should be used as a learning and development tool to identify strengths and areas for improvement in a doctor's practice, to inform continuing professional development. NES provide a platform through SOAR to obtain MSF.

10. Revalidation

As outlined earlier, revalidation is the process by which doctors demonstrate to the General Medical Council (GMC) and reassure patients and employers that they are up to date and fit to practise.

- Revalidation has been a legal requirement in UK since 2012
- It provides assurance that a doctor is up to date and fit to practise.
- Doctors are required to revalidate every 5 years.
- The doctor is notified directly of their revalidation due date by the GMC.

- The RO must make a recommendation to the GMC based on a doctor's appraisals over a 5-year period.

10.1 Making a Recommendation

Below is the process undertaken to allow the RO to make a recommendation:

- The RO is advised by the Medical Appraisal and Revalidation Coordinator a month in advance which doctors are due to revalidate.
- The coordinator checks that the doctors have the relevant evidence included in their appraisals that is required for revalidation and advises of any potential issues.
- The RO reviews the Form 4s.
- The RO makes his recommendation to the GMC.
- The RO can make one of 3 recommendations:
 - Recommendation to revalidate.
 - Recommendation to defer (up to 1 year, usually due to insufficient evidence)
 - Recommendation of non-engagement (if a doctor has not been fully participating in the process).
- On the basis of the ROs recommendation, the GMC will decide whether the doctor's licence to practise should continue to be revalidated for a further 5 years.

11. References

- The Good Medical Practice Framework for Appraisal and Revalidation GMC March 2013.
- Medical Appraisal Guidance Scotland (MAGS) December 2021.
- Preparing for Appraisal for Revalidation Purposes – produced by Short Life Working Group of the Revalidation Delivery Board for Scotland (RDDBS), November 2022.
- Medical Profession (Responsible Officers) Regulations 2010(1).
- Medical Profession (Responsible Officers) (Amendment) Regulations 2013(2).
- NHS Fife Medical Appraisal and Revalidation Policy and Procedure 2018.

Meeting:	Staff Governance Committee
Meeting date:	Thursday 11 January 2024
Title:	iMatter Report 2023
Responsible Executive:	David Miller, Director of Workforce
Report Author:	Jackie Millen, Workforce Development and Engagement Officer (KSF)

1. Purpose

This report is presented to Staff Governance Committee for:

- Awareness

This report relates to:

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

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

- Safe, Effective & Person Centred

2. Report Summary

2.1 Situation

The purpose of this report is to inform Staff Governance Committee of the NHS Fife iMatter 2023 outcomes and the preparations currently underway for the 2024/2025 cycle.

2.2 Background

The National Workforce Strategy for Health and Social Care, issued in 2022, sets out a vision of a sustainable, skilled workforce with attractive career choices where all are respected and valued for the work they do. The NHS Recovery Plan 2021-2026, which seeks to drive long term recovery and sustainability in the system, also reinforces the importance of positive staff experience in delivering positive patient outcomes.

It is therefore essential that staff at all levels are empowered to have their voices heard and valued, and staff views and actions contribute to continuous improvement in their teams and organisations.

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

2.3 Assessment

The iMatter national report for 2023 has now been released and not only has NHS Fife achieved increases in all 3 KPI's this year, but our questionnaire rate (66%) and action plan engagement rate (67%) were also the highest out of all 14 NHS Scotland territorial boards. This is the highest engagement rate achieved in both areas since the survey began.

The national report provided details of the actions that some NHS Scotland Boards had taken to improve engagement in the questionnaire with NHS Fife showing the widest range of actions compared to other boards who had submitted this information. Some Boards have already approached the NHS Fife iMatter team and requested some of our resources to support their 2024 survey period. The actions that were taken in NHS Fife are listed in Appendix 1 of this report for information.

Other NHS Fife key achievements noted in the national report include:

- Acknowledgement of our extensive iMatter eLearning programme and the iMatter Manager Action Planning information sessions provided during this year's campaign.
- The NHS Fife iMatter eLearning, now offered on a national level, is referred to by NHS Shetland who have promoted this in their own Board communications.
- Our questionnaire response rate also exceeded the national response rate of 59% and increased our 2022 response rate by 6%.
- Our Employee Engagement Index (EEI) increased by 2 points to 77 and matched the national EEI. This is the highest national EEI ever recorded and the highest for NHS Fife to date.
- For the question related to recommending NHS Fife as a good place to work, there has been an increase of 2 points on 2022 from 74 to 76.
- For the question related to recommending an employee's team as a good one to be part of, there has been an increase of 1 point on 2022 from 84 to 85.
- 67% of Team Action Plans were in place before the end of the 8-week deadline meaning we were the highest achieving geographical board for this stage. This was also 12% above the national outcome and is an 18% increase on 2022.
- There is acknowledgement of how NHS Fife demonstrates supporting staff wellbeing with a Team Story from Low Secure Forensic Ward, Lynebank Hospital. A second team story from Mayfield Assessment and Treatment Unit is also included. The stories are available in Appendix 2 of this report with the full stories accessible via the links provided in Appendix 5 of the national report.
- In total, 2,316 Social Care staff and 3,669 Healthcare staff throughout NHS Fife and the HSCP participated in iMatter 2023.

Preparations have already commenced for the 2024 /2025 survey and include:

- Collaborating with NHS Fife and HSCP 2023 iMatter teams via a short questionnaire to gather feedback on individual experience. Outcomes from this questionnaire will help influence and improve the 2024 campaign.
- Development of iMatter Team hierarchy structures to support easier identification of team changes and sub-reporting structure updates.
- Increasing the number of Directorate Administrators across all areas to provide local support to managers during team confirmation and questionnaire stages.
- Preparation, and scheduling, of communications messages.
- Updating current resources – email signature graphics, manager support pack.

- Early identification of 2024/2025 roadshow venues.
- Collaborating with Communications Team to establish early design and scheduling of video communications by Director of Workforce, Director of Health & Social Care Partnership, Staff Governance Committee representatives and other key individuals.
- Diarising Q&A and Manager Team Action Planning sessions.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

N/A

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

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

2.3.6 Climate Emergency & Sustainability Impact

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

2.3.7 Communication, involvement, engagement and consultation

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

2.3.8 Route to the Meeting

iMatter has been reported through Executive Directors Group as part of the current cycle and has informed the approach and outcomes of the 2023/2024 programme.

2.4 Recommendation

This paper is provided to members for **Assurance** and members are asked to note the outcomes from the 2023/2024 iMatter programme.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1: Actions taken in 2023 to improve engagement in iMatter
- Appendix 2: Learning Disabilities Service Team Stories

Report Contact:

Jackie Millen

Workforce Development and Engagement Officer (KSF)

Email: jacqueline.millen@nhs.scot

Appendix 1: Actions taken in 2023 to improve engagement in iMatter

- Engaging on a higher level with HSCP colleagues by appointing 2 Directorate Admins.
- Distributing awareness raising and progress updates through every stage via organisation-wide communications and direct communications to team managers.
- Service-specific communications to encourage areas where paper-based questionnaires have been used in the past to move to SMS or email.
- 'Things you didn't know about iMatter' – a weekly communication via Weekly Brief, StaffLink and HSCP forums to highlight key facts that may support increased engagement e.g., a move to SMS/ email or engagement in Team Action Planning.
- Distributing short videos from our Director of Workforce and Director of HSCP encouraging engagement in iMatter and emphasising the benefits of this to teams.
- Providing a Manager Pack with resources applicable to all stages of the process - Providing the iMatter eLearning course to HSCP colleagues (with the language changed to reflect their references – e.g., 'patients' to 'service users', etc) for hosting on their Council eLearning platform (Oracle).
- Providing online Q&A drop-in sessions during the Manager Team Confirmation stage.
- Attending individual team meetings to discuss iMatter and the benefits of it (where possible).
- 3-week roadshow over the entire questionnaire period over multiple NHS and HSCP sites to support survey participants, answer questions and provide an opportunity for support in accessing questionnaire (we carried laptops so participants could complete their survey). Coffee, tea and biscuits were provided on all roadshows.

Appendix 2: Learning Disabilities Service Team Stories

Low Secure Forensic Ward, Lynebank Team Story:

Within the main area of the ward, we have a dedicated board which displays our: iMatter team report; action plan; storyboard; and staff poster with areas we do well and where we can improve.

Staff health and wellbeing board: The board provides space for staff to share “moments of joy,” where they can post pictures they have captured which they find positive. The hope is that the positivity will spread to other staff. Also included on the board are: staff discounts; Kingdom Lottery information; upcoming events; information etc.

Changes to the staff room: Decorative items and a Hi-Fi system have been a positive introduction to our staff room. This has helped to make the space feel more welcoming for staff, when enjoying their break times.

Not only in Daleview but across the service, Health and Wellbeing folders have been introduced. These are updated regularly by the service Health and Wellbeing Reps, and provide staff with key information on services/resources available to them. An electronic version is also accessible via the ward T-Drive.

A folder dedicated to training opportunities has also been compiled, and readily accessible. Staff can look through this at their own leisure, with the hopes this will help boost autonomy and provide professional development satisfaction.

Mayfield Assessment and Treatment Unit Team Story:

“Our iMatter action plan highlighted the need for improved staff morale, increased motivation and new ideas within the team.

We have implemented a staff wellbeing wall within the ward. This has up to date resources on a range of subjects including tips for positive health and wellbeing, exercise and gym information, financial support and kindness and compassion. The staff team have reported that this is a welcome addition to our ward environment.”

STAFF GOVERNANCE COMMITTEE
(Meeting on Thursday 11th January 2024)

The main focus of the Area Partnership Forum meeting held on Wednesday 22nd November 2023 was on the continuing incredibly difficult financial position and workforce challenges. In addition to standing items, topics discussed included the proposed revised approach to Whistleblowing within NHS Fife, the Whistleblowing 2022/23 Annual Report and last Whistleblowing Quarterly update. Introduced to the Forum was the Systems Leadership approach. The Anchor Institution draft Strategic Plan was presented and the good work of Volunteers highlighted in the annual report. Progress with the Preparation for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019, the Agenda for Change Reduced Working Week work and Core Training Compliance were discussed. The HR Annual Report and recently revised local policies were presented, together with an update on the national Once for Scotland Workforce Policies work. The Three Year Workforce Plan and the Staff Governance Monitoring Return were also discussed.

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

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 22ND NOVEMBER 2023 AT 13:30 HRS IN STAFF CLUB, VICTORIA HOSPITAL

Chair: Lynne Parsons, Employee Director

Present:

Vicki Bennett, British Dietetic Association	Chris McKenna, Medical Director
Wilma Brown, UNISON	David Miller, Director of Workforce
Claire Dobson, Director of Acute Services	Ben Morrison, Royal College of Podiatry
Lynne Garvey, Head of Community Services, Health & Social Care Partnership (for Nicky Connor)	Louise Noble, UNISON
John Hackett, UNISON – Regional Officer	Joanna Pickles, British Medical Association
Joy Johnstone, Federation of Clinical Scientists	Carol Potter, Chief Executive
Janette Keenan, Director of Nursing	Sandra Raynor, Head of Workforce Resourcing & Relations
Chu Lim, British Medical Association	Caroline Somerville, UNISON
Kirsty MacGregor, Associate Director of Communications	Joy Tomlinson, Director of Public Health
Wendy McConville, UNISON	Sally Tyson, Head of Pharmacy – Development & Innovation (for Ben Hannan)
Neil McCormick, Director of Property & Asset Management	Andrew Verrecchia, UNISON
Margo McGurk, Director of Finance & Strategy	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing

In Attendance:

Janet Melville, Personal Assistant (Minutes)

Actions

01. WELCOME, INTRODUCTIONS AND APOLOGIES

L Parsons welcomed colleagues to the meeting, in particular B Morrison attending his first Area Partnership Forum (APF) meeting and V Bennett attending as BDA representative for the first time.

Apologies were noted from S Adamson, N Connor (L Garvey attending), M-A Gillan, N Groat, B Hannan (S Tyson attending), P Hayter and L Mackie.

02. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 20th September 2023 were accepted as a true and accurate record.

The Action List was reviewed, and the status of actions agreed.

03. MATTERS ARISING

There were no matters arising that were not otherwise on the agenda.

04. APPROPRIATELY TRAINED

04.1 Core Training Compliance Update

File Name: APF 221123
Originator: Janet Melville

Issue: V0.2
Page 1 of 11

Review Date:

D Miller reported that, on the whole, the positive trend continues with increases in compliance across all mandatory training offerings, recognising however we are not quite achieving the required levels for manual handling.

D Miller advised that Jackie Millen, Workforce Development & Engagement Officer is arranging to meet trainers to discuss their concerns, including the difficulties with securing appropriate venues for face-to-face training delivery, and make a request to services to release staff to attend where possible. J Millen is preparing a report referencing the activity planned to improve compliance rates by the end of this financial year.

D Miller indicated that exploratory work is underway to determine if implementation of a blended Corporate Induction package would be a viable approach to supporting the improvement of core skills compliance and to ensure new starts are well prepared for their role: J Millen plans to liaise with staff side colleagues, all contributions are welcomed on the progression of this piece of work.

In the discussion that followed, W Brown voiced her disappointment and concern that compliance rates remain well below target. It was recognised that given winter pressures and current workforce capacity, releasing staff to attend in the coming weeks and months would be additionally challenging. D Miller acknowledged progress is slower than desired; however, employing a range of training delivery methods, prioritising specific staff groups and low performing areas, he assured colleagues that appropriate action is being taken to achieve targets. C Dobson advised that within Acute Services, training activity is closely monitored at regular performance reviews; and monies have been secured to recruit a new trainer to increase capacity. J Hackett observed a fall in manual handling training compliance: N McCormick suggested this could be due to large groups of staff all requiring the training; and informed colleagues that there is no longer a backlog with manual handling training, in fact courses are now often run below full capacity. It was proposed that additional core training could be undertaken on the wards. In response to J Hackett's queries, C Dobson confirmed that all managers are aware that staff are required to attend the training, but we are not in a supernumerary position; L Garvey agreed similar challenges are faced within Health and Social Care. It was noted that core training is not currently on a risk register although it is discussed at appropriate committees, and targets are widely promoted.

APF **noted** the update and actions being taken to improve compliance rates.

05. INVOLVED IN DECISIONS

05.1 Acute Services Division & Corporate Directorates Local Partnership Forum Update

C Dobson reported that the ASD&CS LPF last met two weeks ago; the SBAR highlights the main topics, with no issues to escalate to APF.

C Dobson summarised the discussions which included the formation of the Acute Services Health & Safety Committee, with the first meeting scheduled for 29 November 2023. In terms of training, acknowledging the small gains, although there is still work to do to enable staff to attend given winter pressures. The Festive Newsletter is currently being prepared, spreading good cheer, and containing key health messages for staff at this stressful time of year. S Tyson presented on Hospital Pharmacy which is proposing the provision of a more fulsome weekend service.

