

Staff Governance Committee

Thu 01 September 2022, 10:00 - 12:00

MS Teams

Agenda

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

1 min

Ms S Braiden

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

1 min

Ms S Braiden

10:02 - 10:07 **3. Minutes of Previous Meeting held on Thursday 14 July 2022**

5 min

Enclosed Ms S Braiden

 Item 3 Staff Governance Committee Minutes (unconfirmed) 14.07.22.pdf (10 pages)

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

3 min

Enclosed Ms S Braiden


 Item 04 Table of Actions From Meeting Held on 14.7.22.pdf (2 pages)

10:10 - 10:35 **5. GOVERNANCE MATTERS**

25 min

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

Enclosed Linda Douglas

 Item 5.1 SGC Board Assurance Framework - Workforce Sustainability 1.9.22.pdf (4 pages)

 Item 5.1 Appendix 1 NHS Fife Board Assurance Framework - Workforce Sustainability as at 8.8.22.pdf (2 pages)

 Item 5.1 Appendix 2 - BAF Risks - Workforce Sustainability - Linked Operational Risks as at 8.8.22.pdf (2 pages)

5.1.1. Linked Operational High Risk Update – Risk ID: 1420 Loss of Consultants within the Rheumatology Service


Enclosed Bryan Davies

 Item 5.1.1 SCG Rheumatology Medical Risk 1.9.22.pdf (4 pages)

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

Enclosed Linda Douglas

 Item 5.2 Implementation of the Health and Care (Staffing) (Scotland) Act 2019 v0.4.pdf (3 pages)

 Item 5.2 Appendix 1 - HCAA - Letter - TU Stakeholders - Timetable for implementation - June 2022.pdf (2 pages)

 Item 5.2 Appendix 2- HCSA - Implementation Timetable - Jun 2022.pdf (1 pages)

5.3. Staff Governance Standards Overview – Improved and Safe Working Environment

Enclosed *Neil McCormick*

 Item 5.3 Improved and Safe Working Environment V2.1.pdf (5 pages)

5.4. Whistleblowing Report – Quarter 1 2022/2023

Enclosed *Sandra Raynor*

 Item 5.4 Whistleblowing Quarter 1 Report 2022-2023 - 1.9.22.pdf (6 pages)

5.5. Proposed Staff Governance Committee Dates 2023/2024

Enclosed *Linda Douglas*

 Item 5.5 Corporate Calendar - Proposed Staff Governance Committee Dates 2023-2024.pdf (1 pages)

10:35 - 10:40 6. RISK

5 min

6.1. Corporate Risk Register - Draft Strategic Risks

Enclosed *Margo McGurk*

 Item 6.1 SBAR Proposed Corporate Risk Register - SGC 1.9.22.pdf (4 pages)

 Item 6.1 Annex 2 Proposed Risks for Inclusion in the Corporate Risk Register.pdf (7 pages)

10:40 - 10:55 7. QUALITY / PERFORMANCE

15 min

7.1. Integrated Performance & Quality Report


Enclosed *Linda Douglas*

 Item 7.1 SBAR IPQR - 1.9.22.pdf (3 pages)

 Item 7.1 IPQR August 2022.pdf (7 pages)

7.2. Promoting Attendance Update

Enclosed *Sandra Raynor*

 Item 7.2 Promoting Attendance Update - 1.9.22.pdf (4 pages)

10:55 - 11:10 8. PROJECTS / PROGRAMMES

15 min

8.1. Development of Assistant Practitioner Role

Enclosed *Janette Owens*

 Item 8.1 Development of Assistant Practitioner 1.9.22.pdf (23 pages)

11:10 - 11:35 9. ANNUAL REPORTS / OTHER REPORTS

25 min

9.1. Staff Governance Annual Monitoring Return 2020/2021 Feedback and Staff Governance Annual Monitoring Return 2021/2022

Enclosed *Sandra Raynor*

 Item 9.1 Annual Monitoring Return 2020-2021 Feedback and 2021-2022 Template - 1.9.22.pdf (12 pages)

9.2. Health and Social Care Partnership Local Partnership Forum Annual Report 2021/2022

Enclosed *Bryan Davies*

 Item 9.2 HSCP LPF Annual Report 2021-2022.pdf (56 pages)

9.3. Whistleblowing Performance Annual Report 2021/2022


Enclosed *Sandra Raynor*

 Item 9.3 SGC Whistleblowing Annual Report 2021-2022 SBAR 1.9.22.pdf (4 pages)

 Item 9.3 SGC Whistleblowing Annual Performance Report 2021-2022.pdf (12 pages)

9.4. Occupational Health & Wellbeing Service Annual Report 2021/2022

Enclosed *Rhona Waugh*

 Item 9.4 OH Health and Wellbeing Service Annual Report 2021-2022 - 1.9.22.pdf (19 pages)

9.5. NHS Fife Workforce Information Overview

Enclosed *Kevin Reith*

 Item 9.5 - NHS Fife Workforce Information Overview - 1.9.22.pdf (21 pages)

11:35 - 11:40 5 min **10. FOR ASSURANCE**

10.1. Annual Workplan 2022/2023

Enclosed *Linda Douglas*

 Item 10.1 SGC Annual Workplan 2022-2023 Report - 1.9.22.pdf (9 pages)

11:40 - 11:45 5 min **11. LINKED COMMITTEE MINUTES**

11.1. Minutes of the Area Partnership Forum held on 20 July 2022 (unconfirmed)

Enclosed

 Item 11.1 Linked Committee Minutes Cover Sheet - APF 20.7.22.pdf (1 pages)

 Item 11.1 APF Minutes 20.7.22.pdf (16 pages)

11.2. Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 23 June 2022 (unconfirmed)

Enclosed

 Item 11.2 ASD&CD LPF Cover Sheet 23.06.22.pdf (1 pages)

 Item 11.2 ASD&CD Local Partnership Forum Minutes 23.6.22.pdf (14 pages)

11.3. Minutes of the Health and Social Care Partnership Local Partnership Forum held on 20 June 2023 (confirmed)

Enclosed

 Item 11.3 H&SCP LPF Cover Sheet 21.06.22.pdf (1 pages)

 Item 11.3 HSCP LPF Minutes 21.6.22.pdf (3 pages)

11:45 - 11:55 10 min **12. ESCALATION OF ISSUES TO NHS FIFE BOARD**

12.1. To the Board in the IPQR Summary

Verbal Ms S Braiden

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

Verbal Ms S Braiden

11:55 - 12:00 13. ANY OTHER BUSINESS 5 min

12:00 - 12:00 14. Date of Next Meeting: Thursday 10 November 2022 at 10.00 am via MS 0 min **Teams**

Fife NHS Board

Unconfirmed

MINUTE OF THE STAFF GOVERNANCE COMMITTEE MEETING HELD ON THURSDAY 14 JULY 2022 AT 10AM VIA MS TEAMS

Present:

S Braiden, Non-Executive Member (Chair)	K Macdonald, Whistleblowing Champion & Non-Executive Member
W Brown, Employee Director	J Owens, Director of Nursing
S Fevre, Co-Chair, Health & Social Care Local Partnership Forum (LPF)	C Potter, Chief Executive

In attendance:

K Berchtenbreiter, Head of Workforce Development & Engagement
N Connor, Director of Health & Social Care
C Dobson, Director of Acute Services
L Douglas, Director of Workforce
S Fraser, Associate Director of Planning & Performance (*Item 7.1 & 7.2 only*)
R Lawrence, Workforce & OD Lead for the Health & Social Care Partnership (HSCP) (*Item 6.2 only*)
G MacIntosh, Head of Corporate Governance & Board Secretary
M McGurk, Director of Finance & Strategy
S Raynor, Head of Workforce Resourcing & Relations
K Reith, Deputy Director of Workforce
R Waugh, Head of Workforce Planning & Staff Wellbeing
H Thomson, Board Committee Support Officer (Minutes)

Chair's Opening Remarks

The Chair welcomed everyone to the meeting.

The Chair advised that the Echo pen is being used to record the meeting for the purpose of the Minutes.

The Chair acknowledged the ongoing pressures and extended a huge thanks to all staff and volunteers for their continuing efforts.

The Chair also advised that she attended the opening of the first Staff Wellbeing Hub at Queen Margaret Hospital, along with Rhona Waugh and Simon Fevre, which was a very valuable and welcoming addition to the practical support facilities available to staff.

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.

1. Apologies for Absence

Apologies for absence were received from members A Morris (Non-Executive Member), M Mahmood (Non-Executive Member), and A Verrecchia (Co-Chair, Acute Services Division and Corporate Directorates Local Partnership Forum).

2. Declaration of Members' Interests

There were no declarations of interest made by members.

3. Minutes of the last Meeting held on Thursday 12 May 2022

Following comments from W Brown, Employee Director, it was agreed to update the following sections of the previous minutes:

Item 5.6, paragraph 3 expanded to read: "W Brown, Employee Director, noted that sickness absence is not a substantive item on the Committee Workplan, despite it being a high priority for the organisation, and recommended that this be considered for inclusion. In response, it was advised that actions to manage sickness absence is an area which is being developed further, and that a group has been set up to have detailed discussions on sickness absence, supporting staff on returning to work, and taking that work forward. W Brown, Employee Director, noted that the delay to the work of this group progressing has potentially had an impact on staff being supported who have been absent due to sickness."