APF **noted** the update.

05.2 Health & Social Care Partnership Local Partnership Forum Update

W Brown indicated that the H&SCP LPF just met yesterday; hence no written report circulated to APF. Discussions included key issues critical to Health & Safety: Mandatory Training, Health & Safety Incident Report, and the Ceres Centre – given the patient group accommodated at Stratheden Hospital, there is a high risk for staff unless the door is kept locked.

With regard to a visit to Stratheden Hospital by C Potter and N Connor, it appears the meeting room had been 'staged' and that staff were discouraged from voicing their concerns in terms of staffing levels, recruitment, ongoing long-term sickness absence etc; C Potter assured colleagues that staff hadn't 'held back' in previous visits and welcomed the feedback from staff on these visits.

W Brown advised that topics also discussed at the meeting were:

- iMatter: the good work continues, with 87.5% of Action Plans underway.
- Workforce Reports – Melanie Jorgensen, Interim HR Team Leader reported on attendance, health and wellbeing, employee relations, recruitment, systems pressures, work life balance policies.
- Menopause Policy – the importance of womens health is acknowledged e.g., recording pregnancy issues, it was queried whether the same should be done for women suffering severe menopause symptoms?
- Wellbeing Hubs – LPF members were disappointed that there is no decision yet on a venue for the hub at Dunfermline – W Brown is aiming to take this forward with Alan White, Clinical Services Manager, Learning Disabilities and J Rotheram. Although a venue has been identified at Cameron Hospital, work on the facility has yet to commence.
- The bleak Financial position.
- Bank & Agency – the good work to reduce supplementary staffing was recognised, although agency staff use continues if required.
- Ongoing Transformation Programmes.
- Development Session held in September 2023 – each General Manager provided in-depth information: staff appreciated being well-informed.
- Annual Workforce Report and Year 2 Action Plan – Roy Lawrence's, Principal Lead for Organisational Development & Culture, H&SCP contribution to the informative yet easy to read documents was recognised and appreciated.

APF **noted** the update.

05.3 Agenda for Change Reduced Working Week Update

D Miller informed APF members that all Health Boards have been written to, confirming the review of the reduced working week. Following frank debate at the meetings, the Group agreed in principle to recommend an incremental reduction of 30 minutes per week each year over 3 years for the Agenda for Change workforce. To ensure sufficient testing prior to full roll out, early adopters are sought across a number of professions, who will be supported by NES, to put the plans into practice. Who will participate in the pilot within NHS

Fife is yet to be determined; W Brown advised this must be agreed by 5 December 2023. D Miller indicated that although 30 minutes doesn't sound that much, over the whole NHS Scotland workforce, it is significant. W Brown explained that following the 3-month pilot, a report will be prepared to capture data on the benefits and challenges experienced by the early implementers. The proposal is being considered at STAC this afternoon and subsequently to Scottish Government (SG) for approval.

M McGurk emphasised the massive impact this will have on workforce capacity; especially considering current pressures, reliance on supplementary staffing and high absence levels. M McGurk recommended undertaking modelling and scenario planning to explore what it will look like over the 3 stages; and advised that 1.5 hours per week equates to 4% of a 37.5 hour working week. W Brown suggested that a reduction in working hours needn't necessarily mean a drop in productivity; but recognised costs must be absorbed within Boards.

C Potter confirmed that all Health Boards are required to nominate test areas which will be discussed at the national HR Directors meeting on 30 November 2023. C Potter proposed that senior leadership teams in partnership with staff side colleagues identify which areas could test the shorter working week. The financial, workforce and clinical risks would require discussion at appropriate committees; this may include redesign of services.

HRDs/
SLT/
Staff Side

It was accepted that the reduction in the working week is part of the 2023/24 agreed pay deal, therefore it must happen, otherwise staff would be paid an additional half hour overtime. L Garvey noted that the 36-hour working week would bring Health colleagues in line with those who work in the H&SCP employed by Fife Council who already work a 36-hour week. J Hackett suggested a consequence of the reduced working week could be improved staff retention.

APF **noted** the update.

06. TREATED FAIRLY AND CONSISTENTLY

06.1 Whistleblowing

06.1.1 Next Steps for Speaking Up

C Potter reflected that 'Whistleblowing' was implemented during the COVID-19 pandemic, in hindsight, perhaps not the best of timing. Following discussions at Staff Governance Committee and with Kirstie MacDonald, NHS Fife Whistleblowing Champion, a decision has been taken to revise the approach for addressing Whistleblowing concerns within NHS Fife. 'Whistleblowing' currently sits within the Workforce Directorate; however, from academic research, best practice and lessons learned, it is clear concerns can be more far reaching than HR processes. A paper to the Executive Directors Group will outline the intention to move oversight of Whistleblowing to a newly created multidisciplinary team/ review panel; this change will come into effect from 1 April 2024 and build on the good work of the Workforce Directorate to date.

DM

D Miller advised, that in addition, 24 new Confidential Contacts have been recruited and trained – which brings NHS Fife in line with other Boards – and will support and strengthen the work of independently trained investigators. L Parsons reported that the LPFs have contributed to the discussions around confidential contacts and is pleased to see we are progressing towards a more workable process.

APF **noted** the update.

06.1.2 Whistleblowing Annual Report 2022/ 23

S Raynor indicated that the annual performance report had been written taking on board INWO national guidance. Communications colleagues have produced infographics illustrating at a glance the activity for 2022/23. As a result of timescales and other work priorities not all activity for 2022/23 is complete; however, will continue into 2023/24; and the report also outlines the work we intend to do during 2023/24.

APF **noted** the report.

06.1.3 Whistleblowing 2023/ 24 Quarter 2 Report

S Raynor advised the report covers the period July – September 2023: there have been no formal concerns and 2 anonymous concerns, as detailed in the appendix.

In relation to confidential contacts, 3 individuals have still to complete the 2 x ½ day training sessions. Following feedback received, a network for confidential contacts is being set up to support them in their new role. A meeting is being arranged to enable C Potter and K MacDonald to link in with the confidential contacts. A Teams Channel will be developed to share information and experiences and Theresa McNiff, Learning & Development Officer – Training is happy to offer coaching sessions to build their skills and confidence.

Additionally, S Raynor informed APF members of new documentation: there is a new Terms of Reference for those commissioning investigations; a letter that is sent out on behalf of the Whistleblowing Champion for those involved in a Stage 2; and also implementing a questionnaire for those involved in whistleblowing, whether lodging a concern/ witness to/ investigating; the aim being to improve the process.

In response to W McConville's query, L Garvey advised there has been a slight delay in the analysis of the Whistleblowing questionnaires that staff were asked to complete in relation to a whistleblowing concern raised within H&SCP; however, the results will be circulated in due course. R Lascowski to contact W McConville out with the meeting to discuss.

APF **noted** the report.

06.2 Workforce Policies

06.2.1 Workforce Policies Annual Update

S Raynor informed colleagues that the report is two-fold: it updates on the local policy work undertaken this year and also the work of the Once for Scotland Policy Group, which includes Phase 2 of the Supporting Work Life Balance suite of policies (soft launched on 1 November 2023) and the Interim Menstrual Health and Menopause Policy (launched 31 October 2023). A number of 'Briefing Sessions' have been held to highlight the difference between previous/ local policies and the refreshed Once for Scotland policies, so that managers and staff side colleagues are aware of the changes.

S Raynor explained that she had shared the local, colour coded HR Policies Workplan to highlight the phases of development of the Once for Scotland policies and the local HR policies we continue to review/ update as appropriate.

APF **noted** the report.

06.2.2 HR Policies

S Raynor advised the three local policies had been reviewed and approved by HR Policy Group and were at APF for endorsement. S Raynor drew attention to the amendments to the policies: HR25 – changes have been made to align with the national Job Evaluation Handbook, to adopt the national Job Description Sharing Protocol, and with the addition of the much-debated Consistency Checking Protocol. HR41 – has a new appendix to incorporate the Reasonable Adjustments recommendations. HR54 – it has been proposed this policy should be an HR rather than General policy, with the inclusion of staff being allowed to wear leggings and cargo style shorts (as appropriate): it was agreed to circulate the most up-to-date version to APF members

SR

APF **approved** the policies and **agreed** to adopt HR54 as an HR Policy.

Smoking / Vaping

C Potter was disappointed to advise that she had recently observed a number of staff smoking / vaping within hospital grounds while wearing their uniform. C Potter requested that colleagues discourage this habit as it looks extremely unprofessional.

All

Job Evaluation Process

C McKenna highlighted that the job evaluation process can be lengthy, is not always a positive experience and can be stressful / frustrating for those affected. S Raynor advised that feedback from those who had been through the process had been taken on board as part of the review of HR25 and expectations in terms of timescales are detailed so staff know what to expect. Nominations are currently being sought for managers to be trained as job matchers to increase capacity, reduce the burden on HR and work with staff side colleagues. L Parsons advised that 13 new 'matchers' from staff side have been identified and welcomed manager nominations. W Brown has agreed to assist with 'new post' work. S Raynor agreed to share job evaluation performance data with members at the next APF meeting.

SR

07. PROVIDED WITH AN IMPROVED AND SAFE WORKING ENVIRONMENT

07.1 Acute Services Health & Safety Committee Update

N McCormick alluded to the reference C Dobson had made to the committee meeting on 29 November 2023: looking forward to developing the committee in partnership to ensure that all staff feel part of the Health & Safety at Work legislation. N McCormick thanked C Dobson and A Verrecchia for creating the interest and enthusiasm to take forward this work. L Parsons was delighted that governance around health and safety has been re-established.

APF **noted** the update.

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

R Waugh talked to the report which provides an overview of the current actions and preparations ongoing within NHS Fife in advance of the implementation of the Safe Staffing legislation in April 2024. The work within the Board is supported by Tracy Hunter, the Nursing & Midwifery Workforce Lead, who has

significant expertise in, and oversees, the activity on the workload tool runs described within the paper. R Waugh stressed that the Act is applicable to **all** clinical functions **and** some non-clinical functions, such as Medical Physics Technicians, registered Chaplains employed by the Board and Call Handlers within the Urgent Care Service.

Our local NHS Fife Group (with staff side representation) meets regularly, and the frequency of meetings is increasing to monthly as the timeline for enactment of the Act is closer. The appendix, which was circulated yesterday, the quarterly return to the SG, is indicative of the future annual reports which the Board will have to submit once the Act is implemented next year.

R Waugh reported that NHS Fife is participating in a national chapter testing programme: yesterday we presented on Chapter 5, Real Time Staffing and Risk Escalation, based on work done by Speech and Language Therapy colleagues at the Sir George Sharp Unit, Cameron Hospital who will be presenting at our Fife wide Board engagement event on 30 November 2023 within the Education Centre; with SG and HIS colleagues presenting on the Act. There are approximately 50 participants, more welcomed.

R Waugh advised that Ward 43, Victoria Hospital is undertaking testing of 'Safe Care' as part of the eRostering roll out. J Keenen emphasised the importance of implementing eRostering, as SafeCare will pick up safe wards and safe staffing and as it is electronic, is easier to use. Phase 1 has been implemented, with Phase 2 under development nationally.

APF **noted** the update.

08. WELL INFORMED

08.1 Anchor Institution Draft Strategic Plan

J Tomlinson explained the ethos of an Anchor Institution: NHS organisations are rooted in their communities, and as a large and well-established organisation, NHS Fife understands that working together with our partners and local communities can help inject wealth back into our population within Fife, reduce health inequalities, and shape the health of our population. We can achieve this by sharing our resources and assets to maximise the wealth within our communities, influencing socio-economic determinants of health, providing fair employment opportunities, purchasing locally, using our procurement influences, and strengthening organisational and community partnerships.

J Tomlinson indicated that SG has asked Boards to turn the concept of being an Anchor Institution into a deliberate programme of action by October 2023. However, the SG guidance hadn't been received by then, so the Anchor Institution Draft Strategic Plan sets out our ambitions and priorities for procurement, employment and land and assets at this stage and will move on to service delivery and working with partners.

C Potter advised she is Chair of the Anchor Delivery Group and D Miller is Lead of the Workforce Group. NHS Fife is committed to supporting the local population in a targeted and thoughtful way.

J Tomlinson agreed to share the Scottish Government Guidance to NHS Boards on Metrics. **JT**

APF **noted** the report.

08.2 Volunteering Annual Report 2022/23

J Keenan advised the report has previously been to the Executive Directors Group (EDG) and to Staff Governance Committee (SGC). It is recognised how valued our volunteers are for the great work they do. J Keenan drew attention to the key points from the report: all volunteers within Acute Services and the Community who wanted to return have been remobilised following the pause during the COVID-19 pandemic. However, work is ongoing with Canine Concern to ensure volunteers and their therapets can safely return to the organisation due to new regulations. The volunteer workforce comprises two Volunteer Leads, one full time Admin support and 80 active Volunteers from all walks of life. NHS Fife is actively 'recruiting' for volunteers - in particular young individuals through the Duke of Edinburgh Award Scheme - there was a stand at the Annual Review meeting last week. Between January – March 2023, volunteers provided 2,500 hours of volunteering. The Volunteer Strategy Group has been re-established and is building on the Anchor Institution work, as volunteering is often the first step in a career pathway. There is a lack of volunteering within the Mental Health service: the team is carrying out a scoping exercise to identify what would be useful and helpful. One of the successes in Fife is Community Listening Volunteers supported by Spiritual Care colleagues: they provided 1153 listening episodes in GP practices to individuals wishing to talk about their mental health distress. Two volunteers are highlighted in the report, of which one young volunteer was nominated for an award.

APF **noted** the report.

08.3 NHS Fife Three Year Workforce Plan 2022-25

R Waugh spoke to the paper which provides an overview of progress in terms of current workforce planning activity since the Workforce Plan for 2022 to 2025 was published last year. Work has been ongoing in the background to address some of the issues in respect of planning and while there was feedback from SG that we do not require to publish an annual update to the 3-year plan, with updates contained within the ADP process, they may now seek to change that. An action plan has been developed to respond to the Internal Audit Annual Report and the earlier SG feedback attached at Appendix 2.

As part of the Operational Workforce Planning Group, services are being supported to develop their local workforce plans as part of the commitment within the Board plan and this will help us to obtain a better measure of the granular detail to support planning and risk identification. A sample draft plan for Women, Children and Clinical Services will be circulated to show what this would look like in practice.

RW

R Waugh confirmed that we also work closely with Roy Lawrence and Dafydd McIntosh within H&SCP as part of the integrated approach; we have included the H&SCP Year 2 Action Plan for information.

APF **noted** the update.

08.4 Staff Governance Annual Monitoring Return 2023/24

As previously advised, every year NHS Fife submits a Staff Governance Annual Monitoring Return to SG. S Raynor indicated that the return has been populated and incorporates feedback from the APF, LPFs and other key stakeholders. The populated return, to be signed off by the Chair of SGC and

Employee Director, will be finalised and submitted to SG by 4 December 2023.