Item 5.6, now forms a separate paragraph: "The Chief Executive highlighted the governance aspect around the roles and responsibilities of the Committee, noting it was important the Committee took assurance from the ongoing work in this area, but did not become operationally involved in the work itself."

Item 6.1, paragraph expanded to read: "The Chief Executive added that communication and staff engagement will be carefully considered and include clear and meaningful explanations to groups of staff and individuals on the Corporate Objectives, to which they can support generally with their own work. W Brown, Employee Director, indicated that staff may feel they are not connected to the Corporate objectives. Assurance was provided to the Committee that there will be engagement with all staff to communicate the overall organisational objectives and aims."

Subject to these additions, the minutes of the meeting of 12 May 2022 were then **agreed** as an accurate record.

4. Matters Arising / Action List

The Committee **noted** the updates and the closed items on the Action List. The following Matters Arising were discussed:

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

Following a question from W Brown, Employee Director, it was advised by the Director of Workforce that this item is on today's agenda at item 6.1, and that detail on Fair Work and International Recruitment are captured in the draft Plan. It was also

confirmed that there will be opportunities to comment on the plan before submission to SG and that actions from the plan will be sequential.

Item 7.1 - Integrated Performance & Quality Report (IPQR)

W Brown, Employee Director, requested more detail on the improvement work being undertaken. The Director of Workforce advised that this will be covered on today's agenda at Item 7.1 and that consideration is ongoing in respect of additional workforce reporting metrics within the IPQR and the associated timeline.

The Director of Finance & Strategy reported that work is underway on developing elements to be added to the IPQR, and that this will include establishment gap information and metrics on the health and wellbeing activities in place. The Deputy Director of Workforce confirmed that priority work is ongoing in relation to the establishment gap, Personal Development Plan data capture and performance reporting for sickness absence.

Item 7.2 - NHS Fife Workforce Information Overview

W Brown, Employee Director, requested an update on the work that is underway to address Employee Relations cases with extended timescales. It was advised that this will be discussed under Item 7.3 on today's agenda.

5. GOVERNANCE / ASSURANCE

5.1 Annual Internal Audit Report 2021/2022

The Director of Finance & Strategy reported that conclusions of the Annual Internal Audit Report 2021/22 are very positive, particularly around the progress made in strategy development. The report will form part of the suite of assurances that are provided to the Audit & Risk Committee to support the Governance Statement within the Annual Accounts for 2021/22.

In relation to the Staff Governance Committee (SGC) section of the report, it was advised that there are two recommendations within the report noted in Section 1: succession planning and coverage of the Staff Governance Standard. It was advised that the Internal Auditors had questioned if the SGC workplan and agenda is appropriately aligned to the strands of the Staff Governance Standard, as the formal alignment is not clearly signposted within papers. However, it was noted that this did not suggest that the Committee are not considering the Staff Governance Standard strands, rather than the linkages need to be more explicit.

The Deputy Director Workforce added that all the strands are being covered and are evidenced in a number of ways. It is recognised that this requires to be explicit within the agenda and workplan, and that this is being considered for the next iteration. Feedback and views will be requested from the Committee in relation to the next iteration. The Director of Workforce noted it is important that the report acknowledges that this is work in progress and is an area of continued development.

Action: Deputy Director of Workforce

S Fevre, Co-Chair, Health & Social Care LPF, raised concern regarding the Staff Governance Standard element of the report and highlighted the level of slippage,

noting that it is a reflection of actions not being addressed from 2020/21. W Brown, Employee Director, agreed and noted concern that there are no plans in place evidenced for 2022/23. She highlighted that the Staff Governance Standard should be aligned to all areas of the work of the Committee and that staff are being informed, and can be informed, of decisions that directly affect them. The Director of Workforce recognised the audit rating and the Director of Finance & Strategy explained that this is attributed to the length of time which has lapsed since the recommendation was made.

Assurance was provided from the Director of Workforce that the actions raised within the Annual Internal Audit Report 2021/2022 will be reflected in the Committee Workplan and within future agendas. The Chief Executive noted that actions from the Annual Internal Audit Report 2021/2022 are monitored and reviewed by the Audit & Risk Committee, as part of the formal follow-up process, and it will be in this forum that the closure of the recommendation will be monitored.

W Brown, Employee Director, highlighted the Staff Governance Board Assurance Framework risks at Section 2 and advised that the comments made by the Internal Auditors needs addressed and made visible on the Committee's Workplan, as many of the assumptions within the report are high risk. She also highlighted the implementation of the Workforce Strategy and noted that there is no tool available for monitoring progress. The Director of Workforce highlighted the importance of what is required for the new Workforce Strategy in terms of presenting, alignment and reviewing development of progress and delivery of action plans from the Workforce Plan and Strategy; how this will be achieved is still to be considered.

W Brown, Employee Director, questioned how evidence-based reports will be provided so that the Committee can be assured the Staff Governance Standard is being met. The Director of Workforce advised that progress will be reflected in a number of areas, such as the new iteration of the Board Assurance Framework. It was also advised that when the new Workforce Strategy is being prepared, attention will be given to the feedback within the Annual Internal Audit Report 2021/2022. In conclusion, the Chief Executive noted that for this Committee, an additional bullet point could be added in to the covering SBAR to provide clear visibility that each report aligns to the Staff Governance Standard and the associated strand.

The Director of Finance & Strategy confirmed the Annual Internal Audit Report 2021/22 was brought to the Committee for assurance, and not for approval, as stated in the cover paper.

The Committee took **assurance** from the findings of the Annual Internal Audit Report and its recommendations as regards the work of the Staff Governance Committee.

5.2 Board Assurance Framework (BAF) – Workforce Sustainability and Linked Operational High Risks Update

The Director of Workforce highlighted the minor changes to the BAF since it was last presented to the Committee in May 2022. It was noted that the Workforce Sustainability risk level remains high.

In relation to the addition of Risk ID 1420: Loss of Consultants within the Rheumatology Service to the BAF, the Director of Health & Social Care reported that

work is ongoing in developing actions for models of care in relation to the Rheumatology Service and for recruitment, given the difficulties in recruiting to this area. The Director of Health & Social Care explained that more detail would be brought back to the Committee on the escalation of and mitigations to this risk.

Action: Director of Health & Social Care

W Brown, Employee Director, highlighted that the BAF reports positively on the commencement of the new registered nurses from the International Recruitment initiative, which is not necessarily a true reflection of the contribution of new starts, and that the narrative needs to reflect the current situation. The Director of Nursing agreed and provided an example of potential wording. The Director of Workforce added that with any new appointment, there is a period of induction and training. The Head of Workforce Planning & Staff Wellbeing agreed to take this forward for the next iteration of the BAF.

Action: Head of Workforce Planning & Staff Wellbeing

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

- The addition of a new linked operational high risk, Risk ID 1420: Loss of Consultants within the Rheumatology Service to the Board Assurance Framework and
- The current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework

5.3 Whistleblowing Quarter 4 Report

The Head of Workforce Resourcing & Relations spoke to the report and highlighted the two whistleblowing concerns at Appendix 1. It was reported that within the Whistleblowing Standards at Stage 2, there is an opportunity to extend the timelines, and extensions have been agreed for both of these concerns. It was also advised that the Whistleblowing Annual Report 2021/22 will be on the September 2022 Committee agenda and will detail improvement actions for 2022/23. In addition, the Head of Workforce Resourcing & Relations confirmed that press coverage will be added to the 2022/23 Quarterly Reports.

S Fevre, Co-Chair, Health & Social Care LPF, raised concerns regarding the recording of staff issues. K Macdonald, Whistleblowing Champion & Non-Executive Member, acknowledged that the data in the report could be more comprehensive and suggested adding staff feedback on the culture and capturing staff views on the processes. This might include how people feel about speaking up, the length of time to resolve issues, reasons for extending timelines, actions that are being taken based on feedback from staff, and to national guidance and information from other NHS Boards to inform learning. She also highlighted that there are other ways to raise concerns rather than Whistleblowing.

K MacDonald stated that it is difficult to take assurance from the report that concerns are being resolved in a timely fashion and that learning is being extracted from the process and not just the final outcome of findings. K MacDonald also noted that there is good proactive work being undertaken and that this needs to be published. The Director of Workforce added that assurance was provided to the Whistleblowing Champion at a meeting the previous day, on the actions that are in place, and discussion had taken place on representing the actions in the 2022/23 quarterly

reports and Annual Report. Assurance was provided that reports will be enhanced and that this is an iterative process.

W Brown, Employee Director, queried who approves the extensions and what the criteria is for approving Whistleblowing concerns. The Head of Workforce Resourcing & Relations explained that the Commissioning Manager, Investigating Officer and the Whistleblower meet to discuss the methodology and the factors that impact on the investigation progressing. The extensions required are then agreed along with an estimated date of when they anticipate conclusion. Once at Stage 2, this is reviewed every 20 days. W Brown added that the same process would be helpful for Employee Relations (ER) cases.