APF **noted** the update and **approved** the return.

08.5 Finance Update

M McGurk explained the report details the mid-year financial position, as at 30 September 2023. It continues to be very challenging across all Health Board budgets; although pleased to report the H&SCP is at a breakeven position.

M McGurk highlighted key figures: at the end of September 2023, there was a £15.8m overspend and unless significant savings are made, current projections indicate the forecast outturn remains at £23m. The cost pressures driving the financial position are featured in the infographic on page 8 of the report, with increasing impact as the year goes on. Also, to highlight the delivery of planned savings: following in-depth analysis, and despite strict controls on supplementary staffing, there is limited progress in delivering cost reductions, in fact there has been some increase. This is difficult territory and moving to a 36-hour working week will only intensify pressures.

SG has requested that Boards produce financial plans for 2024-25 and for the three years after that, by 14 January 2024. SG is looking at overall performance of Boards, in particular, financial performance and identifying issues for escalation. To summarise, M McGurk stressed that NHS Fife is facing an increasingly difficult financial position.

APF **noted** the update.

08.6 Communications Update

K MacGregor talked to the second quarterly Communications Activity Report (previously circulated); and exploring how best to ensure reach and to gain feedback. The report highlights an increase of 3.4% in website traffic, equating to an additional 172,000 users. The most viewed content by the public was 'Spinal Anaesthesia' (due to the National Treatment Centre opening and work with the Orthopaedics Team?) and 'General Enquiries'. In terms of web development, 'Hands on Scotland' has been migrated to the CAMHS section.

Social Media – the most popular posts are around vaccination, A&E (new entrance access), donations to Fife Health Charity, and 'human interest' stories (such as long service and retirements). Facebook remains the most popular channel. Also featured in the report are the range of campaigns the Communications Team has supported.

StaffLink has seen an increase in users: over 32,800 hits on News Feed and the Hub. There has been a drop in 'desktop' use but an increase in accessing StaffLink via web or mobile phone.

Press and Media – the report includes a list of proactive releases. A breakdown via directorate has been introduced to ascertain where we are getting enquiries from. Coverage tone: disappointingly 52% 'negative' (reactive messaging), so work is ongoing to address this with a range of proactive and planned activity to turn around to a more positive trend.

The Practice & Professional Development 'Learning for Life' online Prospectus is launched today, following feedback from staff in relation to accessing learning opportunities and will be actively promoted from tomorrow.

APF **noted** the update.

09. ITEMS FOR NOTING

The following item was **noted** by APF:

09.1 NHS Fife Staff Health & Wellbeing Group – Minutes of 22nd August 2023

Fife Sports and Leisure Trust

A Verrecchia informed colleagues that FSLT have simplified their range of membership packages and revised the pricing structure, essentially reducing the corporate discount for NHS Fife staff to 10% (from 20%); although some packages are now more value for money. R Waugh confirmed that promotional materials would soon be available, with additional benefits on offer such as 'bring a friend', which takes on board feedback received from recent surveys.

Staff Health & Wellbeing Activity

R Waugh took the opportunity to advise that a Staff Wellbeing Action Plan has been developed and the draft shared with Staff Health & Wellbeing Group for comment; and will be circulated to APF colleagues in due course.

RW

R Waugh drew attention to the modernised and improved Cycle to Work Salary Sacrifice Scheme coming soon: a new provider has been secured following a tendering process, which incorporates expressions of interest for eBikes and the offer being available all year round rather than during a short window only.

10. AOB

Systems Leadership Approach

C Potter reported that at the end of October 2023, a Group comprising the Executive Directors and all their direct reports, the Employee Director and LPF Co-Chairs met for the first Systems Leadership meeting. The purpose of the Group is still to be determined; however, the first stage of bringing individuals together to share thinking and ideas was achieved. Feedback from the day will be evaluated and a plan developed to build culture and team working across the organisation.

eESS upgrade

L Parsons advised, on behalf of staff side colleagues, that managers and individual users had encountered a number of problems during the recent eESS upgrade; and there appeared to be a lack of communication as some people were unaware the upgrade was taking place. It was suggested that a FAQs could be developed and published on StaffLink, and a 'Cheat Sheet' included in the policy. In addition, there is no process in place on eESS to record partial retirements which is causing issues for managers and staff. R Waugh conceded there had been hitches with the recent upgrade that were out with our control. R Waugh agreed to take the comments and suggestions forward with the eESS Team, they could be included in the Systems Newsletter and lunchtime byte sessions which are planned. R Waugh confirmed that issues with eESS are not fully resolved: D&I colleagues are supporting sign on and access issues caused by the upgrade and it is being looked at nationally with ATOS.

RW

Menopause Drop in Session Venues

L Noble advised that some of the Menopause drop-in sessions have been held in the Staff Room of the Staff Club meaning that staff can't access the room

during their breaks (the sole purpose of the Staff Room being for staff to rest and make use of the facilities away from their place of work). L Noble has raised the matter with J Rotheram who is exploring an alternative venue for the sessions.

New NHS Fife Chair

C Potter was delighted to inform colleagues that Patricia (Pat) Kilpatrick will assume the role of NHS Fife Chair from 1 February 2024. P Kilpatrick brings a wealth of NHS experience and understanding of both Acute and Primary Care settings. An Induction Programme is being compiled to ensure she meets appropriate personnel.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 24th January 2024 at 13:30 hrs.

**ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM**

(Thursday 9 November 2023)

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

**MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 9 NOVEMBER 2023 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 – Planned Care
 Belinda Morgan (BM), General Manager – Emergency Care
 Neil McCormick (NM), Director of Property & Asset Management
 Sally Tyson (ST), Head of Pharmacy – Development & Innovation
 William Nixon (WN), Health & Safety Manager
 Louise Noble (LN), Unison
 Caroline Somerville (CS), Unison
 Joy Johnstone (JJ), FCS
 Dr Sue Blair (SB), BMA
 Sam Ferguson (SF), Chartered Society of Physiotherapists
 Melanie Jorgensen (MJ), Interim HR Team Leader
 Benjamin Hannan (BH), Director of Pharmacy & Medicines

In Attendance:

Gillian McKinnon (GMck), Executive Assistant to Director of Acute Services (**Minutes**)

	Action
<p>1 WELCOME & APOLOGIES</p> <p>CD opened the meeting and welcomed everyone.</p> <p>Apologies were received from Andrew Verrecchia, Donna Galloway, Mary Ann Gillan and Neil Groat.</p>	
<p>2 MINUTE OF PREVIOUS MEETING – 17 AUGUST 2023</p> <p>The Minutes of the Meeting held on 17 August 2023 were accepted as an accurate record.</p>	
<p>3 ACTION LIST & MATTERS ARISING</p> <p>3.1 <u>Training Update</u></p>	

The NHS Fife 2023/2024 Training Compliance Update report was shared with LPF colleagues via email on 21 August 2023. Close action.

GMcK

3.2 **Health & Safety Incident Report**

WN confirmed the unwanted behaviours category had been expanded in the Health & Safety Incident Report. Close action.

GMcK

3.3 **ASD & CD Health & Safety Committee**

CD advised we do have a date for the ASD & CD Health & Safety Committee to meet. AV/CD will start off this meeting and hopefully get some momentum then will look for other colleagues to continue with it. Close action.

GMcK

3.4 **Turas Update**

The report around the number of staff going through particular training areas was shared with LPF colleagues via email on 21 August 2023. Close action.

GMcK

3.5 **Paid As If At Work Issue**

CD advised Payroll are working on backpay calculations during November and the plan is that current staff will receive payments by the end of March 2024, with those that have left NHS Fife after that. Close action.

GMcK

4 **HEALTH & SAFETY:**

4.1 **Health & Safety Incident Report**

The Health & Safety Incident Report for the period August to September 2023 was distributed and noted, for information.

WN advised there have been 160 reported incidents in August/September 2023, 439 incidents since April 2023.

WN advised there have been 19 sharps (staff) incidents reported in August/September 2023, 50 incidents since April 2023. The chart outlines the location of the incidents. There were no SBARs attached to the incidents, and these are still being worked on. There severity of the incidents was 12 no harm and 7 minor harm.

There have been 10 slips, trips, falls (staff) incidents reported since August/September 2023, 19 incidents since April 2023. The severity of the incidents was 6 no harm, 3 minor harm and 1 moderate harm. There were no incidents from height.

There have been 29 violence and aggression (staff) incidents reported in August/September 2023, 79 incidents since April 2023. The severity of incidents was 12 no harm, 12 minor harm and 3 moderate harm. From the moderate harm risks, 1 was reported to police for potential drug paraphernalia; 1 was considered a hate crime and a letter received with derogatory language and racial bias; 1 sexual harassment with a patient commenting on physical appearance. There have been no major outcomes of harm. Within the report there is a comparison between HSCP and Acute Division incidents. For the period March 2022 to September 2023 a run chart has been included which shows the peaks and troughs.

There have been 5 musculoskeletal (staff) incidents reported in August/September 2023, 15 incidents since April 2023. The severity of incidents was 2 no harm, 2 minor harm and 1 moderate harm. These incidents were spread over a range of locations.

There have been 8 self-harm (patients) incidents reported in August/September 2023, 17 incidents since April 2023. The severity of incidents was 4 no harm, 2 minor harm, 1 moderate harm and 1 major harm. These incidents were spread over a range of locations.

There have been 2 RIDDOR (all) incidents reported in August/September 2023, 7 incidents since April 2023. The severity is 1 moderate harm and 1 major harm. 1 was due to an infection – Microbiology and two staff members were exposed to Neisseria Meningitidis culture. The other was a general accident. The manager of the injured staff member did not follow procedure and reported the incident to the HSE without going through the Health & Safety Team. A reminder to colleagues that the Health & Safety Team have now taken over responsibility for reporting incidents to the HSE as a first point of contact and to ensure they are accurate. There are 5 RIDDOR not yet known incidents reported. The severity of incidents was 4 no harm and 1 minor harm.

CD advised the Health & Safety Incident Report was set out in a helpful way to view the data with a variety of different charts. It helps colleagues to understand and identify any hot spots.

NM also confirmed the report was really good and will be a useful source of information for the ASD & CD Health & Safety Committee. The Health & Safety Sub-Committee receives data for the whole of NHS Fife, and it identifies if there are patterns or trends that we should be aware of.

5 STAFF GOVERNANCE:

A Well Informed

5.1 Director of Acute Services Brief – Operational Performance

Emergency Care

BM advised the site is operating at an occupancy position of over 98% and the majority of the time we are at OPEL purple. At the last meeting we reported a move to close Ward 9. Ward 9 has now been reopened and is being supported by supplementary staffing. A workforce review has been undertaken and we require a more consistent model, at least for over winter, as we recognise that Ward 9 will remain open as an additional surge capacity area. We have a staffing plan and will utilise winter funding for that.

BM advised a workforce paper was approved at EDG to enable the Emergency Department to be able to deliver a safe and effective service. We are interviewing the final 2 consultants on Monday and will take the department up to a workforce of 19 WTE consultants which is in line with our demand and benchmarking across other Acute sites. This will make a difference to staff health and wellbeing in the department. Within the Emergency Department there is a redesign of the senior nursing team and are moving to a Lead Nurse post to support the clinical models.

BM advised a big piece of work has been undertaken around the health and wellbeing for our junior doctors. A focus has been on how we can support them to have their breaks and how do we support them with their broader health and wellbeing. They have now all for the first time achieved their breaks, just not quite on time. Further work is required. We have dedicated time from one of our Service Managers to speak to them with a drop-in session once a month with the Service Manager and Clinical Director. One of the issues that has been raised is the lack of catering facilities into the evening. We will work with facilities to resolve this but as our site gets busier it is not just the junior doctors that are impacted on the lack of hot food into the evening, there is a lot of other teams as well.

BM advised as MW has moved into her new role within Planned Care, she would solely be providing General Manager support for Emergency Care. A review is being undertaken of the support that is required to ensure the directorate functions as effectively as it can within the resource they have.

Planned Care

CD advised as colleagues will be aware Murray Cross has now retired and his phased retirement and annual leave concluded this week. Miriam Watts is the General Manager for Planned Care and is making that transition and getting up to speed with what is happening within Planned Care.

CD advised the challenges BM has described in terms of capacity impact significantly on Planned Care, however the joint working across VHK and colleagues in HSCP has meant that cancellation of surgery have been kept to a minimum. Our theatre lists are being reviewed on a case-by-case basis which is frustrating for staff and patients.

CD advised the new Procedure Unit opened at QMH. This is a lovely suite which will help us to take procedures that are suitable out of a theatre and into a procedure room. This should free up a theatre a day in terms of capacity which we all know is at a premium.

Women, Children & Clinical Services

CD advised capacity pressures are having an impact into Ward 24 and we have seen some boarding within the ward. Our Neonatal Unit is extremely busy at the moment and today they only had a stabilisation space. We are looking for support from partners across the network in terms of supporting our neonates. We had a really busy September and early October within maternity with lots of babies being delivered over that period.

CD advised the site pressures recently have been non-stop and winter is absolutely here. We anticipate it will become more challenging for us.

Nursing Workforce

NB confirmed there is ongoing scrutiny of the nursing workforce. We are doing really well in terms of Assistant Practitioner development for Band 4s. We are onto cohort 4 going through their professional development awards. We are fully on board now with the modern apprenticeship Band 2-4 work and supporting colleagues through the appropriate SVQ2 and 3. We know that we will have a shortage of registrants in the future and this work is all about future proofing our establishment.

5.2 Attendance Management Update

CD welcomed Melanie Jorgensen, Interim HR Team Leader to her first meeting of the Acute Services Division & Corporate Directorates Local Partnership Forum and congratulated her on her new role.

The Attendance Management Report was distributed and noted for information.

NHS Fife

MJ advised the overall average sickness absence figure for NHS Fife was 6.91% in August and 6.93% in September 2023. COVID related absence equated to an additional 0.57% in August and 0.51% in September 2023.

Acute Services Division

MJ advised the Acute Services Division had a sickness absence rate of 7.44% in August and 7.39% in September 2023. August was an increase from the July figure and there was a slight reduction in September. This was the 5th consecutive month where the sickness absence figure was above 7%. The sickness absence figure for September 2023 is lower than September 2022 by 0.28%. COVID related absence equated to an additional 0.66% in August and 0.62% in September 2023.

MJ advised Planned Care had the highest sickness absence percentage in September 2023 at 8.09%, followed by Emergency Care at 7.61% and Women, Children & Clinical Services at 6.28%.

MJ advised the highest number of hours lost was due to anxiety/stress/depression, followed by unknown causes. The highest number of episodes of absence was due to cold/cough/flu followed by anxiety/stress/depression sickness absence category.

MJ advised the highest number of hours lost due to sickness absence was in the Nursing and Midwifery Band 5 and above category.