The Chief Executive noted that formal feedback from staff is available through the yearly iMatter survey, and that it would be helpful to have a mechanism in place that would encourage staff to provide feedback (both positive and negative) at any other time. K Macdonald, Whistleblowing Champion & Non-Executive Member, added that a National campaign will take place in October 2022 around 'speaking up' and that there will be an opportunity to hear stories from staff on good practice and on areas where improvement is required.

The Committee took **assurance** from the report, which confirms:

- The data for the fourth quarter i.e. 1 January 2022 to 31 March 2022. Two whistleblowing concerns were received and no anonymous concerns were received and
- The data on completion of Whistleblowing training from 1 April 2021 to 31 March 2022.

6. STRATEGY / PLANNING

6.1 Final Draft NHS Fife Three-Year Workforce Plan for 2022- 2025

The Head of Workforce Planning & Staff Wellbeing provided an update on the work undertaken to produce the draft three-year workforce plan for the Board. It was reported that the Health & Social Care Plan and the draft Health and Social Care Partnership (HSCP) Three Year Workforce Plan and Strategy for 2022-2025 covers the delegated services within the Partnership, and is being developed by HSCP colleagues, in collaboration with NHS Fife.

The final draft Plan provided has taken account of feedback from various parties following the circulation of the initial draft, which was discussed at the last meeting and includes updated workforce data as at 31 March 2022. The Head of Workforce Planning & Staff Wellbeing thanked service colleagues and Brian McKenna, Workforce Planning Manager, in particular, for their contributions to the development of the plan.

It was reported that the draft Plan will be considered at the Area Partnership Forum meeting the following week and will then be submitted to the Board at their July 2022 meeting, prior to submission to the Scottish Government by 31 July 2022. The Board and HSCP will then receive feedback on their respective plans and there will then be an opportunity to revise the content, prior to publication by October 2022.

In terms of the content, it was advised that there is confidence that the draft Plan satisfies the principles and requirements set out in the recent Scottish Government guidance and the six-step workforce planning methodology. It was noted the content covers the main professional groupings and details the demands and challenges these areas are facing over the period of the Plan, alongside information on the workforce risks. It also acknowledges the current backdrop and legacy of the pandemic. In addition, it is recognised that this is an iterative process and that there will be revisions in the future to take account of the emerging Population Health & Wellbeing and the Workforce Strategies.

W Brown, Employee Director, questioned why the information on the prioritisation of introducing Band 4 Nursing roles, the associated impact on the number Band 5 Nursing roles and on the Nursing workforce, is omitted from the plan. In response, the Director of Workforce advised that there is a reference to this within the plan and agreed to describe this aspect in more detail within the Plan.

Action: Head of Workforce Planning & Staff Wellbeing

The Committee took **assurance** from the report and **endorsed** the content of the final draft Three-Year Workforce Plan 2022–2025, following the updates, for submission to NHS Fife Board and then Scottish Government by 31 July 2022.

6.2 Draft Health and Social Care Partnership Three Year Workforce Plan and Strategy for 2022-2025

The Director of Health & Social Care advised there has been a slightly different approach to the HSCP Plan and Strategy for 2022-25 to include the broad and wide range of services and remits of the Health & Social Care Partnership. An overview was provided on the key areas of the draft.

S Fevre, Co-Chair, Health & Social Care LPF, provided positive feedback on the final draft NHS Fife Three Year Workforce Plan for 2022- 2025 and the draft Health and Social Care Partnership Three Year Workforce Plan and Strategy for 2022-2025 and noted that that the synergies between the two plans was evident.

The Director of Health & Social Care thanked everyone involved in developing the plan.

The Committee took **assurance** from the report, noting that approval lay with the IJB.

7. QUALITY / PERFORMANCE

7.1 Integrated Performance & Quality Report (IPQR) Review Progress Report

The Associate Director of Planning & Performance joined the meeting and advised that a review of the IPQR has been carried out following the Board Active Governance Session in November 2021. The membership for the IPQR Review Group was outlined.

The Associate Director of Planning & Performance highlighted the introduction of risk management into the IPQR and advised that work continues to be ongoing on the Corporate risks, which will inform how risk management information is presented within the IPQR and aligned to the improvement actions. The Associate Director of

Planning & Performance also mentioned that metrics have all been reviewed within the IPQR. New metrics have been identified for Staff Governance, and discussions are ongoing to refine these metrics. It was also highlighted that the IPQR is now in its new format, and the Staff Governance metrics will be added.

In addition, the Associate Director of Planning & Performance reported that improvement actions from the previous year will be included in the next iteration of the IPQR and will be aligned to the Annual Delivery Plan. The Committee were informed that projections of activity are still a work in progress and subject to discussions with Scottish Government, will be included in the IPQR, once this work is complete.

W Brown, Employee Director, queried why there was no Staff Side representation on the IPQR Review group. The Associate Director of Planning & Performance noted that this was an oversight. The Director of Finance & Strategy added that the membership had been agreed by the Executive Directors' Group.

S Fevre, Co-Chair, Health & Social Care LPF, suggested considering iMatter survey indicators and performance as part of the IPQR. The Associate Director of Planning & Performance agreed to having a discussion outwith the meeting on how best to take that forward.

Action: Associate Director of Planning & Performance

The Deputy Director of Workforce commented that the work carried out for the IPQR review has been positive. It was noted that staff and the Health & Social Care Partnership colleagues had been involved in discussions, and the importance of continuing this engagement was highlighted.

The Committee **noted** the content of the report and **agreed** to the proposed update to the IPQR from the IPQR Review Group.

7.2 Integrated Performance & Quality Report

The Director of Workforce spoke to the report and noted that sickness absence will become an overt part of this Committee's future agendas and Workplan.

The Director of Workforce highlighted the current status of sickness absence, noting that it is higher than the current 4% annual National target. A series of actions are being undertaken, with involvement from staff side colleagues, through improvement channels and the recently newly established Attendance Management Taskforce (an Operational Group is also in place to support the Taskforce). The Director of Workforce explained that the separate coding of Covid special leave will cease in August 2022, which is likely to have a consequential impact on absence rates.

K Macdonald, Whistleblowing Champion & Non-Executive Member, queried where actions and progress arising from the Attendance Management Taskforce will be reported. The Director of Workforce advised that there will be a number of locations where the actions and progress will feature, including within the narrative section of the IPQR.

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

7.3 NHS Fife Workforce Information Overview

The Deputy Director of Workforce explained that the paper provides assurance around the broad information around our workforce and is separate to the IPQR. It was noted the establishment gap information is work in progress and will be brought back to the Committee for performance reporting purposes.

The Deputy Director of Workforce reported that he has had positive conversations in relation to the Employee Relations (ER) case information with W Brown, Employee Director, and that discussions with staff side colleagues will be arranged to look at themes, including reducing the number of cases addressed through formal channels, and the length of time taken for ER processes. Updates will be brought back to the Committee in due course.

The Committee took **assurance** from the report and **noted** the contents of the NHS Fife Workforce Information Overview report as at 31 March 2022 and the related appendices.

8. PROJECTS / PROGRAMMES

8.1 Workforce Implications of Memorandum of Understanding (MOU2) Implementation – General Medical Services Contract

The Director of Health & Social Care spoke to the paper and advised that the paper details the background to MOU2 and the requirements of what needs to be delivered. An update on progress was provided and it was reported that there was an underspend in relation to the funding, which partly due to the pandemic and inability to recruit. Agreement has now been reached in terms of the utilisation of this funding, including recruitment to fixed term posts and other practical support for GP Practices. It was highlighted that the requirement to transfer the Vaccination Transformation programme by April 2022 was also met.

The Director of Health & Social Care also advised that 60% of the new Community Care and Treatment service is in place to and models on how to achieve the balance are being progressed. It was also reported that the risks in relation to the workforce are recognised and continue to be worked through.

The risk in relation to pharmacotherapy was highlighted, and it was noted that it is difficult to recruit in this area, and that national agreement is awaited on what is a full Level One service. A range of actions are in place to mitigate this risk.

The Committee took **assurance** from the report and **noted** the content regarding progress in terms of recruitment of the MOU2 workforce, in particular the recent additional allocation of £6.5 million reserve on a non-recurring basis; that the Vaccination Transformation Programme transitioned on time; there is a clear identification of risk and in relation to mitigation of the associated workforce risks. The Committee also **noted** that this programme of work will continue to be reported to the Staff Governance Committee on a regular basis.

9. FOR ASSURANCE

9.1 Delivery of Annual Workplan 2022-2023

The Director of Workforce outlined the updates to the Committee Workplan. It was noted that the Workplan will be updated for the next iteration following comments throughout this meeting.

The Committee took **assurance** from the report and **noted** the updates made to the Staff Governance Workplan for 2022/23, since it was presented to members on 12 May 2022.