MJ advised short-term absence increased however long-term absence reduced in September 2023. There were 22 areas within the Acute Services Division with over 10% sickness absence.

Corporate Services Directorate

MJ advised the Corporate Services Directorate had a sickness rate of 6.48% in August 2023 and 6.02% in September 2023. The August sickness absence rate was an increase from July, but this was clearly a decrease in September 2023. Sickness absence rates have been above 6% for 3 consecutive months and September 2023 was lower than the sickness absence rate in September 2022 by 0.47%. COVID related absence equated to an additional 0.39% in August and 0.36% in September 2023.

MJ advised the Estates Directorate had the highest sickness absence rate in September 2023 at 9.42%, followed by the Facilities Directorate at 9.10%. Within the Clinical Division, Pharmacy Services had the highest sickness absence rate at

4.79%, followed by the Nurse Director at 4.25%. All other areas were under 4%.

MJ advised the highest number of hours lost due to sickness absence was due to anxiety/stress/depression, followed by other known causes. The highest number of episodes of absence was due to anxiety/stress/depression, followed by cold/cough/flu.

MJ advised the highest number of hours lost due to sickness absence was in the Support Services job family. Both short-term absence and long-term absence decreased in September 2023. There were 12 areas within the Corporate Services Directorates with over 10% sickness absence.

General

MJ advised we continue to offer our Attendance Management Training and the feedback on the refreshed format continues to be really positive. To maximise learning outcomes, we ask that all attendees complete the Supporting Attendance module on Turas prior to attending for the training.

MJ advised a revised Promoting Attendance at Work Panel process has also been agreed and will be shared with Chairs of the Promoting Attendance Panels for any more suggestions and input into that going forward.

NM noted typically Estates had a sickness absence rate that was much lower however in September 2023 this had increased significantly and asked if there was any further information available. MJ noted the sickness absence rate had gone from 5.02% to 9.42% and had previously been down at 3.1%. MJ advised this would require further investigation and scrutiny to ascertain if this was a one-off or whether this is something that required further action.

MJ

CD noted there was also some variation that we do not usually see is Planned Care having a higher rate of sickness absence than Emergency Care. It was noted there were a few things areas within the Attendance Management Update report for colleagues to be curious about.

BM noted MJ had mentioned updating the Promoting Attendance at Work Panel process. Within Emergency Care they were going to undertake a trial and include the data from their doctor's absences as traditionally this had not been included at these meetings and was a separate process. BM advised she would work with MJ to ensure the data is extracted from the best source and would bring this information into the one meeting.

ST noted similarly to Estates they were traditionally quite low within the Pharmacy & Medicines Directorate in terms of sickness absence and are now at the top of the Clinical Division. This is being driven by long-term absence. It may take some time to work through this and reduce it however work continue in terms of their Review and Improvement Panels with their HR Officer.

CD advised there had been some discussion this morning at the Staff Governance Committee in and around the data information with David Miller, Director of Workforce highlighting that sustained increase and picture over some months now. Some specific work will be commissioned from the Staff Governance Committee to seek to understand more what is happening behind the data and any other steps that we can take.

LN advised the report was always very good and informative however while it is noted the percentages are going up and down it is hard to envisage for each department how many staff we are actually taking about. CD advised at one of the Staff Governance Committee colleagues were presented with some hot-spot data but some of the teams were viewed as being at risk or having a particular problem were small teams and reflected in a significant percentage.

ST asked if the number of staff absence could be added into the paper to help colleagues understand the actual size of a particular team as it would be useful to put this into context. MJ advised she would feed back this request however the difficulty is that this report is run off Lothian's Turas system as they have the licence for it, and it is limited as to how we can manipulate the data.

MJ

5.3 Feedback from NHS Fife Board & Executive Directors

NHS Fife Board Meeting: 26 September 2023

NM advised the Integrated Performance & Quality Report, and the Financial Performance & Sustainability Report was discussed, noting the deterioration of our breakeven position in terms of finances.

NM advised updates were given on the Three-Year Workforce Plan 2022-25 and the Whistleblowing Quarter 1 Report 2023/24.

NM advised the Whole System Property and Asset Management Strategy 2023/24 was presented together with the Primary Care Premises Strategy to determine what the buildings were like across the primary care estate and whether we should be thinking about investments in the future.

NM advised Joy Tomlinson had presented the Health Promoting Health Service Annual Report 2022/23. The usual statutory and other committee minutes were then noted for information.

Executive Directors Group (EDG)

NM advised EDG have looked at a half year report on the Health & Wellbeing Strategy and how we can make that into a useful document in terms of how we are implementing the Strategy across Fife.

NM advised there has been a lot of discussion around risk and deep dives. A recent deep dive has recently been undertaken on decontamination particularly in relation to its effect on planned care and the potential impact that it might have as we get all our services from Tayside.

6 B Appropriately Trained

6.1 Training Update

CD advised a training update report was presented to today's Staff Governance Committee. This report would be shared with LPF colleagues.

CD

CD advised from an Acute Services Division perspective we are showing an increase in our percentage compliance in all of the training categories, albeit small increases.

CD advised we are now reporting 75% compliance for manual handling; 57% compliance for fire safety; 59% compliance for resuscitation; 54% compliance for infection, prevention and control; 57% compliance for information governance; 61% compliance for health and safety; 60% compliance for protection for all; 78% for equality and diversity; and 56% compliance for violence and aggression.

CD advised the Acute Services Division overall compliance is at 62%. The overall compliance is 63% for NHS Fife. Corporate compliance is the lowest at 52% but they have seen a significant drop-off in their manual handling compliance.

CD advised this is a slowly moving position but is more positive from where we were previously.

NB advised we currently have an additional secondment out for a cascade trainer in particular to address the Band 2-4s staff group to improve some of our compliance with BLS.

NM advised in terms of manual handling the team have done incredibly well as compliance went up to the target of 80% last month, but this month it has dropped off. There has been quite a lot of non-attendances, and staff should be reminded to cancel their booking if unable to attend to allow other staff to attend.

6.2 Turas Update

CD advised a recent update had been provided by David Miller. The percentage of completed personal development reviews is not where we would want it to be as an organisation. There has been some discussion around the target which is remaining at 80%.

CD advised we will continue to do all that we can in terms of development reviews, but we are entering our most challenging period of the year and we need to be realistic as to what we can manage whilst coping with the pressures we are facing.

7 C Involved in Decisions which Affect Them

7.1 Staff Briefings & Internal Communications

CD/AV continue with their informal walk rounds. Lynne Parsons, Employee Director will join them on their next walk round.

CD advised Lynne Parsons will join a future LPF meeting to observe the meeting and get to know colleagues.

CD advised GMcK is preparing our Festive Newsletter. Colleagues have been asked to submit contributions to spread goodwill, cheer, festiveness and also including our health and wellbeing messages.

7.2 iMatter

There was no update available. This will roll over to our next meeting.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes/Remobilisation

CD advised most programmes had been covered through the operational updates.

8.2 Hospital Pharmacy at Weekend

ST advised there has been a long history in trying to get the hospital pharmacy service up and running at weekends and dates back to 2016 when we first identified that organisational need. A

business case was put forward in 2018 and there was extensive staff consultation around that time.

ST advised in April 2020 we did get additional funding for posts to put that weekend service for supply in place. Unfortunately, we were unsuccessful in terms of trying to recruit to weekend posts as this was a challenging time in the health service. We did create some additional substantive posts instead to help contribute to the Saturday rota to ensure we could staff that.

ST advised in 2022/23 the hospital weekend service was a priority within their directorate's Strategic Framework. We have been trying to move this forward involving our staff in trying to implement a hospital pharmacy weekend service to provide a high quality, safe and sustainable weekend service to ensure quality of patient care and medicines supply.

ST advised we do currently have a weekend cover, but it relies on staff doing excess hours, overtime or working at weekends and taking time off in lieu. There is a rota in place for the Saturday service which is a 4-hour shift. On a Sunday we run a voluntary service which relies on a smaller number of staff populating that rota. It is quite a big job for our admin team and for our clinical leads to fill gaps at the last minute, which is not ideal, sustainable or robust in terms of what we need from a weekend service.

ST advised we need a weekend service to ensure supply of medicines at weekends and not just Monday-Friday. We also need to minimise requests and reliance on staff who are working overtime. In terms of Safe Staffing Legislation, we need to ensure we have appropriate staffing over 7-days. We also need to ensure we support patient flow over the whole 7-day period, and we are not a block in terms of medicine supply facilitating discharge.

ST advised we need to be agile to respond to increased pressures over the winter and if we have a robust weekend service in place it allows us to more flexibly increase opening hours, should the hospital require it. We also need to minimise patient safety incidents and support the on-call service to minimise any calls regarding supply to the on-call pharmacist.

ST advised the scope of the hospital pharmacy service is offering advice and supply not only to the Acute hospitals but also community and mental health and the urgent care bases across Fife, as well as looking at what clinical service we could provide on the VHK site.

ST advised we started off with our steering group which is chaired by the Deputy Director of Pharmacy. We have 3 Heads of Pharmacy on that each leading a workstream and our Business

Manager. We also have ad-hoc advice from HR and staff side colleagues. We then moved on to involving a much larger group of staff from the leadership team and several development sessions have been undertaken and weekend working is now a standing agenda item on that meeting. Members of the Pharmacy Leadership Team have undertaken impact assessments for our services, to look at the impact on the Monday-Friday service of introducing a weekend service and to see what mitigations we could put in place to ensure we protect our Monday-Friday service at the same time.

ST advised in terms of wider staff engagement we have set up a SLWG. We have representation from lots of different roles and grades, and they have undertaken a huge amount of work in terms of trying to move this work forward. The SLWG were asked to come up with some of the options for consideration, which become the options in our options appraisal. We are currently working on routes and responsibilities and service standards and are drafting frequently asked questions (FAQs) as well as putting information in our weekly newsletters. There has also been some work undertaken with our external stakeholders and we have shared a version of this presentation with them.

ST advised we are moving through the different stages of our plan. We have done a lot of scoping work which has helped to define what our models should look like and inform the options appraisal. We are now at the point that we want to start the staff consultation and we plan to do that in the next month.

ST advised in terms of the scoping work we have undertaken a lot of data collection and assessment. We have also been looking at the different HR policies to ensure we are well prepared going into the staff consultation and have completed an equality impact assessment. We are assured that our proposed model is in line with other board areas.

ST advised in terms of defining the service model from the data we have, the current service model for weekends and evenings appears to meet patient need. We do however need to wait for the hospital at weekend work and testing of multi-disciplinary team models to see how this will inform the pharmacy weekend service.

ST advised for assurance, that we have had very limited requests for supply out with opening hours via our on-call service and the average is about 2 requests on each weekend day. There has been no significant increase in our medicine safety incidents at weekends although our data did show that there was a slight increase on Mondays and Tuesdays for incidents that had happened over the weekend and not reported until Monday or Tuesday.

ST advised they have looked at 3 different options:

Option 1

This is not really an option as it does not give us that robust and sustainable model.

Option 2

Is the preferred model and would require minimal change from the service we currently provide. We know that the workload is manageable for the staff we have in place and achievable within the current funding.

Advanced rostering will allow us to flex more easily and allow us to establish a foundation should we want to increase or expand the weekend working going forward.

In terms of the risks, this model has limited clinical input and relies on the weekend team seeing what the workload is at any one time and focussing on resolving clinical issues that come up on the day rather than a broader clinical service.

If we do flex up and increase hours, the communication out to wards and clinical areas can be problematic and difficult to get that message across.

Option 3

Is where we would like to be in terms of not just looking at supply service but adding some additional resource as well so we can have a targeted clinically pharmacy service to high-risk patients or patients who are being discharged at weekends.

In terms of the frequency, we are looking at a 1:8 rota for both Option 2 and Option 3 so that it is equitable across our different staff groups.

ST advised staff would be asked to work a half day on one weekend day every 8 weeks. This half day session would be incorporated into their working week, and they would take a half day off in the week prior to that.

We do recognise that there requires to be flexibility and it may be that during times of service pressure we need to be flexible in that approach. Staff would receive enhanced payments and we would look to put in place training for any staff that are unfamiliar with working on the VHK site.

ST advised all new job descriptions include weekend working and have done for some time but some older job descriptions which a lot of staff remain on will need to be reviewed. We will also be considering pay protection for staff who have been working weekends regularly.

ST advised as part of the staff consultation there will be staff drop-in sessions and every member of staff will be offered a 1:1 meeting with their line manager. Our on-call pharmacists already do weekends as part of the on-call service, and we are committed to making sure their frequency would be the same overall as other pharmacists. Most of our staff are in scope but primary care, business and admin and procurement would be out of scope.

ST advised that an equality impact assessment has been completed for staff in relation to the protected characteristics to ensure that we have considered impact and thought through the mitigations that we can put in place with these groups of staff.

ST advised we are working through the feedback we have received from the impact assessment. The main concern was about making sure that we had a good skill-mix at weekends so we do not have the members of one team working the same weekend and we can look at that in terms of our rota planning. The other areas that came up were about part-time staff maintaining competency if working pro-rata weekend hours and this will be discussed and worked through at 1:1 meetings with individual members of staff.

ST advised that staff consultation has not yet started but when it begins all staff will receive an individual letter informing them of the proposal. We are planning drop-in sessions with staff side and HR colleagues. We have also developed a FAQs document to support our staff. There will be 1:1 meetings with line managers and we also plan to do an anonymous staff feedback survey for staff to raise any wider concerns or suggestions as we go through the process.

ST advised next steps within the directorate are to agree a voluntary Sunday rota for January to March 2024 while we are working through the staff consultation during November/December 2023.

ST advised their plan of approach is to implement Option 2 starting with those staff who already work in VHK and then move to the staff that are slightly less familiar with VHK to allow time to put training and quality assessments in place for that smaller number of staff. Longer term we would like to move over time to Option 3.

ST advised they are looking for LPF support for the plan and any suggestions/feedback. They will require ongoing support from staff side and HR colleagues as we move into the consultation phase.

BH advised this has been very thorough to reflect the length of the process this has undergone. We do have a voluntary weekend service, and this will formalise an informal arrangement for some. Thanks were noted to staff side and HR colleagues for their work in getting to this stage and the consultation to take place with staff to formalise a much needed clinical and core service for a hospital running in 2024.

CD thanked ST and BH for a detailed and comprehensive presentation. Colleagues were asked if they had any comments, questions or advice and asked for support.

MW advised she was totally supportive, and this has been invaluable as the weekend discharge team has gathered momentum. Teams had provided positive feedback and the engagement is there from the staff who support the service.

CD advised there was unanimous support from LPF colleagues.

9 E Provided with an Improved & Safe Working Environment

9.1 Staff Health & Wellbeing Update

The Staff Health and Wellbeing Update Report was noted for information.

MJ advised a new Staff Chill Area has been created at Phase 1, VHK. This was funded by Fife Health Charity and is designed as an area for staff to take a break, has outdoor seating and games built into some of the benches.

MJ advised a new staff wellbeing hub has opened in Whyteman's Brae Hospital. The new hub is local on Level 2 and was funded by Fife Health Charity.

MJ advised the Managers' Information Sessions continue to run on a regular basis to inform managers about the range and type of support options that are available for staff both locally and nationally. The next session takes place on Tuesday 12 December 2023 at 3 pm.

MJ highlighted the Beginners Yoga class sessions at QMH every Tuesday from 5.15 pm – 6.15 pm. Information on how to join is available on StaffLink.

MJ advised Team Fife are helping to raise awareness through the Race for Recipients on the importance of organ donation. There is a static bike in the Main Reception, VHK. We are currently sitting at 3800 km to get to the next milestone of 5500 km which reflects the number of people waiting for a kidney transplant. Further information is available on StaffLink.

MJ advised as part of the Women's Health Plan there was menopause webinar which took place at the end of October 2023. Feedback would be provided from the Menopause Month.

CD advised work has started on the staff wellbeing space in the courtyard area at AU2.

CD advised the Scottish Government had released a Menopause Policy. As Women's Health Lead for the Board, CD has highlighted this policy to David Miller and will discuss further. It is hoped at the next LPF meeting there could be more of a focus on menopause and what the policy means for those experiencing symptoms of menopause across the organisation.

CD

9.2 Capital Projects Report

The September 2023 Capital Projects Report was noted for information.

NM advised we started this year off with £7.5m of capital for the whole year across all of our sites and healthcare services. By the time we had allocated funds to projects we had already committed to there was about £4-£4.5m left to allocate.

NM advised there are a couple of large projects ongoing at the moment. One of the key projects is the refurbishment of Ward 5, Phase 1, VHK which was highlighted following the recent Healthcare Improvement Scotland (HIS) inspection. The ward has been closed and work is ongoing and due to finish around February 2024. This will give an improved environment for patients and staff in ENT.

NM advised the theatre reception area at QMH has been completed. The other project ongoing at QMH is Ward 3 which is being upgraded to be an improved mental health ward. As the Scottish Government has put back significant capital investment until at least 2026-27 we have agreed we would put some money into try and improve the situation in the short-term, particularly around the Mental Welfare Commission. This is the start of a phased upgrade for mental health.

NM advised further work is required in Ward 6, VHK and the Phase 1 Oversight Group are currently looking around the logistics of this.

A lot of the works required in Ward 9, VHK have already been upgraded.

NM advised as far as we are aware we have no further money for equipment this year and the only money that we have set aside has now been allocated.

NM advised there is a list of projects at the bottom of the spreadsheet where we might receive some money for doing specific things, particularly around Hospital Electronic Prescribing and Medicines Administration (HEPMA) Programme and Laboratory Information Management System (LIMS).

NM advised we have managed to receive additional funding from Transport Scotland and the Scottish Government for fleet decarbonisation. This will pay for additional charging points to be put in at a variety of our sites so that we can make our own fleet low carbon and electric. At the Fife Capital Investment Group (FCIG) meeting yesterday they also talked about whether we can actually have a salary sacrifice scheme for electric cars for staff. They also talked about possibilities including how they could improve the situation for staff car charging as at the moment all the charging points we have are for our internal vehicles.

9.3 **Acute & Corporate Adverse Events Report**

The Acute & Corporate Adverse Events Report for the period May 2022 to April 2023 was noted, for information.

NB advised incidents affecting NHS staff account for 565 incidents out of the total of 815 reported.

NB advised in terms of Acute Services the majority of incidents are around infrastructure and predominantly in regard to staffing levels within our wards. The period of this report is from May 2022 to April 2023, but since then we have made significant improvement in terms of these shortfalls and will be interesting to see these trends in terms of the reporting. The other biggest category is unwanted behaviours, violence and aggression. In terms of Corporate Services personal accidents account for the majority of incidents.

NB advised the infrastructure incidents remain relatively unchanged from previous reports. The most commonly reported sub-categories are staffing levels too low, lack of suitably trained/skilled staff and activity to staff ratio. The most commonly affected staff group is our registered nurse cohort. These will be taken into consideration when we move into the legislation for the Health & Care Staffing Scotland Act for next year.

NB advised for personal accidents, slips, trips and falls and general accidents are the most commonly sub-categories for Acute Services staff. For Corporate Services the vast majority are reported in Domestic Services.

NB advised for unwanted behaviours, violence and aggression there were 61 physical assault incidents and 49 verbal assault incidents. The most commonly affected staff group was our registered general nurses and a lot within our medicine of the elderly ward. Similarly with Corporate Services the majority of incidents are verbal assault with portering and security staff being the most commonly affected staff group.

NB advised we were still seeing a lot of sharps incidents, particularly in Ward 53, AU1 and AU2.

10 ISSUES FROM STAFF-SIDE

There were no new issues raised from staff-side colleagues.

11 MINUTES FOR NOTING:

11.1 Capital Equipment Management Group

The Minutes of the Capital Equipment Management Group meetings held on 3 August 2023 was noted, for information.

12 HOW WAS TODAY'S MEETING?

12.1 Issues for Next Meeting

It was agreed to add the Menopause Policy to the next Agenda.

GMcK

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 21 December 2023 at 2.00 pm via MS Teams.

LOCAL PARTNERSHIP FORUM

(Meeting on 26 July 2023)

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



Fife Health & Social Care Partnership

Supporting the people of Fife together

CONFIRMED HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM WEDNESDAY 26 JULY 2023 AT 9.00 AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Simon Fevre, Staff Side Representative (Chair)
Eleanor Haggett, Staff Side Representative
Debbie Fyfe, Joint Trades Union Secretary
Audrey Valente, Chief Finance Officer, H&SC
Billy Nixon, Health & Safety, NHS Fife
Diane Roth, OD & Culture Specialist, Fife Council (Item 5)
Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
Elaine Jordan, HR Business Partner, Fife Council
Elizabeth Crighton, Project Manager – Wellbeing & Absence
Fiona McKay, Head of Strategic Planning, Performance & Commissioning
Hazel Williamson, Communications Officer, H&SC
Heather Bett (for Lisa Cooper)
Jackie Millen, Learning & Development Officer, NHS Fife (Items 4 & 5)
Jennifer Bell, Chartered Society of Physiotherapy
Karen Laird, HR, NHS Fife (for Susan Young)
Kenny McCallum, UNISON
Lisa Cooper, Head of Primary & Preventative Care Services
Lynn Barker, Director of Nursing
Lynne Garvey, Head of Community Care Services
Lynne Parsons, Society of Chiropodists and Podiatrists
Morag Stenhouse, H&S Adviser, Fife Council
Rona Laskowski, Head of Complex & Critical Care Services
Roy Lawrence, Principal Lead Organisation Development and Culture
Susan Robertson, UNITE
Yvonne Batehup, UNISON Welfare Representative
Vicki Bennett, British Dietetic Association Representative
Wendy McConville, UNISON Fife Health Branch
Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Helen Hellewell, Deputy Medical Director, H&SC
Nicky Connor, Director of Health & Social Care
Sharon Adamson, RCN
Susan Young, HR Team Leader, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above. Morag Stenhouse advised that Kenny Grieve has retired from Fife Council. LPF members recorded their thanks to Kenny for his contribution to the forum over the years and wished him well in his retirement.	

NO	HEADING	ACTION
2	PREVIOUS MINUTES / ACTION LOG FROM 23 MAY 2023	
	<p>The Minute and Action Log from the meeting held on 23 May 2023 were both approved as accurate records of the meeting.</p> <p>Debbie Fyfe advised that carers within Fife Council have had time off rostered to allow them to undertake mandatory training either at home or an office setting and this opportunity was welcomed.</p>	
3	JOINT CHAIRS UPDATE	
	<p>Debbie Fyfe asked for a meeting with Fiona McKay out with the LPF to discuss potential issues relating to the introduction of Liquidlogic.</p>	FM/DF
4	TURAS FOR MANAGERS	
	<p>Jackie Millen, NHS Fife gave a brief demonstration on TURAS which is the centralised training system used by NHS Fife and available to Fife Council and 3rd sector staff. This system is constantly being developed and updated and suggestions for other areas to include should be forwarded to Jackie.</p> <p>The demonstration focused on the Manager Zone and gave an overview of the system and how easy it was to navigate through it.</p> <p>Simon Fevre thanked Jackie for her demonstration and asked what statistics were available from the system, eg did it give an idea of user numbers and where users are from. Jackie advised that monthly reports are produced on the core skills training and she will enquire to see if information is available on user origins. If this information is available Jackie will feed it back to Simon for sharing with the LPF.</p>	JM/SF
5	iMATTER UPDATE	
	<p>Diane Roth gave an update on the joint collaborative approach which was taken with the iMatter survey this year which was supported by a joint communications strategy and a leaflet for staff who do not have regular access to computers. The videos done by Nicky Connor and Dafydd McIntosh were well received at the various team meetings and roadshows.</p> <p>The Partnership had a total response rate of 73%, up 10% on last year which exceeded expectations. 177 teams had a 100% response rate, up from 119 teams last year. The number of teams who had less than a 25% response rate dropped from 40 in 2022 to 12 in 2023 and only 8 requests were made for paper copies of the survey, down from 83 last year. Some area with lower response rates in 2022 were specifically targeted and their response rates all increase significantly.</p> <p>Jackie Millen advised that "Team Fife" had a 66% response rate, which was 7% higher than the overall NHS response rate. Overall 257 teams had a 100% response rate, which included the 177 partnership teams.</p>	

NO	HEADING	ACTION
5	iMATTER UPDATE (CONT)	
	<p>The survey is now in the Action Plan phase and managers are encouraged to complete their initial Action Plan and to ensure this is updated and locked in during the coming months. Communications will be done in November 2023 and February / April 2023 as a reminder.</p> <p>This year's survey had two additional questions on raising concerns. Of 7,712 responders 7,578 chose to answer these and the feedback from them will be in Directorate Reports in August 2023.</p> <p>Simon thanked Diane and Jackie for their commitment to the iMatter survey and the high engagement this had resulted in.</p>	
6	BANK/AGENCY STAFF	
	<p>Lynn Barker gave a Presentation on Sustainable Nursing Workforce which outlined the national and local Workforce Strategies, the relevant Health & Wellbeing Outcomes and the use of off-framework agency staff.</p> <p>In February 2023 Scottish Government issued a Directive, effective from 1 June 2023, to greatly reduce the use of off framework nursing staff.</p> <p>Lynn Barker chairs a Sustainable Workforce Group and significant work has taken place to reduce the use of these staff and this will be reviewed and monitored going forward.</p> <p>Simon thanked Lynn for the presentation and the impressive amount of work undertaken in a short time period.</p> <p>Lynne Parsons asked if the workforce tools used for nursing staff were going to be introduced for other staff group eg AHP's. Lynn confirmed that this was being investigated in other inpatient areas and it might be useful to ask Amanda Wong, Associate Director, AHP's to provide an update to a future LPF meeting.</p> <p>Debbie Fyfe asked for an update on bank and agency spend across the partnership. Elaine Jordan advised that an update had recently been taken to an SLT meeting and Audrey Valente will take this on board and bring up date to the next LPF meeting.</p>	AV
7	LPF DEVELOPMENT SESSION – DATE/CONTENT	
	<p>The proposed date for the rescheduled LPF Development Session is Thursday 21 September 2023 (PM). Times and venue to be confirmed but a diary hold would be sent. LPF members are asked to email their ideas for content to the co-chairs.</p>	ALL
8	HEALTH & WELLBEING	
	<p>Attendance Information</p> <p>Elaine Jordan had provided the May update with the LPF papers but was able to give a brief update on the June figures which show absence sitting at 11.8% (was 12.3% in May). Short term absence has reduced to 2.6% whilst long</p>	

NO	HEADING	ACTION
8	<p>HEALTH & WELLBEING (CONT)</p> <p>Attendance Information (Cont)</p> <p>term is still sitting at 9.2%. Elaine gave some detail on the absence rates by portfolio and service and advised the most common reasons for absence. Attendance panels continue to be held and the Attendance Support Unit is being recruited to. Debbie Fyfe asked if it was possible to get more detailed information on the main reasons for absence and Elaine will bring this to the next LPF meeting.</p> <p>Karen Laird provided information from an NHS perspective and June figures have gone down to 6.74% from 7.27% in May. Both long and short term absences increased in May, with short term decreasing in June. There are 28 areas in the partnership where absence rates are over 10%. A pilot is being undertaking to do multi-factor reviews in absence hot spots.</p> <p>Staff Health & Wellbeing</p> <p>Susan Young had provided a written update on behalf of the NHS which was circulated with the meeting papers. Karen Laird advised that refresher training is being offered for managers to assist with Review and Improvement Panels.</p> <p>Elizabeth Crichton provided an update on the support being provided to employees either before they go off or from the first day of absence. Employees appreciate the support they are being given. Full day Mentally Healthy Workplace training has started. Work with the University of Hull is ongoing and Elizabeth offered to circulated a SWAY document to LPF members to update on this.</p> <p>Employee Relations Update</p> <p>Elaine Jordan and Karen Laird both gave a brief update around ongoing grievance and disciplinary cases and the work which is being undertaken to have these resolved. Early resolution is always sought in all cases. Debbie Fyfe sought assurance around employee suspension, alternatives to this and the timelines for resolution. Discussion took place around suspension and the use of a checklist which has been development to assist managers,</p>	
9	<p>HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP)</p> <p>Mandatory Training Update</p> <p>Rona Laskowski had provided updated information on this which was circulated with the papers for the meeting. Progress is being made towards a compliance rate of 90% by the end of year.</p> <p>At present this information is presented on a portfolio basis but towards the end of the year it should be able to be presented showing trends throughout the partnership.</p>	EC

NO	HEADING	ACTION
9	<p>HEALTH AND SAFETY UPDATE (Inc H&S ASSURANCE GROUP (CONT))</p> <p>H&S Updates – NHS and Fife Council</p> <p>Morag Stenhouse had provided a written report which was circulated with the papers for the meeting. Morag gave a brief update on RIDDOR and Violence and Aggression incidents in June. The H&S Framework has now been approved and signed off.</p> <p>Billy Nixon advised he would provide a written H&S update to be circulated to LPF members and updated on staff moves within his team.</p>	BN
10	<p>FINANCE UPDATE / BUDGET</p> <p>Audrey Valente gave a brief update on the financial position which is showing a projected outturn at the end of May 2023 of £4.7m overspend against a £662m budget. Detail on over/ underspends and Reserves is contained in the report. A Recovery Plan paper will be brought to the next LPF meeting.</p>	AV
11	<p>SERVICE PRESSURES & WORKFORCE UPDATE</p> <p>System Pressures</p> <p>This item was not discussed due to the volume of items on the agenda.</p> <p>Update on Industrial Action</p> <p>This item was not discussed due to the volume of items on the agenda.</p> <p>Supporting Work/Life Balance</p> <p>This item was not discussed due to the volume of items on the agenda.</p>	
12	<p>ANNUAL PERFORMANCE REPORT 2022-2023</p> <p>Fiona McKay advised this report has been through the governance committees and is going to the IJB for approval on 28 July 2023. Staff stories have helped to ensure the report is relevant. Simon Fevre felt this was an impressive report which highlights a lot of the good work being done in the partnership. The LPF agreed the report should be taken to the IJB for approval.</p>	
13	<p>HOME FIRST STRATEGY</p> <p>Lynne Garvey advised this Strategy has been through the governance committees and is going to the IJB for approval on 28 July 2023. Comments and feedback from committees has been included in the final version. This is a significant piece of work which has involved staff throughout it's development. The LPF were happy to approve this to go to the IJB.</p>	