10. LINKED COMMITTEE MINUTES

The Committee **noted** the following linked committee minutes:

- 10.1 Minutes of the Area Partnership Forum held on 25 May 2022 (unconfirmed)
- 10.2 Minutes of the Acute Services Division & Corporate Directorates Local Partnership Forum held on 28 April 2022 (unconfirmed)
- 10.3 Minutes of the Health & Social Care Partnership Local Partnership Forum held on 11 May 2022 (unconfirmed)
- 10.4 Minutes of the Strategic Workforce Planning Group held on 17 May 2022 (unconfirmed)
- 10.5 Minutes of the Health and Safety Sub Committee held on 10 June 2022 (unconfirmed)

11. ESCALATION OF ISSUES TO NHS FIFE BOARD

11.1 To the Board in the IPQR Summary

There were no issues to escalate to the Board in the IQPR summary, notwithstanding the continuing challenges around the Board's sickness absence position.

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

There were no matters for escalation to NHS Fife Board.

12. ANY OTHER BUSINESS

There was no other business.

13. DATE OF NEXT MEETING

Thursday 1 September 2022 at 10.00 am via MSTeams.

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

STAFF GOVERNANCE COMMITTEE – ACTION LIST
Meeting Date: Thursday 1 September 2022



NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
1.	12/05/22	Risk Management Improvement Programme Progress	To circulate an example of the new risk dashboard for members' feedback.	MMcG	01/09/22	Work is on-going to develop the dashboard. An update will be provided at the SGC on 1/9/22.	
2.	14/07/22	Staff Governance Standard Strands	To seek from authors of SGC documents more explicit reference to the strands of the Staff Governance Standard.	KR	01/09/22	Authors have been advised.	
			To revise the SBAR template for this Committee to include a section on the strand(s) of the Staff Governance Standard under "Purpose".	RW	29/07/22	Template revised and in use for September 2022 meeting.	
			Members and attendees were asked to provide feedback on how the strands of the Staff Governance Standard could be demonstrated.	All	31/08/22	Committee Members to provide feedback to RW.	
3.	14/07/22	Workforce Sustainability BAF: Risk ID 1420: Loss of Consultants within the Rheumatology Service to the BAF	To bring a report to the Committee on this risk.	NC	01/09/22	On 1 September 2022 agenda.	
4.	14/07/22	Workforce Sustainability BAF: Contribution of New Starts	To amend the narrative within the BAF to reflect the current situation in relation to the commencement of the new registered nurses from the International Recruitment initiative.	RW	01/09/22	Included within the BAF update for September 2022.	

NO.	DATE OF MEETING	AGENDA ITEM / TOPIC	ACTION	LEAD	TIMESCALE	COMMENTS / PROGRESS	RAG
5.	14/07/22	IPQR Review Progress Report	To consider iMatter survey indicators and performance as part of the IPQR.	KB / SF	01/09/22	The Workforce Information Overview report has been updated to include the iMatter Survey Indicators and Performance.	
6.	14/07/22	Final Draft NHS Fife Three-Year Workforce Plan for 2022-2025	To describe in more detail within the Plan, the prioritisation of introducing the Assistant Practitioner role and the development of a more sustainable Nursing workforce.	RW	31/07/22	Expansion of initial details in Plan for the Assistant Practitioner role introduction included in draft Three-Year Workforce Plan for submission to Scottish Government.	

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 September 2022
Title:	NHS Fife Board Assurance Framework (BAF) – Workforce Sustainability
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This is presented to Staff Governance Committee members for:

- Assurance

This report relates to an:

- Emerging issue

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

The purpose of this report is to provide the Staff Governance Committee with the latest version of NHS Fife's Board Assurance Framework on Workforce Sustainability.

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

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

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

Staff Governance Committee members will be aware that additional assurance has been provided to previous meetings of the Committee via verbal updates, or papers provided by the respective EDG members on the linked operational high risks and the resultant impact on service delivery. This will continue within the 2022 / 2023 meeting cycle, with the coverage of Risk ID 1420: Loss of Consultants within the Rheumatology Service at this meeting.

The Staff Governance Committee is invited to consider the following:

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

2.2 Background

This report provides the Committee with an update on the overall content of the Workforce Sustainability aspect of NHS Fife's BAF and in relation to the on-going linked operational workforce risks; Risk ID 90: National Shortage of Radiologists; Risk ID 2214: Nursing and Midwifery Staffing Levels; and Risk ID 1420: Loss of Consultants within the Rheumatology Service and the resultant impact on service delivery, as provided by the relevant risk owners.

Since the BAF was presented to the Staff Governance Committee in July 2022, there have been minor changes to the content, tracked within **Appendix 1**, as at 8 August 2022. As part of this process, Executive Director Group members review newly identified high risks or risks where the current level has been increased to high, in order to determine if these risks should be linked to the Board Assurance Framework (BAF).

2.3 Assessment

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

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

- Consideration of the risk ratings since addition.
- Identification of whether there has been a deterioration or improvement of risk over time.
- A review of the management actions.
- An assessment of the speed at which the risk will impact on NHS Fife.
- A management recommendation as to whether the risk should be 'accepted' or 'monitored'.

2.3.1 Quality / Patient Care

NHS Fife's Risk Management system seeks to minimise risk and support the delivery of safe, effective, patient centred care. The system arrangements contained within existing are subject to modernisation at present.

2.3.2 Workforce

The system arrangements for risk management are contained within existing resources and are subject to modernisation at present.

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

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Workforce Leadership Team Members and linked operational risk owners.

2.3.8 Route to the Meeting

The Workforce Sustainability element of the Board Assurance Framework has been previously considered by the Staff Governance Committee and the Committee has

supported the content. Members' feedback has informed the development and on-going review of the further content presented in this report, alongside the additional information being provided by services on the impact of the linked operational high risks.

2.4 Recommendation

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

- There have been no new linked operational high workforce risks added to the Board Assurance Framework.
- The current risk ratings and the Workforce Sustainability elements of the Board Assurance Framework.

3. List of Appendices

The following appendices are included with this report:

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

Report Contact:

Linda Douglas

Director of Workforce

Email: linda.douglas@nhs.scot

NHS Fife Board Assurance Framework (BAF)

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

Board Assurance Framework (BAF) - Workforce Sustainability

1673	Exemplar Employer	05/08/2022	3 October 2022	There is a risk that failure to ensure the right composition of workforce, with the right skills and competencies will adversely affect the provision of services and quality patient care and impact on organisational capability to implement the new clinical and care models and service delivery set out in the Clinical Strategy and the future population Health & Wellbeing Strategy and the challenges and demands associated with the COVID-19 pandemic.	ALCERT	MAJORR	20	1_HIGH	LIKELY	MAJORR	16	1_HIGH	<p>Workforce failures may have consequences for patients' health outcomes. NHS Fife has an ageing workforce, with recruitment challenges in many disciplines. Failure to ensure the right composition of workforce with the right skills and competencies could give rise to a number of organisational risks including: reputational and financial risk; a potential adverse impact on the safety and quality of care provision; staff engagement, staff absence, staff attrition and morale. Failure may also adversely impact on the implementation of the current Clinical Strategy and the future NHS Fife Population Health & Wellbeing Strategy.</p> <p>The current scores reflect the existing controls and mitigating</p>	<p>Linda Douglas Director of Workforce Staff Governance</p> <p>Sinead Braiden</p>	<p><i>Ongoing actions designed to mitigate the risk including:</i></p> <p>WORKFORCE – GENERAL</p> <ul style="list-style-type: none"> Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025. The Workforce Plan for 2022 to 2025 has been developed partnership with Trade Union / Professional Body representatives and submitted to the Scottish Government in July 2022 • Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025. Implementation of the NHS Fife Board Strategic 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. Implementation of the NHS Fife / H&SCP Joint Interim Workforce Plan for 2021/2022. Workforce Plans to align to and take account of the National Workforce Strategy for Health & Social Care. <p>WORKFORCE CAPACITY</p> <ul style="list-style-type: none"> Current resourcing actions include: active local and international recruitment campaigns and continued expansion of bank and supplementary staffing resources, including recruitment of newly qualified nurse practitioners in all disciplines, Band 4 Assistant Practitioners, additional Band 2 bank HCSWs, fast track process to support appointable candidates being appointed to other vacancies and admin support roles as part of a commitment to support Senior Charge Nurses and nursing teams. NHS Fife has been successfully recruiting international recruits for Nursing and Radiology roles. Our first group commenced on the 28 February 2022 and we have welcomed our 5th group on 27 June 2022. To date we have recruited 21 Staff Nurses within Acute and 2 Radiographers. 2 staff Nurses will join us in September 2022 and a further 2 Radiographers and 6 Staff Nurses are within the recruitment pipeline to join NHS Fife. We are building a strong working relationship with Yeovil District Hospital NHS Foundation Trust who conduct the recruitment process for Fife. This has been a positive experience for both NHS Fife and the candidates and it is hoped that international recruitment will increase and expand to other professions over 2022/2023. Pastoral support of overseas recruits and the welcome to Fife is crucial to the success of this initiative, and a package of support, including practice development to facilitate on the job learning and skills development, is in place for each international recruit who joins NHS Fife • Planning and delivery of actions undertaken by respective COVID-19 and Workforce Groups at various levels, (now moving into business as usual with the emergency footing ending in NHS Scotland in April 2022), including inter alia local workforce groups, workstreams associated with new programmes of work, for example, Community Care and Treatment, Vaccination Transformation and Implementation of the General Medical Services contract. • Planning to meet future service needs, applying workforce planning and forecasting skills in support of service delivery, using the workforce modelling and abstraction techniques learned during the pandemic and managing staff availability to respond to escalation requirements. The impact of these actions will be reflected in the annual workforce projections exercise, when re-introduced, to determine future capacity requirements • Supporting service delivery through implementation and integration of systems and joint working with services on redesign of services to mitigate shortfalls in staff availability. • The first fourteen young people took up paid placements on our Kickstart Programme at the end of March 2022. Thirteen young people remain in post, the intention of the programme is to improve employment opportunities for those at risk of long-term unemployment. They have been provided with development opportunities, and employability support, with the aim of supporting them to a positive work destination. We have identified and secured funding to support the implementation and sustainability of future programmes including several 'No one left behind' programmes. <p>WORKFORCE CAPABILITY</p> <ul style="list-style-type: none"> eLearning and training offers aligned to current work modes Continuation of fast track induction and related activity, including new welcome and orientation package. • Implementation of Practice Development initiatives to support changes in service delivery and preparation for further escalation requirements, for example training resources for non-clinical staff to support clinical service delivery. • Ensuring managers and staff are prepared for the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. • Develop and deliver Phase 1 of the framework to improve leadership capability and embed talent management and succession planning. • To prioritise staff personal / professional development needs that have been delayed or restricted due to COVID-19 response as restrictions are eased, through Directorate development delivery plans. • To progress actions in support of the employability agenda. • To progress actions in support of the equality, diversity and human rights agenda. <p>WORKFORCE ENGAGEMENT</p> <ul style="list-style-type: none"> Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised. • iMatter – supporting action planning and Board actions arising from the 2021 cycle of feedback and reporting. Our 2022 cycle of iMatter has just concluded and we achieved a higher response rate, Fife achieved a higher response rate (60%) than the NHS Scotland average (56%) attributed to the NHS Fife iMatter Roadshow 'lets have a matter because iMatter' We are now providing support to the action planning piece. • Supporting staff through changes in ways of working and providing access to new and different career opportunities. • Realising the benefits of the Internal (Staff) Communication Strategy and ensuring that StaffLink and other mediums for example the weekly Team and Chief Executive Briefings, joint managerial / partnership walkabouts support organisational objectives. • Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and 	Nil	<p>WORKFORCE – GENERAL</p> <ul style="list-style-type: none"> Implementation and review of workforce plans and strategies to ensure that these support service delivery and the provision of appropriate and safe care to the population of Fife. • Ensuring workforce preparedness for any further COVID-19 escalation requirements and the legacy of the pandemic, working in partnership through the respective Workforce Groups and command structure. Support for capacity building within and across the organisation to make sure we make the best use of the skills of all of our workforce and to foster an environment for staff development. <p>WORKFORCE CAPACITY</p> <ul style="list-style-type: none"> Consideration of redesign of roles and services, for example: expansion of Health Care Support Worker and Assistant Practitioner roles, Advanced Practitioners, Pharmacy Technicians and Physicians Associates, combined with targeted ward administrative support, to enable clinical time to be released. Consideration of alternative ways to attract and recruit staff, or redesign of job roles to support service delivery models and the future supply pool. • Realising the benefits of implementation of the regional recruitment model from July 2022. • Harnessing the benefits of digital technology and automation to support service delivery and the commitments within the Recovery Plan / Clinical Strategy, for example within Laboratory Services, to compensate for shortfalls in current staff / future pipeline and complement recruitment and the introduction of advanced practice. • Create a pathway for young people with barriers to employment to gain paid work experience with us, with the aim of securing future employment via the Kickstart and Long Term Unemployed Programme. • Continue with plans to develop and implement an Apprenticeship programme starting in August 2022, in collaboration with the Nursing Team and Digital and information colleagues. <p>WORKFORCE CAPABILITY</p> <ul style="list-style-type: none"> Consideration of and implementation of learning and development activities in support of skill mix and associated actions. • Contributing to NHS Scotland developments in Learning and Development. • Realising benefits from the implementation of and compliance with the Health & Care (Staffing) (Scotland) legislation within the clinical workforce. • Supporting managers to harness the benefits of Tableau, TURAS and other systems integration aligned to workforce planning. • Provision of workforce planning training and support for managers. Develop and deliver further phases of the framework to improve leadership capability and embed talent management and succession planning. Consideration of the functionality of TURAS Learn to support capture and to facilitate reporting and analysis of training and development data. <p>WORKFORCE ENGAGEMENT</p> <ul style="list-style-type: none"> Continuation of active partnership working through APF and LPFs, with staff side colleagues key stakeholders in the development of the Workforce Strategy, future Workforce Plan's and associated Action Plans. • Continue to promote NHS Fife as an employer to enhance our ability to recruit and retain staff, utilising positive Communication support and social media, alongside participation in careers events. We have very recently supported two careers events (one in partnership with our pharmacy colleagues where we have posted the success of the events on LinkedIn). • To develop mechanisms which enable everyone to feel more valued and involved on a collaborative basis throughout health and social care. • Review of alternative workforce infomatics to widen the current range of workforce engagement indicators. <p>WORKFORCE SUPPORT & WELLBEING</p> <ul style="list-style-type: none"> Review of Staff Health & Wellbeing Framework to take account of COVID-19 lessons learned and evaluation of activities to establish which are most appreciated by staff. • Provision of additional staff support and wellbeing initiatives which contribute to staff health and wellbeing, staff resilience and staff retention, showcasing NHS Fife as an exemplar employer in the local labour market. • Continue to hold Gold HWL Award status and deliver on Health Promoting Health Service commitments. • Consideration of support for 	<p>1. Regular performance monitoring and reports to Executive Directors Group, Area Partnership Forum, Local Partnership Fora and Staff Governance Committee</p> <p>2. Staff Governance activities are reported to EDG, APF, LPFs and Staff Governance Committee</p>	<p>1. Use of national data for comparative purposes</p> <p>2. Internal Audit reports</p> <p>3. Audit Scotland reports</p> <p>4. Bench marking comparison with other NHS Boards</p>	<p>Full implementation and utilisation of eESS, Job Train, Tableau and TURAS will provide integrated workforce systems which, alongside access to national data via the NES Portal will capture and facilitate learning and development activity.</p>	<p>Overall NHS Fife has robust workforce planning, learning and development, governance and risk systems and processes in place. Continuation of the current controls and full implementation of mitigating actions, in particular the Workforce Strategy supporting the Clinical Strategy and the future Population Health and Wellbeing Strategy for Fife and full implementation and use of eESS, should provide appropriate levels of control.</p>	UNLIKE	MAJORR	8	2_MOD/	Continuing improvements in current controls, ongoing review and full implementation of mitigating actions will reduce both the likelihood and consequence of the risk to moderate, taking account of current and potential future workforce challenges.
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					actions in place.	commitments for improving staff experience, which will help to develop a culture that values and supports our workforce. WORKFORCE SUPPORT & WELLBEING • Provision of support and wellbeing initiatives which contribute to staff maintaining and enhancing their personal health and wellbeing at work and creating a great place to work. Staff Wellbeing Framework developed to align to Board aims and national commitments. • Access to OH,(including self referral access to Counselling and Physiotherapy) H&S, Peer Support, Psychology, Spiritual Care and Staff Listening Services. • Integration of Mindfulness, Good Conversations and Our Space support and Outdoor sessions for staff as part of Going Beyond Gold Programme, contributing to a culture of kindness and staff recovery. • Consistent application of NHS Fife and Once for Scotland employment policies • Provision of a healthy and safe working environment, including access to refreshments in the workplace and ongoing development of Staff Hubs, Pause Pods and rest areas. Management of leave and encouraging rest and recuperation.	the ageing workforce and other disadvantaged groups and opportunities for job redesign. Responsible Person/s: Director of Workforce													
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Appendix 1

Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
2214	Nursing and Midwifery Staffing Levels	Active Risk	High Risk	20	Owens, Janette
90	National Shortage of Radiologists	Active Risk	High Risk	16	Dobson, Claire
1420	Loss of consultants	Active Risk	High Risk	15	Bett, Heather

Previously Linked Operational Risk(s)

Risk ID	Risk Title	Risk Status	Current Level	Current Rating	Risk Owner
1324	Medical staff recruitment and retention	Active Risk	Moderate Risk	12	Kennedy, John
1375	Breast Radiology Service	Active Risk	High Risk	16	Cross, Murray
1652	Medical Capacity in Community Paediatric Service	Active Risk	Moderate Risk	12	Dobson, Claire
503	Diabetes	Closed Risk	Moderate Risk	9	CHE
1042	Staffing Levels	Closed Risk	Moderate Risk	12	Nolan, Karen
1349	Service Provision - GP locums may no longer wish to work for NHS Fife Salaried Practices	Closed Risk	Moderate Risk	8	Dobson, Claire
1353	Service Provision - Shortfall in GP Cover will limit service provision	Closed Risk	Moderate Risk	9	Dobson, Claire
1846	Test and Protect/Covid Vaccination	Closed Risk	Low Risk	6	Connor, Nicky
1858	workload resulting from deterioration in mental health	Closed Risk	Moderate Risk	10	JTORRN