NO	HEADING	ACTION
14	FIFE PRIMARY CARE STRATEGY	
	<p>Lisa Cooper presented this report which is the first to be completed in Scotland. The Strategy has been through the governance committees and is on the agenda for the IJB meeting on Friday 28 July 2023, which it is to be approved. Lisa outlined this ambitious strategy which will support primary care services going forward, aligns to the Strategic Plan and Workforce Strategy, will assist in the recovery of primary care services and reduce inequalities in Fife.</p> <p>Discussion took place around Fife being the first partnership in Scotland to produce such a strategy, issues relating to dental and GP services and the provision of regular updates to the LPF. The LPF supported the Primary Care Strategy being taken to the IJB for approval.</p>	
15	NATIONAL CARE SERVICE – FEEDBACK FROM NATIONAL SESSIONS	
	<p>This item was not discussed due to the volume of items on the agenda.</p>	
16	FIFE HSCP WHISTLEBLOWING STANDARDS	
	<p>Roy Lawrence advised via the chat function that this report is going to IJB on Friday 28 July 2023 and it has been through LPF previously. There are very few changes to previous paper. Roy wanted to endorse the proposed reporting quarterly to LPF.</p>	
17	LPF ANNUAL REPORT 2022-2023	
	<p>This item was not discussed in detail due to the volume of items on the agenda.</p>	
	<p>Simon Fevre advised the report would be circulated to LPF members for comment and the final report would be brought to the September LPF and IJB meetings.</p>	SF/ALL
18	ITEMS FOR BRIEFING STAFF	
	<p>This item was not discussed due to the volume of items on the agenda.</p>	
19	AOCB	
	<p>Discussion to take place around more realistic agendas for future LPF meetings to ensure all items can be covered within the meeting.</p>	
20	DATE OF NEXT MEETING	
	<p>Thursday 21 September 2023 – LPD Development Session – PM (tbc) Wednesday 27 September 2023 – LPF Meeting - 9.00 am – 11.00 am</p>	

STAFF GOVERNANCE COMMITTEE
(Meeting on Thursday 11th January 2024)

The main focus of the NHS Fife Strategic Workforce Planning Group meeting held on Tuesday 28th November 2023 was on collaborative strategic workforce planning to address continuing workforce challenges and to create a sustainable workforce for the future. Updates were provided on the Population Health & Wellbeing Strategy, the Annual Delivery Plan, the NHS Fife and H&SCP Workforce Plans 2022-25, and progress with the preparations for the implementation of the Health and Care (Staffing) (Scotland) Act 2019. Reports were given on the work of the NHS Fife Operational Workforce Planning Group and the H&SCP Workforce Strategy Group; and the successes and challenges faced within Nursing & Midwifery, Allied Health Professions and Pharmacy & Medicines Services.

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

UNCONFIRMED MINUTES OF NHS FIFE STRATEGIC WORKFORCE PLANNING GROUP MEETING HELD ON TUESDAY 28TH NOVEMBER 2023 AT 14:00 HRS VIA MS TEAMS

Chairing this meeting: David Miller, Director of Workforce

Present:

Lynn Barker, Associate Director of Nursing, Health & Social Care
 Roy Lawrence, Principal Lead for Organisational Development & Culture, H&SCP
 Dafydd McIntosh, Organisational Development & Culture Specialist, H&SCP
 Brian McKenna, Workforce Planning, Workforce Systems and Data Intelligence Lead
 Nicola Robertson, Associate Director of Nursing, Corporate Services
 Sally Tyson, Head of Pharmacy – Development & Innovation
 Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
 Amanda Wong, Director of Allied Health Professions

In Attendance:

Janet Melville, Personal Assistant (Minutes)

Actions

Welcome and Apologies

D Miller welcomed everyone to the meeting and apologies were noted from C Dobson, S Fraser, H Hellewell and M McGurk.

01. Minutes of Previous Meeting and Matters Arising

The minutes of the previous meeting held on 22 November 2022 were accepted as an accurate record. D Miller explained that these meetings had been deliberately paused to allow assessment of where we are at. The conversation at Item 05 will help to inform the future of this Group, how we work and about workforce planning in Fife as a whole, to meet short, medium and long-term demands, alongside achieving and delivering our strategic ambitions.

02. NHS Fife Strategic Planning

2.1 Population Health & Wellbeing Strategy

S Fraser was unable to attend but provided an update: the mid-year report is being currently drafted and will progress to the Board Committees in January 2024. There has been significant input from Workforce colleagues on progress against Strategic Priority 3 (Improving Staff Experience and Wellbeing). In addition, there is good progress against actions across health in Fife which is really encouraging.

2.2 Annual Delivery Plan

S Fraser advised that 2024/25 ADP Guidance is due at the end of November 2023, with a provisional first draft submission in February 2024. The scope may be extended wider across the organisation, but will include last year's 10 Recovery Drivers.

Document Control:		
Document: SWPGmins281123	Version: 0.3 draft	Version Date:
Author: JM	Page: 1 of 6	Review Date: N/A

2.3 NHS Fife and H&SCP Workforce Plans 2022-25 Update

R Waugh reported that a recent update to the Staff Governance Committee (SGC), summarised progress on current workforce planning activity and responded to feedback from the Scottish Government (SG) and the Annual Internal Audit (IA) report. The IA report on NHS Fife's workforce planning arrangements, is still awaited.

R Waugh explained that B McKenna is leading on Service Level Workforce Plans with Operational Workforce Planning Group members, which describe challenges, workforce needs and the granular detail to support planning and risk identification, in the absence of the workforce projections exercise. A sample draft plan for Women, Children and Clinical Services has been circulated to illustrate what this would look like in practice; Pharmacy colleagues have also worked on a similar plan.

R Waugh highlighted that we continue to work closely with HSCP colleagues as part of the integrated approach and R Lawrence advised that the Year 1 H&SCP Action Plan and a summary of the Year 2 H&SCP Action Plan had recently progressed via the H&SCP governance route, received positive feedback and had been endorsed by the Integrated Joint Board (IJB). The draft HSCP Workforce Planning Audit report had been received in time to review the content, addressing key areas, including a 'deep dive' into workforce risks, to provide assurance.

R Lawrence provided an overview of the 'big ticket' items within the Year 2 Action Plan and agreed to circulate this to the Group. It is recognised there is work to do to fully engage Council colleagues in this approach. D Miller encouraged colleagues from NHS Fife and H&SCP to share resources, expertise and lessons learned to avoid duplication, to help address the workforce challenges faced. D Miller drew attention to a recent Finance report which highlighted specific medical specialty challenges in terms of permanent to agency workforce. R Waugh emphasised workforce challenges in meeting our Anchor Institution intentions, including the community wealth building and employability agendas. D McIntosh advised of work to streamline support pathways into job roles at the end of related training programmes.

D Miller informed colleagues that NHS Fife is appointing an Associate Director of Wellbeing, Culture & Development to drive forward these strategic ambitions.

RL

03. Updates from Associated Groups

3.1 NHS Fife Operational Workforce Planning Group

B McKenna reported on the Group's two key focus areas: the Service Level template, to be updated quarterly, based on the SPRA 2022/23 process, and the analytical agenda. This enables the triangulation of financial, service and workforce demands and incorporates SMART objectives, RAG status and associated risks. The similarities to the ADP process have been raised with the Planning & Performance Team, with discussions ongoing to streamline the process, for consistency and to avoid duplication. B McKenna confirmed that both SG and IA feedback highlighted that the NHS Fife plan had a current focus, with a lack of detail on longer-term projections and requirements, which is being addressed.

B McKenna referred to the use of Tableau, the award winning Regional dashboard, which provides information from multiple data sources in one

Document Control:		
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visualisation. Work is ongoing to obtain greater detail on workforce trends e.g. establishment gap, turnover, transfers, recruitment sources, and Advanced Practice/ Nurse Specialists/ MAPs. There is an ongoing commitment to standardise reporting processes to provide meaningful data and it was noted that once the eRostering system and SafeCare module are live, additional real time data will be readily available for use.

D Miller stressed the financial position, (a forecast £23m year end overspend) and the imminent implementation of the Health and Care (Scotland) Staffing Act, which will increase complexity; we may require to reprioritise service provision in Fife. D Miller encouraged collaborative working across the Board rather than working in silos; this will be taken forward with key stakeholders out with the meeting.

DM

3.2 Health & Social Care Partnership Workforce Strategy Group

R Lawrence highlighted the current topics, including iMatter: it is encouraging that 90% of Action Plans are complete. The Care Home Collaborative work is scheduled to start next year, providing support and creating resilience across Fife. The recently established Equality, Diversity & Inclusion Working Group has an ambitious Communications Plan, working alongside NHS Fife colleagues, to address inequalities; with the aim of achieving accreditation status.

Transformation is shaped by a business enabling approach: each Senior Management Team member is a Locality Leader, working to achieve the overall Workforce Strategy. In terms of Staff Wellbeing: a new wellbeing post has been created to progress this agenda, including recruitment, retention and absence. The Extended Leadership Team is now well established, building a sense of systems, connections and promoting best practice.

3.3 HCSA – NHS Fife Implementation of Safe Staffing Group

R Waugh advised reasonable progress is being made in preparation for Act enactment in April 2024. This is supported by Tracy Hunter, the Nursing & Midwifery Workforce Lead. R Waugh suggested sharing the recent SGC / Area Partnership Forum (APF) paper to the group. R Waugh emphasised that the Act applies to **all** clinical functions **and** some non-clinical functions, Urgent Care Call Handlers, Medical Physics Technicians and Registered Chaplains.

RW

A Board Engagement Event is being held on 30 November 2023, with SG and Healthcare Improvement Scotland (HIS) colleagues, to learn more about the Act and preparing for implementation. We have benefited from participating in draft Chapter Guidance Testing and have presented SWOTs nationally. Colleagues from a range of services have helped and the learning is shared through our local Group, national feedback and the Teams channel. R Waugh indicated the 2023/24 Quarter 2 Board return is almost complete, noting it was challenging and time consuming

SOPs will require to be developed on how to manage, mitigate and escalate risks; the newly created and approved HCSA Corporate risk status is currently 'Amber' and a review of other workforce risks is underway.

3.4 NHS Fife Nursing & Midwifery Workforce Planning Group

N Robertson highlighted the following points from her report:

Associate Practitioners (APs) – 100 APs will graduate from the first cohort

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next week, with further cohorts planned.

International Recruitment (IR) – 8 recruits commence in January 2024, with a total of 90 Nurses and Radiographers since the initiative began, however, there is no further SG funding. The in-house OSCE (Objective Structured Clinical Examination) programme has proved extremely successful with a 100% pass rate achieved. Doreen Smith has been liaising with D McIntosh in relation to offering an adapted OSCE programme for Care Homes.

Advanced Nurse Practitioners (AP) – celebrated AP week with a well-attended event. An AP Toolkit has been launched and an ANP Policy has been developed and will soon be launched.

NHS Fife Clinical Nurse Specialists have been identified and participated in the recent national Tool run, which will run again in January 2024.

Staff Support - quantifying support required for Values Based Reflective Practice (VBRP), to explore the impact on retention. Hoping to continue with VBRP input; the postholder is seconded from NES until March 2024.

Aspiration is to achieve 'Magnet' status: the Magnet Recognition Programme designates organisations worldwide, where nursing leaders successfully align their nursing strategic goals, to improve the patient outcomes.

Band 2 to 3 work is ongoing.

N Robertson welcomed direction on the best way forward for the N&M Workforce Group: it is currently a 'feedback' group, with less opportunity for looking forward / strategic planning.

L Barker agreed and stressed the importance of continuing with IR, retention, encouraging the younger generation to join the NHS, and collaborative working. R Lawrence also welcomed conversations to enable closer collaborative working. S Tyson suggested supporting services with job planning would be beneficial.

3.5 Allied Health Professionals Group Feedback

A Wong drew attention to the following items:

AHPs have prepared a Workforce Framework based on the 5 Pillars from the National Strategy; incorporating key focus areas for development AHP wide, (although each profession has their own specific areas). A Year 1 Plan will be created to underpin the Framework and a report will be provided to EDG.

IR – 5 Radiographers appointed; there was fabulous feedback from Carolyn McDonald, Chief AHP Officer (Scotland), SG at a recent event. An added complexity with AHPs reflective of these discussions would be to consider what the possibilities are for other professions, using vacancy funding.

Transformation agenda – linking in with Mairi McKinlay, Senior Practitioner (PPD), in terms of Advanced Practice/ Clinical Specialism.

AHP Education and Workforce Review from SG – recommendations have been received, waiting on the implementation plan. Podiatry has a pilot 'earn as you learn' programme with Glasgow Caledonian University, to attract and retain podiatrists into the NHS, rather than to private practice.

Ongoing HCSA preparations: cross profession learning from the work SALT has been undertaking around job planning and draft Chapter Guidance testing. Benchmarking across professions of where AHPs are

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and what is needed. Also linking in with Emma Vail, Senior Specialist Lead, NES, around AHP classification work.

Planning to increase the offers for Foundation Apprentices and with continued success, will be able to increase offers in years to come.

A Wong indicated student numbers varies between professions, however, several universities are finding it hard to fill places: e.g. it was noted that OT and Physio went to clearing this year, for the first time ever.

3.6 Corporate Division Updates

3.6.1 Pharmacy and Medicines Update

S Tyson reported on the development of Designated Prescribing Practitioners (DPPs). The number of DPPs will continue to increase, due to a change in initial training standards: Pharmacists graduating in 2025 will qualify as Prescribers; an additional qualification will no longer be required. In preparation, we now have 5 DPPs, aiming to increase to 16 in the next 2 years. This will support hosting students for longer placements, (currently 85 weeks), there is a proposal to increase experience in the working environment for 2023/24 to 144 placement weeks. The impact is being discussed with NES and across Boards.

A pilot of Pharmacy Support Workers is undertaking MAs at Fife College. Cohort 2 is in conjunction with NHS Lothian (Cohort 1 was NHS Lothian only) and will create an improved career pathway.