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

ID	Position of Risk (Risk Register)	Opened	Title	Description	Likelihood (initial)	Consequence (initial)	Risk level (initial)	Rating (initial)	Current Management Actions	Likelihood (current)	Consequence (current)	Risk level (current)	Rating (current)	Likelihood (Target)	Consequence (Target)	Risk level (Target)	Rating (Target)	Risk Owner	Handler	Previous Review Date	Next Review
2214	NHSFBD - Nursing Directorate Risk Register	21/10/2021	Nursing and Midwifery Staffing Levels	There is an established and continuing risk that safe nursing and midwifery levels cannot be achieved. NHS Fife is experiencing critical nursing and midwifery shortfalls, similar to other Boards across NHS Scotland. Vacancy rates, sickness absence levels and high activity related to consequences of the pandemic are aligned to the unprecedented demand on clinical services and on nursing and midwifery. There continues to be a heavy demand on supplementary staffing. Impact on quality of care remains a consequential concern.	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	<p>10/06/22: BAND 2-4 WORKFORCE: Continues to be developed. Associate Practitioner role (Band 4) to be progressed across NHS Fife once job description and so on agreed with the Health & Social Care Partnership (HSCP).</p> <p>EDUCATIONAL PROVISION: This has been agreed with Fife College and trainees will be appointed under Annex 21. Training period will take 9-15 months.</p> <p>NURSING & MIDWIFERY (N&M) WORKFORCE PLANNING GROUP: Group continues to drive N&M planning & development activity across NHS Fife.</p> <p>RECRUITMENT: 160 student nurses and midwives have been recruited to NHS Fife, coming into post from September 2022 onwards. Nurse Bank has recruited 850 staff in the financial year 2021-22.</p> <p>Health Care Support Worker(HCSW)recruitment: Over 70 Whole Time Equivalent(WTE) Band 2 -3 posts were successfully recruited into by March 22; funding provided by Scottish Govt(SG)for these substantive posts which are in addition to existing establishments, with a focus on expediting patient discharge from hospitals.</p> <p>International Recruitment (IR): NHS Fife welcomed the first IR nurses to Scotland following collaboration with Yeovil Hospital NHS Trust. To date we have an agreement to recruit 40 nurses and 3 radiographers and will have 23 international recruits in Fife by the end of June. Unfortunately, SG funding has not continued beyond March 2022 therefore the Directors of Acute Services and HSCP will be consulted for finance options to allow IR to progress beyond the current 43.</p> <p>Ward Admin Posts: Following a successful recruitment campaign and evaluation, these posts have been made substantive in areas where they were deemed to have added value.</p> <p>National Registered Nurse (RN) recruitment campaign: Unfortunately, this campaign did not yield any benefits for NHS Fife with only 1 RN being appointed from NHS Tayside. All other Boards reported similar results.</p> <p>OPERATIONAL PRESSURES ESCALATION LEVELS (OPEL): Staffing levels are assessed on a shift-by-shift basis and measures are implemented in accordance with the OPEL action cards.</p>	5 - Almost Certain - Expected to occur frequently - more likely than not	4 - Major	High Risk	20	3 - Possible - May occur occasionally - reasonable chance	3 - Moderate	Moderate Risk	9	Owens, Janette	Robertson, Nicola	10/06/2022	31/08/2022
90	Acute Services - WOMEN CHILDREN AND CLINICAL SERVICES DIRECTORATE RISK REGISTER, Acute Services - Women Children and Clinical Services - Radiology Risk Register, NHSFBD - Cancer Services Risk Register	23/08/2002	National Shortage of Radiologists	There is a risk that we will be unable to recruit to consultant radiology posts due to a national shortage with the consequence that we will be unable to provide a full range of diagnostic services to support unscheduled and scheduled activity within NHS Fife within the required timescales.	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	<p>27/01/2021 Previous management actions continue</p> <p>Increased remote support from NHS Lothian for emergency in-patient reporting has been agreed.</p> <p>SERRIS continues to support reporting turnaround times</p> <p>Engagement with numerous locum agencies to source additional support.</p> <p>NHS Locum expected to start 01/04/2022 for 6 months.</p>	4 - Likely - Strong possibility this could occur	4 - Major	High Risk	16	2 - Unlikely - Not expected to happen - potential exists	4 - Major	Moderate Risk	8	Dobson, Claire	Galloway, Donna	28/01/2022	30/06/2022

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

1420	PRIMARY AND PREVENTATIVE CARE SERVICES - Rheumatology Service Risk Register	19/02/2018	Loss of consultants	The rheumatology service will lose three of its 5 consultants over the coming 9 months which will have a significant impact on the service offered to patients both in terms of waiting times for new patients and access to care for review patients It appears that there are no consultants available to appoint to these vacancies	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	March 2022 - despite numerous attempts to recruit to consultant posts the service still requires 2 permanent consultants. Option appraisal required to consider other ways of working two attempts have been made to recruit ANPs with no success . further attempts have been made to recruit consultants with no success . Discuss planned with AMD to consider other options	5 - Almost Certain - Expected to occur frequently - more likely than not	3 - Moderate	High Risk	15	1 - Remote - Can't believe this event would happen	2 - Minor	Very Low Risk	2	Bett, Heather	Bett, Heather	26/02/2021	26/08/2022
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Appendix 2

Meeting:	Staff Governance Committee
Meeting date:	Thursday 1 September 2022
Title:	Rheumatology Medical Staff
Responsible Executive:	Nicky Connor, Director of Health & Social Care Partnership
Report Author:	Heather Bett, Interim Senior Manager

1. Purpose

This is presented to Staff Governance Committee for:

- Awareness

This report relates to an:

- Emerging issue

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

- Safe

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

- 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 purpose of this paper is to assure the Staff Governance Committee of the actions that have been taken to address risk ID 1420 – Loss of Consultants within the Rheumatology Service.

2.2 Background

The Rheumatology service offers a service to patients with rheumatic disease ensuring a strong holistic multidisciplinary approach.

The multidisciplinary team comprises of:

- Medical Consultants
- Nursing team
- Occupational therapy team
- Physiotherapy team

- Pharmacist
- Psychology
- Podiatrists

In 2018 the department lost 3 substantive Consultants and has been unable to recruit to these posts over the last 3 years. Numerous attempts have been made to recruit to these posts with no success due to a national shortage of suitably trained Consultants.

The British Society for Rheumatology (BSR) workforce report 2021 stated that *"The average vacancy rate was 17% in Scotland, but in many regions, such as NHS Fife, NHS Highlands, NHS Grampian, NHS Orkney and NHS Shetland, vacancy rates exceeded 30%"*.

The age profile of the remaining 2 substantive Consultants would indicate that they are likely to retire in the next 3 years with one indicating that they will retire within the next year and the other indicating that they will leave within 30 months.

This has resulted in an increase risk to the sustainability of the service.

2.3 Assessment

Over the last 5 years the service has undertaken extensive redesign work to reduce the reliance on medical staffing and to increase the capability of the wider team to meet the extended needs of patients including:

- Active Clinical Referral Triage (ACRT)
- New inflammatory patient self management pathway
- Patient initiated follow up
- Patient Advice Line

In addition the service has secured the services of two long term locums who have been with the team for over 2 years. This has helped to provide consistency of care to patients.

An options appraisal will be undertaken to consider a long term solution to the recruitment challenges and will consider a range options including regional working , joint appointments with Acute Medical Staff , AHPs, physicians Assistants etc.

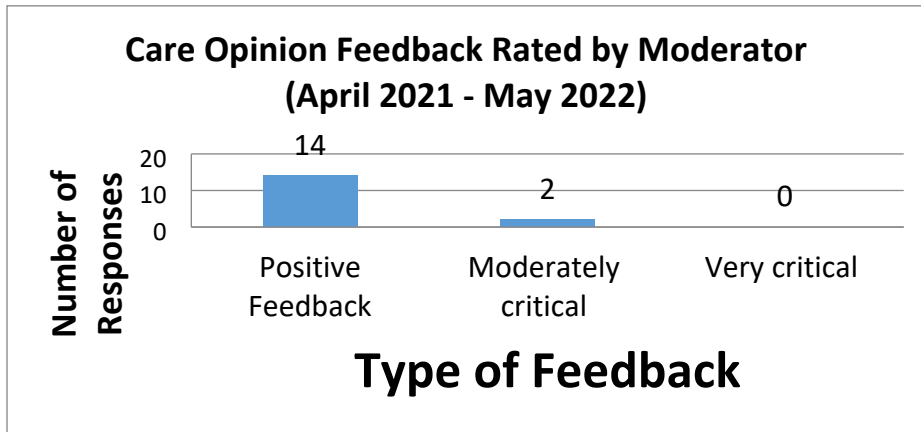
Progress with this options appraisal will be closely monitored by HSCP SLT. There is reporting to EDG as part of the risk management processes

The Director of Health and Social Care and Medical Director are also having discussions regarding potential for future models and will be having further engagement with the service in relation to options appraisal.

2.3.1 Quality/ Patient Care

The service has maintained its new patient activity over the period of the vacancies and as set out above has redesigned the service to ensure the needs of patients are being met.

The team has received extremely positive feedback through Care opinion on the quality of care delivery.



The patient evaluation of the self management approach identified that patients felt more empowered and were happy with service delivery. Staff felt that the tools they were working with were helpful and the pathway was patient centred.

2.3.2 Workforce

The loss of 2 substantive Consultants and the inability to recruit to the currently vacant posts has had significant impact on the wider team. The team has benefited from two long term locums and has developed other aspects of the team including additional nursing, physiotherapist and pharmacist input.

In addition the team has recruited a clinical fellow to support activity in 2022/2023.

The content of this report contributes to the Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

The cost of locum Consultants was £462,228 in 2021/2022 against an under spend on substantive Consultants of £268,384.

2.3.4 Risk Assessment/Management

The service regularly updates the risk assessment and is considering further changes to staffing to mitigate the risk.

- Regular adverts have been placed on British Medical Journal and social media.
- HR have supported targeted work with international recruitment considered at
- The options appraisal aims to provide further information options to support sustainable service delivery and models.

2.3.5 Equality and Diversity, including health inequalities

N/A at this stage.

2.3.6 Other impacts

N/A at this stage.

[ClimateActionPlan2020_summary.pdf \(fife.gov.uk\)](https://www.fife.gov.uk/ClimateActionPlan2020_summary.pdf)

2.3.7 Communication, involvement, engagement and consultation

Regular discussions with medical staff to consider ways to reduce workload and consider service redesign.

Regular discussion with Clinical Director and Associate Medical director and head of service.

This will be reported to Director of Health and Social Care and Medical Director

2.3.8 Route to the Meeting

Rheumatology Management Team.

2.4 Recommendation

This report is provided to the Staff Governance Committee for **Assurance** – that the risk is identified, there are mitigations in place to support patient care and an options appraisal is being undertaken to support a future sustainable model.

3. List of Appendices

N/A

Report Contact:

Heather Bett
Interim Senior Manager
heather.bett@nhs.scot

Meeting: Staff Governance Committee

Meeting Date: Thursday 1 September 2022

Title: Implementation of the Health and Care (Staffing) (Scotland) Act 2019

Responsible Executive/Non-Executive: Linda Douglas, Director of Workforce

Report Author: Kevin Reith, Deputy Director of Workforce

1. Purpose

This is presented to the Staff Governance Committee (SGC) for:

- Assurance

This report relates to a:

- Legal requirement

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

This paper provides SGC members with an update on the revised implementation schedule for the Health and Care (Staffing) (Scotland) Act 2019.

2.2 Background

The Bill for the Health and Care (Staffing) (Scotland) Act 2019 was passed by the Scottish Parliament on 2nd May 2019 and received Royal Assent on 6th June 2019. However, the implementation of the Act was paused due to the need to focus on the pandemic response.

2.3 Assessment

The act makes it a duty for every Health Board and Agency providing Health & Care to ensure appropriate staffing for the delivery of services. It sets out guiding principles for health care staffing and planning provided under the National Health Service (Scotland) Act 1978 and for care service defined within the Public Services Reform (Scotland) Act 2010.

In fulfilling its duty under the act each organisation providing health & care services must ensure it has in place:

- Real-time staffing assessment
- A risk escalation process
- Arrangements for seeking clinical advice on staffing

This duty aims to ensure that each organisation takes reasonable steps to ensure that there is a sufficient number of:

- (a) registered nurses,
- (b) registered midwives,
- (c) medical practitioners, and
- (d) such other types of employees as the Scottish Ministers may by regulations prescribe.

The duty goes on to describe additional expectations for organisations to provide adequate time for clinical leaders, support for staff training, common staffing methods and reporting arrangements.

On 23 June 2022 the Cabinet Secretary for Health and Social Care wrote to Boards and other Agencies (see Appendix 1) outlining the revised timetable for implementing the Act. There have been subsequent communications to inform relevant organisations of the preparation for commencing the development of national guidance.

The Strategic Workforce Planning Group will oversee the implementation of the Act requirements, with work carried out by the Workforce Planning Groups for the professional staff groups.

2.3.1 Quality/ Patient Care

The aim of the act is to ensure the health, wellbeing and safety of patients, for the provision of safe and high-quality health care.

2.3.2 Workforce

In relation to the delivery of safe and high quality health care to patients, the act also seeks to ensure the wellbeing of staff.

The content of the Implementation of the Health and Care (Staffing) (Scotland) Act 2019 contributes to the Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Not applicable at this stage.

2.3.4 Risk Assessment/Management

Risk assessment of the requirements of the act will be considered as part of the implementation process outlined.

2.3.5 Equality and Diversity, including health inequalities

The requirements for impact assessment will be considered as part of the implementation.

2.3.6 Other impacts

N/A

2.3.7 Communication, involvement, engagement and consultation

Consultation on the implementation timetable will be through the Strategic Workforce Planning Group and as further clarity is provided, it is the intention to agree the approach and frequency of governance reporting to other Groups and Committees including the APF.

2.3.8 Route to the Meeting

The presentation of this update was considered by relevant Executive Team members, Employee Director and Workforce Directorate staff as part of APF agenda setting.

2.4 Recommendation

This paper is provided to the Staff Governance Committee for **assurance** and confirms:

- an updated timescale for the implementation of the Health and Care (Staffing) (Scotland) Act 2019
- the proposed arrangements for the implementation of the Act provisions within NHS Fife.

3 List of Appendices

The following appendices are included with this report:

- Appendix 1 - Letter from the Cabinet Secretary for Health & Social Care re Timetable for the Implementation of the Health and Care (Staffing) (Scotland) Act 2019
- Appendix 2 - Health and Care (Staffing) (Scotland) Act 2019 Implementation Timetable

Report Contact:

Kevin Reith
Deputy Director of Workforce
E-mail: kevin.reith@nhs.scot

Cabinet Secretary for Health and Social Care
Rùnaire a' Chaibineit airson Slàinte agus Cùram Sòisealta
Humza Yousaf BPA/MSP



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23 June 2022

TIMETABLE FOR IMPLEMENTATION OF THE HEALTH AND CARE (STAFFING) (SCOTLAND) ACT 2019

The Health and Care (Staffing) (Scotland) Act was passed by the Scottish Parliament in 2019, however work was paused to rightly allow everyone to focus efforts on the Covid-19 pandemic.

The Act is applicable to all health and care staff in Scotland.

I am writing to inform you that I have published a timetable for the implementation of the Health and Care (Staffing) (Scotland) Act 2019. The timetable with further information on implementation can be found on the [Healthcare Staffing Programme \(healthcareimprovementscotland.org\)](https://healthcareimprovementscotland.org) website for the Health sector and the [Safe Staffing Project | Care Inspectorate Hub](#) for the care sector.

Key components of the implementation are as follows:-

- a period for the production of guidance June 2022 – August 2023
- a period for a three-board full trial run 'Pre-Implementation Stage' February 2023 – May 2024
- commencement of all provisions April 2024
- provision of first Health Reports May 2025
- subsequent Ministerial reports to Parliament before April 2026.

We are proposing the inclusion of a pre-implementation test and learn stage, with three Boards of varying location and size fully implementing the Act. This approach provides a dual advantage. Firstly, lessons will be shared to ensure a successful roll out across the country. Secondly, it will indicate the resource costs of full implementation, particularly as the environment for both staffing and finance has changed since the Act was passed, pre-pandemic.

It is also the intention for Parliamentary reporting to align with and complement existing and emerging reporting mechanisms around Programme for Government, the National

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www.gov.scot



Accredited
Until 2020

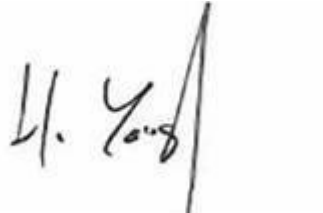


Workforce Strategy, and the process for submission and SG consideration of Three Year Workforce Plans by Health Boards and Health and Social Care Partnerships.

Work is already underway to recommence the implementation, with workgroups being set up to draft guidance to support the Act.

I very much look forward to your support in working to deliver the implementation of this legislation.