Revision to Pharmacy weekend working is also in progress: currently Saturday working is on a rota, while Sunday is on a voluntary basis; Consideration is being given to moving to a more robust footing, with staff consultation to take this forward; hopefully in place by April 2024.

3.6.2 Digital & Information Update

A Graham was unable to attend the meeting to provide an update.

04. Workforce Risks / Risk Register

R Waugh indicated HCSA preparations identified that a workforce risk review was required. R Waugh is working with Risk Team to determine which are now issues/out of date and could be removed. R Waugh suggested the Risk Register is shared with this Group going forward.

RW

N Robertson advised that the N&M risk has recently been updated but disappointingly, there is no change to the 'high' status, despite mitigations.

R Lawrence observed the staffing risk within H&SCP also remains stubbornly a 'high' risk, in spite of all of the ongoing work; a 'deep dive' is planned to explore how best to address this. D Miller recognised that colleagues are working hard individually, but working together, could achieve more.

05. Review of Strategic Workforce Planning Group Operation

D Miller acknowledged the significant financial and workforce challenges facing services, with a need to consider collective priorities and to agree how we best support and enable our operational teams to drive these forward.

D Miller likened this to the challenge to EDG: we are proud to be 'Team Fife' and it is a great strapline, but are we Team Fife, e.g. the updates at this meeting are individual, but that's not how we work daily. Workforce planning encompasses all services, what are we doing to ensure all areas are 'safely' staffed; do we have a pipeline of talent for 5, 10 years time and what is our ultimate plan? D Miller

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suggested additional input is needed to influence strategic planning, make it real and delivery-focussed, to meet objectives. There is a lot of great work going on, but on its own will it solve our workforce issues? We need to agree our strategic direction, analyse workforce modelling and involve key stakeholders to address the challenges.

R Waugh suggested merging the Strategic and Operational Groups for varied engagement; actions around the SPRA process could be harvested from the Annual Delivery Plan; and increasing engagement with Services, as seen at the Systems Leadership meeting. R Waugh also advised that at a recent meeting, National Workforce Planning colleagues had suggested that SG may request updates in advance of the publication dates of the extant Workforce Plans.

N Robertson and A Wong highlighted the struggle to determine vacancy levels and turnover rates within N&M and AHPs. The work done with MicroStrategy indicated the reduction in off framework agency use, which is really powerful and data is useful to evidence the rationale for investing in, for example IRs.

A Wong advised AHPs don't have the same supplementary spend, however, having timely data is really useful (a 3 month lag is not helpful for decision making). A Wong was disappointed that NES indicated there is no funding for work on Occupational classification, which would enable better planning for the future; otherwise there is a reliance on services providing data.

B McKenna advised local data developments are progressing: data is currently sourced from multiple systems; capturing finance, vacancies and the establishment gap data is complex. Once eRostering is in place, timely information will be available. This needs investment; the development of MicroStrategy was the result of collaboration with D&I colleagues, funding is required for further developments.

L Barker and R Lawrence reiterated the importance of having plans in place for 5, 10 years time; what are we doing to ensure a sustainable workforce of the future? L Barker agreed we need to map out systems and gather information to gain a collective understanding of the workforce, to consider trends and options. R Lawrence suggested we need to manage the current challenges to help manage the future; are we doing the right things? There are no elegant solutions, however, we have a good starting point to build on.

D Miller recommended Group members meet to scope out the way forward in a face-to-face session.

RW

06. AOB

National Workforce Planning and Centre for Workforce Supply Sessions

R Waugh advised the National item had been covered in earlier in the meeting.

Given time pressures, B McKenna offered to circulate a summary of the Centre for Workforce Supply information to the Group and deliver the presentation at a future meeting.

Date of Next Meeting: tba

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Health & Safety Sub-Committee
(Meeting on 8 December 2023)

The undernoted items were raised for escalation to the Staff Governance Committee:

- (1) Radon Gas (see item 8.1 Radon Monitoring)
- (2) Reinforced Autoclaved Aerated Concrete (RAAC) SBAR (separate paper)



Minute of the H&S Sub-Committee Meeting
Friday 8 December 2023 at 12.30 pm on Teams

Present

Neil McCormick, Director of Property & Asset Management (Chair) (NMCC)
Janette Keenan, Director of Nursing (JK)
Conn Gillespie, Staff Side Representative (CG)
Dr Chris McKenna, Medical Director (CMCK)
Rona Laskowski, Head of Complex Critical Care Services, Fife HSCP (RL)

In Attendance

Billy Nixon, H&S Manager (BN)
Anne-Marie Marshall (Manual Handling Team Lead (A-MM)
Paul Bishop, Head of Estates (PB)
Ian Campbell, Interim Head of Spiritual Care (IC)
Claire Dobson, Director of Acute Services (CD)
Lynne Parsons, Employee Director (LP)
Andrea Barker, Executive Assistant to the Director of Property & Asset Mgmt (Minute)

The order of the minute may not reflect that of the discussion
The meeting was recorded on Teams

No.		Action
1	<u>Welcome & Apologies</u> NMCC welcomed members of the Sub-Committee to the meeting. A welcome was extended by the Sub-Committee to Claire Dobson, Director of Acute Services (CD) and Lynne Parsons, Employee Director (LP) for their attendance today. Apologies were received from David Miller.	
2	<u>Minute/Matters Arising:</u> The Minute of 8 September 2023 was approved as an accurate record.	
3	<u>Governance Arrangements:</u> There were no Governance Arrangements to report.	
4	<u>Operational Updates</u> 4.1 <u>H&S Incident Report</u> (Sept-Nov 2023) The H&S Incident Report for the period September to November 2023 was distributed and noted by the Sub-Committee.	

Musculoskeletal (staff)

15 reported incidents in the quarter, of which:

One incident - no harm
10 incidents - minor harm
3 incidents - moderate harm
One incident - major harm

Total of 30 incidents for the period April to November 2023

Riddor (all)

12 reported incidents in the quarter, of which:

One incident - no harm
4 incidents - minor harm
3 incidents - moderate harm
4 incidents - major harm

Total of 28 incidents for the period April to November 2023

Self-Harm (patients)

100 reported incidents in the quarter, of which:

58 incidents - no harm
28 incidents - minor harm
5 incidents - moderate harm
5 incidents - major harm
4 incidents - extreme harm

Total of 189 incidents for the period April to November 2023

Sharps (staff)

31 reported incidents in the quarter, of which:

16 incidents - no harm
13 incidents - minor to moderate harm
2 incidents - outstanding

Total of 88 incidents for the period April to November 2023

Slips, Trips & Falls (staff)

20 reported incidents in the quarter, of which:

4 incidents - no harm
12 incidents - minor harm
4 incidents - moderate harm

Total of 42 incidents for the period April to November 2023

Violence & Aggression (staff)

420 reported incidents in the quarter, of which:

286 incidents - no harm
115 incidents - minor harm
19 incidents - moderate harm

Total of 975 incidents for the period April to November 2023

NMcC raised the question of whether the RIDDOR reportable incidents tie in with any significant adverse events reviews ie recorded under significant adverse events reporting process (SAER)?

CMcK responded by advising that this is dependent on the individual and the complaint type in terms of the adverse event matrix and how it is graded.

CMcK added that a local refresh of what truly is a significant adverse event and what is not will soon be underway. He added that if it was a major event then this would be recorded on Datix and subject to submission to the Executive team for decision making.

IC raised the question as to how wide the Incident Report is circulated in terms of staff wellbeing particularly around violence and aggression and patient self-harm. He added that it would be beneficial to those who co-ordinate peer support to be more specific in terms of areas of need.

The Sub-Committee **agreed** that the Patient Self Harm Incident section and the Violence & Aggression section of each quarterly Incident Report be circulated directly to Peer Support by BN.

Action – IC **agreed** to send over the contact details for Peer Support to Billy Nixon.

IC

4.2 Sharps Review Update

BN **updated** the Sub-Committee that he is in the process of carrying out Sharps Audits to ensure that Risk Assessments are up-to-date.

The Sub-Committee **agreed** that in terms of a better reporting system, particularly around the identification of hotspot areas, then this would be a helpful exercise especially with learning across the organisation.

4.3 Ligature Risk Assessment Review

A-MM **updated** the Sub-Committee with details on the Ligature Risk Assessment Programme which commenced in January 2023, adding all Risk Assessments are up-to-date with the exception of Ward One, QMH, which will be completed by the end of the year.

In terms of the Programme of Work being undertaken:

- Works in Ward 3, QMH continue and once this is complete Ravenscraig Ward will be relocated there. Ravenscraig will then become a decant ward.
- In relation to timescales, it is hoped that Ward 3 will become fully operational by the end of May 2024 which is slightly later than the original intended date in February 2024.
- RL advised that she has reached out to Health Improvement Scotland in order to keep them involved in the process and to demonstrate that by going through the analysis, be assured that is not a major service change involved. Consideration is being given to mitigating any unintended impact on stakeholders, supply chain etc.

- RL advised that Comms and HR colleagues are engaged in the planning and management of the movement of patients on the workforce.
- A-MM added that an active risk management exercise in terms of moving patients is planned for staff.
- Patient requirements will be assessed and appropriate mitigations will be in place for required anti-ligature works.
- Once Ward 3 is finished, it will be an exemplar ward of which we can follow. Works in Ward 1, Lomond Ward and Ward 2 will then commence.

The Sub-Committee was pleased with the efforts being made to mitigate the risks around the environment for mental health patients.

4.4 Violence & Aggression Management Review

(a) BN **updated** the Sub-Committee advising that the Violence & Aggression Policy was due for review in December 2023.

He added that the 'draft' Policy will be circulated to the Sub-Committee for comment and approval before the end of the year.

(b) V&A Policy and Escalation Skills Workshops are now bookable on Turas. These Workshops are scheduled to take place until the end of 2024.

(c) Other bookable courses on Turas include De-escalation, Low Level Handling, and a 2-day Physical Intervention Course.

(d) Suitable space for V&A training remains a concerns and BN **agreed** to speak with Jim Rotheram regarding the availability of a regular suitable venue.

4.5 Working at Heights Review

BN **updated** the Sub-Committee by advising that the Working at Heights Policy was due for review in February 2023. This has since been reviewed and approved by the General Policies Group. The next review will be in February 2025.

4.6 Reinforced Autoclaved Aerated Concrete (RAAC) Update

The RAAC Update SBAR was circulated to the Sub-Committee for information and NMCC gave an **update** on the status of RAAC within NHS Fife:

- RAAC in buildings surveys being carried out as part of a National Programme.
- 27 NHS Fife buildings were surveyed, of which one was removed, namely the Linen Room at Cameron Hospital as it is not currently in use.

- Five buildings were deemed to be of low risk (surveys still to be carried out).
- Following surveys, 5 blocks were found to have RAAC present, one at QMH, one at KHC and 3 at Lynebank. Of these five, two of which had RAAC present in perfect condition, however, these will be reviewed annually.
- We have requested a further 3 areas be investigated on the National Programme, namely: Tarvit Ward at Adamson Hospital, the main block in Cupar Health Centre and the main block in Glenrothes Hospital.
- Nationally, at the end of November 2023, all the high and medium likelihood buildings in Scotland had been investigated. The remaining lower risk buildings will now be surveyed.
- From the surveys undertaken, there are in the region of 500 additional builds that have been identified and these will be prioritised on the National Programme in terms of high, medium, and low risk, as before.

To summarise, NMCC **assured** the Sub-Committee that NHS Fife has been fortunate to date in terms of risk, all identified blocks have been small areas which have been locally addressed to mitigate any risks to patients, visitors and staff.

In terms of **assurance**, a paper on RAAC has been written and will be discussed at the following meetings/committees:

- a. Capital Investment Group on 8 November 2023
- b. H&S Sub-Committee on 8 December 2023
- c. ASD&CD LPF on 21 December 2023
- d. Staff Governance Committee on 11 January 2024
- e. Clinical Governance Committee on 12 January 2024
- f. APF on 24 January 2024

4.7 Skin Health Surveillance Arrangements Update

DM had submitted his **apologies** to this meeting of the Sub-Committee.

The Sub-Committee **agreed** for the Skin Health Surveillance Group to report into the H&S Sub-Committee and for the escalation of any relevant content.

In terms of the overall role of skin surveillance, the Sub-Committee **agreed** that further discussion would be required as there would have to be a transfer of staff resource.

NMCC will pick up with DM at a later date.

4.8 Manual Handling Report (Aug - Oct 2023)

The Manual Handling Report (Aug - Oct 2023) was distributed to the Sub-Committee and A-MM gave a verbal overview to the Sub-Committee.

Attendance for Scheduled Patient Handling Training

- 500 members of staff attended Patient Handling training
- 156 members did not attend
- One was withdrawn

Induction - Patient Handling - Bank Staff

	Aug '23	Sept '23	Oct '23
Withdrawn			1
Did not attend		3	1
Attended	8	8	13

Induction - Patient Handling - NHSF

	Aug '23	Sept '23	Oct '23
Withdrawn			
Did not attend	8	6	2
Attended	40	32	37

Patient Handling Update - Bank Staff

	Aug '23	Sept '23	Oct '23
Withdrawn			
Did not attend	4		3
Attended	12	16	20

Patient Handling Update - Community

	Aug '23	Sept '23	Oct '23
Withdrawn			
Did not attend		2	2
Attended	20	8	14

Patient Handling Update - Hospital

	Aug '23	Sept '23	Oct '23
Withdrawn			
Did not attend	41	42	31
Attended	84	65	94

Patient Handling Update - Minimal Handling

	Aug '23	Sept '23	Oct '23
Withdrawn			
Did not attend	3	3	1
Attended	6	7	15

Patient Handling Update - Physiotherapists & Occupational Therapists

	Aug '23	Sept '23	Oct '23
Withdrawn			
Did not attend	3	1	
Attended	17	10	12

Scheduled Courses Delivered/Cancelled

- 77 courses were delivered during the period
- 2 courses were cancelled

Induction - Patient Handling - Bank Staff

	Aug '23	Sept '23	Oct '23
Delivered	1	1	1
Cancelled			

Induction - Patient Handling - NHSF

	Aug '23	Sept '23	Oct '23
Delivered	4	3	3
Cancelled			

Patient Handling Update - Bank Staff

	Aug '23	Sept '23	Oct '23
Delivered	2	2	3
Cancelled			1

Patient Handling Update - Community

	Aug '23	Sept '23	Oct '23
Delivered	2	1	2
Cancelled			

Patient Handling Update - Hospital

	Aug '23	Sept '23	Oct '23
Delivered	13	11	19
Cancelled			1

Patient Handling Update - Minimal Handling

	Aug '23	Sept '23	Oct '23
Delivered	1	1	2
Cancelled			

Patient Handling Update - Physiotherapists & Occupational Therapists

	Aug '23	Sept '23	Oct '23
Delivered	2	1	2
Cancelled			

Scheduled/Additional Patient Handling Courses

- 79 scheduled courses were delivered during the period
- 17 additional courses were provided

Induction - Patient Handling - Bank Staff

	Aug '23	Sept '23	Oct '23
Scheduled	1	1	1

Additional			
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Induction - Patient Handling - NHSF

	Aug '23	Sept '23	Oct '23
Scheduled	4	3	3
Additional			

Load Handling Update

	Aug '23	Sept '23	Oct '23
Scheduled			
Additional		1	

Patient Handling Update - Bank Staff

	Aug '23	Sept '23	Oct '23
Scheduled	2	2	4
Additional			

Patient Handling Update - Community

	Aug '23	Sept '23	Oct '23
Scheduled	2	1	2
Additional			

Patient Handling Update - Hospital

	Aug '23	Sept '23	Oct '23
Scheduled	13	11	20
Additional	2	3	3

Patient Handling Update - Minimal Handling

	Aug '23	Sept '23	Oct '23
Scheduled	1	1	2
Additional		2	

Patient Handling Update - Physiotherapists & Occupational Therapists

	Aug '23	Sept '23	Oct '23
Scheduled	2	1	2
Additional	2		4

- The Manual Handling team continue to work closely with individual wards to identify ways of increasing training attendance figures ie deliver training in wards, provide additional training dates etc.
- Single-handed Care Project - this new project will be taken forward through the HSCP. Good headway is being made with this and the Manual Handling team will be trained on delivering courses in January 2024.
- Lateral Lifting Project, Acute Medicine - awaiting one piece of equipment for hospital training then this course can be rolled out to

	<p>the higher risk areas for patient falls. This will offer an alternative lifting method to the one currently in use.</p> <ul style="list-style-type: none"> • <u>Bariatric Project</u> - on-going. <p>Thanks were extended to A-MM and the Manual Handling team for their efforts.</p>	
5	<p><u>NHS Fife Enforcement Activity</u></p> <p>There was no enforcement activity to report within NHS Fife.</p> <p>Enforcement activity is taking place in Dumfries & Galloway - patient slips trips and falls and is on-going in the Highlands.</p>	
6	<p><u>Policies & Procedures</u></p> <p>6.1 <u>H&S Policies & Procedures</u></p> <p>BN advised the Sub-Committee that most of the H&S Policies and Procedures are now up-to-date. See items 4.4 and 4.5 above.</p> <p>6.2 <u>Violence and Aggression Policy</u></p> <p>Work continues on the Violence and Aggression Policy by Bill Coyne which was due for an update on 1 December 2023. This will be ready for submission to the General Policies Group by the end of the year.</p> <p>6.3 <u>Control of Vibration Policy</u></p> <p>Barry Williams, Assistant H&S Advisor is working on the update which was due for renewal at the end of October 2023. This will be ready for submission to the General Policies Group by the end of the year.</p>	
7	<p><u>Performance</u></p> <p>7.1 <u>ASD&CD H&S Committee Update</u></p> <p>The ASD&CD H&S Committee Minute of 29 November 2023 was emailed to the Sub-Committee. Members of the H&S Sub-Committee noted receipt.</p> <p>CD gave an update to the Sub-Committee on the status of the ASD&CD H&S Committee.</p> <p>The first meeting of the ASD&CD H&S Committee took place on Wednesday 29 November 2023 with Claire Dobson and Andrew Verrecchia co-chairing the initial meeting. It was noted that BN has agreed to chair the meeting moving forward, once established.</p> <p>She added that there is a very active LPF which has resulted in duplication on agendas, however, the main focus will relate to health and safety.</p>	

	<p>The Sub-Committee took assurance from this update and offered support, where required.</p> <p>7.2 <u>HSCP H&S Assurance Group Update</u></p> <p>The HSCP Health, Safety & Wellbeing Minute of 28 November 2023 was emailed to the Sub-Committee. Members of the Sub-Committee noted receipt.</p>	
8	<p><u>Any Other Business</u></p> <p>8.1 <u>Radon Monitoring</u></p> <p>NMcC gave an update to the Sub-Committee on Radon Gas monitoring within NHS Fife.</p> <p>He added that both he and CMcK have been informed about an issue on our estate with respect to Radon gas which is naturally occurring gas.</p> <p>There are 46 sites which are monitored in total. Of these sites:</p> <ul style="list-style-type: none"> • 32 do not require any monitoring (no gas present) • 10 sites have a very low level (re-monitored in 10 years) • 3 sites had a slightly elevated level (re-monitored in 5 years) • One had significantly higher levels - Kinghorn Medical Practice <p>The basement of Kinghorn Medical Practice has a higher amount of Radon than we would expect, and it has breached the higher number where it is then required to be reported to the Health & Safety Executive.</p> <p>We have radiation protection advisory support (working for NHS Fife and based at Lothian Health Board) who have been out and looked at the building in question. They have made recommendations in terms of bringing the ventilation system in the basement up to the required specifications. It appears that following previous modifications to the building the ventilation system was not working that well.</p> <p>Once the basement had been brought up to the recommended standard, re-monitoring will be carried out by the team.</p> <p>There is one group of staff who currently use the basement and advisory information leaflets have been distributed to the group by the Radiation Protection team.</p> <p>The Radiation Protection Advisor will disclose the raised levels of Radon to the Health and Safety Executive as required.</p> <p>Action - PB agreed to provide an update on radon levels at the next Sub-Committee meeting.</p> <p>CMcK added that in terms of reporting, this incident would be raised at the Radiation Protection Committee. If there was a requirement for escalation, then the committee would make that decision. Thereafter, reporting to the Clinical Governance Committee, where necessary.</p>	PB

9	<u>Date & Time of Next Meeting</u> Friday 8 March 2024 at 12.30 pm on Teams	
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Unconfirmed

NHS Fife Staff Governance Committee

(11/01/2024)

Enclosed are the minutes for the NHS Fife Equality and Human Rights Strategy Group that met on 10.11.2023. Discussion points within this meeting are: Discrimination in the workplace in the words of NHS Fife A&E Consultant, Surinder Panpher, the results of the Ethnically Diverse Staff Survey, Hate reporting and Mandatory Equality training.

I would like to highlight specifically the staff statement regarding their experience of discrimination and racism in the workplace, and the results of the staff survey. Both to be presented with accompanying SBAR in this meeting.

CONFIRMED MINUTE OF THE EQUALITY AND HUMAN RIGHTS STRATEGY GROUP HELD ON 10TH NOVEMBER AT 10 A.M. VIA TEAMS

Janette Keenan, Director of Nursing (Executive Lead for Equality and Human Rights) and Isla Bumba, Equality and Human Rights Lead

Co-Chairs

Present:

Alan White	Clinical Services Manager, Medical Learning Disabilities	AW
Bill Coyne	Violence and Aggression Advisor	BC
Brian McKenna	Human Resources Manager	BM
Elric Honoré	Chief Executive, Fife Centre for Equalities	EH
Gordan Strang	Interim Lead Chaplain	GS
Isla Bumba	Equality and Human Rights Lead	IB
Jamie Doyle	Head of Nursing (Corporate Acute)	JD
Janette Keenan	Director of Nursing	JK
Kerry Duffy	PPP Operational Contract Manager, Estates Central	KD
Kimberley Steel	Consultant in Palliative Care	KS
Louise Noble	Staff Side Representative	LN
Mhairi Gilmour	Research and Development Officer	MG
Pamela Galloway	Head of Midwifery and Nursing W&C	PG
Sinead Braiden	Non-Executive Board Member	SB
Siobhan Mcilory	Head of Person Centred Care	SM
Torfinn Thorbjornsen	Head of Information Management	TT
Yvonne Batehup	Support Services Manager, Catering Services	YB

In Attendance:

Becky Donnachi, Health Promotions Specialise for NHS Fife, Terrance Higgins Trust (THT)
Heather Kirkbride, Senior Administrator Equality and Human Rights Team (Minutes)

1. APOLOGIES / MINUTE & ACTION LIST / MATTERS ARISING

1.1 Apologies for Absence

Apologies were received from:

Aileen Lawrie	Director of Midwifery
Heather Bett	Senior Manager, Childrens Services Projects
Jo-Anne Valentine	Public Health Manager (Health Improvement)
Karen Whatton	Lead Nurse - Care Home Assurance and Support
Lorna Watson	Consultant in Public Health Medicine
Sally O'Brien	Head of Nursing Care Home Assurance and FNP Lead

1.2 Welcome from Co-Chairs

JK welcomed everyone to the meeting and introductions were made.

2. HIV AWARENESS PRESENTATION

Becky Donnachie, Health Promotions Specialist for NHS Fife, THT did a presentation to the group on HIV Awareness and Stigma. The presentation involved:

- Informative slides
- 'Things not to not say to someone who is HIV positive' video.
- 'Time is running out campaign' THT advert video that is currently showing on television.

Presentation questions:

1. Do you link in with Sexual Health? Becky explained that the work she does for NHS Fife is commissioned through NHS Fife Sexual Health.
2. Can PREP be given 3 or 6 monthly in a similar mechanism to the Depo-Provera injection? Becky explained she thinks they are still at trial stage.

THT also provides in-house training for NHS Fife staff on topics such as Trans Awareness, LGBT Awareness & HIV and AIDS.

BD's contact details in her slides which will be sent to group.

3. DISCRIMINATION IN THE WORKPLACE

IB, presented 'Discrimination in the Workplace'. A statement was from Surinder Panpher, Consultant Accident and Emergency (A&E), was read to the group. Statement can be shared with group.

Discussion that followed:

- Considering updating Trakcare to include an alert icon that shows if a patient has history of aggressive, violent or inappropriate behaviour. TT to look out for relevant Trak updates.
- Creating a standardised corporate letter that is sent out to patients who had been aggressive, violent or inappropriate at an appointment.
- Under reporting of hate crime to the police and hate incidents on Datix.
- Setting up a voicemail/phone that staff can leave messages on explaining an incident, if they would like a call back and if they would like referral to Spiritual care team.

Questions and comments:

1. A member of the group stated that the statement read out was very powerful and that there is a need to consider doing work around this to support staff.
2. DATIX may be up for renewal and so should be considered when forward planning.
3. GS will look at how Spiritual Care Service can support the A&E staff around what they are experiencing.
4. IB to share GGC letter provided by SP to SM, and discuss potential for NHS Fife version to be made. SM explained PET also frequently experience abusive behaviour
5. BC highlighted that NHS Fife does not have a zero-tolerance policy. The current Violence and Aggression Policy promotes a zero-tolerance approach. BC stated this policy is due for review in Dec 23. IB is to support this policy's review.
6. JK suggested getting the Communications Team involved to support awareness.
7. IB is currently undertaking the Confidential Contacts Course and stated that she believes she is in the best position to support the phone line. Group agreed the phone line might cause stress if only one person was responding to issues raised and therefore support should be in place.

4. ETHNICALLY DIVERSE STAFF SURVEY RESULTS

IB sent out the Ethnically Diverse Staff survey to staff across NHS Fife during October and presented summary of findings to the group. Slides to be shared with group.

Questions and Comments

1. JK requested report of findings to take to EDG that include statement from SP, if consent gained. LN suggested this report also be shared with APF and SB suggested this is also taken to SGC.
2. SB also commented that little incidents can add up and cause a lot of issues for staff that suffer this over time.
3. PG stated that some people who move to Fife are welcomed and sometimes they are not.
4. IB discussed the plan for the DEN is to start fresh and develop a new committee. This has been advertised on Staff Links. There will be initial meetings for this before the end of year.
5. KS explained some new doctors' fall through cracks as they are not employed by NHS Fife but work within our workforce. Main issues are around accommodation and adaptations needed for them include weekly pay initially to help them set up bank accounts etc. NHS Fife has opportunity to get it right for these staff and retain them.
6. LN requested Matt Valenti, Unison, is invited to group. HK to action.

5. HATE REPORTING AND BODY CAMS

BC discussed requirement for making staff safer including suggestion of personal alarms or more preferably, body cams.

5.1 Body Cams:

- Body cams could be used when patient begins to get aggressive. Patient would be given a warning to inform them recording has started. This is expected to de-escalate situations.
- BC explained in an English trust that has been using body cams for over a decade, they were found to increase numbers of incidents by 400% - this however is due to the number of incidents being captured and staff being able to prove them, therefore increased reporting. Court imposed sanctions went up by 2250% and they saw a 97% reduction in misconduct allegations.
- In Australia, staff have a camera on their chest that reflects what is being recorded. Patients can therefore see themselves and body language and is a powerful deterrent of aggression.
- NHS Fife would need to consider how recordings and information is stored and for how long.
- SM explained she would like to introduce recording aggressive complaint calls as a de-escalation technique also.
- JK to take a summary report to Health & Safety Committee.

5.2 Hate Reporting:

- BC stated he encourages staff that have reported incidents on DATIX to inform the police, but most staff are reluctant to do so.
- IB stated that our staff (especially ethnically diverse staff) must feel empowered by organisation to report these incidents.
- IB explained that NHS Grampian were named 'NHS Scotland's first Anti-racist health board after completing a similar ethnically diverse staff survey and implementing an MS Form to report incidents of racism and discrimination as an alternative to DATIX. Staff can report through this form anonymously if they desire and the form has been very successful in promoting reporting.

6. MANDATORY TRAINING

IB informed the group that the NHS Fife Corporate induction Equality module was updated in autumn 2023.

Discussion:

1. IB explained the frequency of refreshing Equality training is for the decision of the health board.
2. Group were asked to consider if there should be a refresher every 2 or 3 years. At present NHS Fife is every 3 years.
3. IB suggested that a list of relevant Equality-related training modules be produced and staff/line managers can chose a relevant module to the individual or their work at the time the refresher is required. This would encourage completion as modules would be chosen by most relevant to the staff member.
4. The group stated this should be discussed at EDG.
5. SM told the group she did a 3 day Equality Champion Course in NHS Tayside which had an impact on her and has stayed with her.

7. EQUALITY OUTCOMES 2025

The Equality Outcomes final report and new plan are due to be written and published by 1st April 2025. IB asked the group if they agree that the new Equality Outcomes should be reflective and in support of existing board priorities such as those laid out in the Population Health & Wellbeing strategy. The group agreed in this decision.

8. MEETING REGULARITY

JK stated there is a need for the group to meet quarterly and the group agreed. HK to set up 2 further meetings.

Group also agreed that it is beneficial to have additional meetings at alternative times to the traditional 10am on the first Friday of the relevant month.

9. ACTION TRACKER

To complete and bring to the next meeting.

10. ANY OTHER BUSINESS/ITEMS TO ADD TO NEXT MEETING

There was no other business items or agenda items presented at this meeting.

11. DATE OF NEXT MEETING

The next meeting will take place on 1st February 2024 at 2 p.m. via MS Teams