Yours sincerely,



HUMZA YOUSAF

Scottish Ministers, special advisers and the Permanent Secretary are covered by the terms of the Lobbying (Scotland) Act 2016. See www.lobbying.scot

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Health and Care (Staffing) (Scotland) Act 2019 Implementation Timetable

	2022					2023												2024												2025												2026			
	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A											
Stakeholder Engagement	■	■	■	■																																									
Drafting Guidance						■	■	■	■	■																																			
Test and learn Q1						■	■	■																																					
Review and Targeted Support									■	■	■																																		
Test and learn Q2									■	■	■																																		
Guidance Consultation period									■	■	■	■																																	
Review and Targeted Support									■	■	■	■	■																																
Guidance Published									■																																				
Test and learn Q3									■	■	■																																		
SSIs* go live									■	■	■	■	■	■	■	■	■	■	■																										
Transition period									■	■	■	■	■	■	■	■	■	■																											
Review and Targeted Support									■	■	■	■	■	■	■	■	■	■																											
Test and learn Q4									■	■	■	■	■	■	■	■	■	■																											
Review and Targeted Support									■	■	■	■	■	■	■	■	■	■																											
Commencement of Monitoring and Governance																							■	■	■	■	■	■	■	■	■	■	■	■	■	■									
First reports due																							■																						
Minister reports to Parliament																							■	■	■	■	■	■	■	■	■	■	■	■	■	■									

*Scottish Statutory Instruments

Full commencement of Act

Meeting:	Staff Governance Committee
Meeting date:	1 September 2022
Title:	Staff Governance Standards Overview – Improved and Safe Working Environment
Responsible Executive:	Neil McCormick, Director of Property & Asset Management
Report Author:	Neil McCormick, Director of Property & Asset Management

1 Purpose

This is presented to the Committee for:

- Assurance

This report relates to a:

- Local policy

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

- Safe
- Effective
- Person Centred

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

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

2 Report summary

2.1 Situation

This paper provides an update on the activity against the Staff Governance Standard undertaken in respect of Property & Asset Management including Health & Safety provisions that demonstrate that staff are provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community.

2.2 Background

The following requirements from the Staff Governance Standard are pertinent to Property & Asset Management including Health & Safety: -

- The personal health, safety and wellbeing of patients and staff should be paramount in the design and operation of services.
- There are appropriate monitoring and audit arrangements in place and appropriate risk assessment and management arrangements are also in place.
- All staff have equal access to comprehensive, confidential, and high-quality occupational health and safety advice services as a means of improving the health and wellbeing of staff and promoting attendance

The governance of Health and Safety matters is considered by the Health & Safety Sub-Committee which is part of our Clinical Governance strand; however, it is recognised that this is an integral part of Staff Governance and also that best practice and the legislative framework for Health and Safety requires close working with our workforce.

2.3 Assessment

Governance

The Health & Safety Sub- Committee meets regularly and is chaired by the Director of Property and Asset Management.

There is a current Health and Safety Policy <https://www.nhsfife.org/about-us/policies-and-procedures/general-policies/nhs-fife-health-and-safety-policy/>

NHS Fife have recruited a new Health and Safety Manger who started on the 8th August following the secondment of the previous post holder. The Health & Safety Manger will be reviewing the current structure and is tasked with recruiting to any vacancies within the department.

The Health & Safety department provides Health & Safety advice and training and manages training for manual handling and violence and aggression. The department ensures that there are appropriate risk assessment and management arrangements in place and monitors incidents which are considered by the Health & Safety Committee.

There are several technical groups which consider the safety of patients and staff within our estate including: -

- Water Safety Group

- Ventilation Safety Group
- Decontamination Group
- Electrical Safety Group

These groups consider the specific risks for their areas and arrange for audits to be carried out by appointed external Authorising Engineers (AE) who also provide advice to the Board and certify NHS Fife as Authorised Persons (AP)

The Board also has a Fire Safety Group and employs several fire advisers to ensure that fire risk assessments are carried out and training is provided to staff.

There is also significant joint work with the Infection Protection and Control Team (IPCT).

Design of Services

The Board monitors the state of every part of its estate through the use of the EAMS system which provides information on the suitability of areas within the estate and the SCART system which provides risk assessed statutory compliance information about the mechanical, electrical and other systems. Every year a report is compiled and submitted to Scottish Government on the state of our assets, and this helps to determine the capital replacement programme as part of our Property & Asset Management Strategy (PAMS) review.

Where concerns are raised, or areas are assessed by our capital planning team, prioritised plans are drawn up to consider how best to minimise risks to staff and patients and provide a suitable working environment.

Recent Examples Include: -

- Fire Risk relating to the use of the tower block for inpatients and theatres (resulting in the delivery of the new National Treatment Centre (NTC))
- The refurbishment of the Victoria Hospice
- The refurbishment of the Sir George Sharp Unit at Cameron Hospital
- The development of Health & Wellbeing hubs in Kincardine and Lochgelly
- The setting up of a group to consider ligature risks in Mental Health facilities

New builds are designed to current standards and are often subject to review by NHS Scotland Assure who provide a review process as part of the Scottish Capital Investment Manual (SCIM). A significant number of staff, patients and stakeholders have been involved in the process. Examples of this include the wide range of stakeholders involved in the design and delivery of the NTC provide exemplar facilities for elective orthopaedic

inpatient, outpatient and diagnostic facilities and the current consultation process being undertaken to support the option appraisal of Mental Health facilities in Fife.

NHS Fife is also improving facilities for staff through the creation of permanent staff hubs such as the recently completed facility at Dunfermline QMH.

Agile working is also being considered to reflect current working practices and deliver better fit for purpose office space within NHS Fife. These principles have also been incorporated in the new Health and Wellbeing hubs being planned for Kincardine and Lochgelly. The hubs had significant local consultation involvement in the development of these facilities.

Improvements to clinical facilities are also being delivered in primary care settings through the creation of more patient facing rooms across Fife to allow the capacity for more community services to be delivered locally.

These service and facility re-design examples have had significant staff and patient involvement and consultation as part of the business case development process which also relates to the “Involved in decisions” standard.

Challenges

Key challenges for the Health & Safety Team moving forward are: -

- Reviewing any out-of-date policies and procedures
- The provision of mandatory training which has been challenging during the pandemic
- Rebooting the Sharps Strategy Group as a key risk to Staff

2.3.1 Quality/ Patient Care

The design and operational delivery of facilities and services can improve the quality of patient care

2.3.2 Workforce

The Staff Governance Standard is key for promoting the health and wellbeing of staff

2.3.3 Financial

There are no specific financial issues within this paper

2.3.4 Risk Assessment/Management

The majority of work carried out as detailed in this paper uses standard risk assessment methodology and risks where appropriate are escalated using the Board Assurance Framework (BAF) which will be replaced with a corporate risk register in the coming months.

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other impact

None

2.3.7 Communication, involvement, engagement and consultation

N/A

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.

- EDG, 18 August 2022
- Staff Governance Committee, 1 September 2022

2.4 Recommendation

- **Assurance** – This report is provided for Members' Assurance.

3 List of appendices

The following appendices are included with this report:

N/A

Report Contact

Neil McCormick

Director of Property & Asset Management

Email neil.mccormick@nhs.scot

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 September 2022
Title:	Whistleblowing Quarter 1 Report for 2022 / 2023
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to Staff Governance Committee for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

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

- Well Informed
- 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 National Whistleblowing Standards and Once for Scotland Whistleblowing policy (the Standards) were introduced on 1 April 2021.

2.2 Background

The National Whistleblowing Standards set out how the Independent National Whistleblowing Officer (INWO) expects all NHS Boards to manage record and report whistleblowing concerns.

The Standards also require that Boards publish an Annual Report, setting out performance in handling whistleblowing concerns. The annual report will summarise and build on the quarterly reports produced by the Board. The first annual report is being progressed and will be presented to the Staff Governance Committee under a separate agenda item and to the NHS Fife Board on 27 September 2022.

2.3 Assessment

Whistleblowing Concerns Reporting

The first quarterly report for 2022 / 2023 on the Standards covers the reporting period 1 April 2022 to 30 June 2022. During this period, there were no whistleblowing concerns reported within NHS Fife and none from primary care providers and contracted services.

Performance and Lessons Learned

Further extensions have been approved for the two whistleblowing concerns received during Quarter 4 of 2021 / 2022. The whistleblowers have been advised of the need to extend the timescales and continue to be kept up-to-date with the progress of the investigation into their concerns throughout the process.

Anonymous Concerns Reporting

NHS Fife received no anonymous concerns during the first quarter reporting period.

Local Press Coverage

We are cognisant of what has been reported in local press coverage and how this informs our practice, therefore, we intend to report quarterly on any press coverage. During Quarter 1, one Whistleblowing article was published in the local newspaper, which was responded to by the Director of Nursing.

Awareness Raising and Training

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

We continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector. Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution. The training data between 1 April 2022 and 30 June 2022, is summarised within Appendix 1.

The Quarter 1 data report is attached at Appendix 1, for information.

2.3.1 Quality / Patient Care

Procedures for raising concerns should provide good-quality outcomes through a thorough but proportionate investigation. The approach to handling whistleblowing concerns ensures that learning and improvement is progressed for upheld whistleblowing concerns and are shared across all relevant services.

2.3.2 Workforce

The monitoring of whistleblowing concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

The Standards support our ambition for an open and honest organisational culture where staff have the confidence to speak up and all voices are heard. This is focused through our organisational Values of Care and Compassion, Dignity and Respect, Openness, Honesty and Transparency and Quality and teamwork. These standards support our commitment to making a positive contribution to organisational change. In order to maintain a healthy work environment, we believe that staff need to be empowered to speak up without fear, confident in the knowledge that their voices will be heard and taken into consideration. Our organisational values of openness, honesty, and transparency are used to achieve this goal.

The content of the Whistleblowing Quarter 1 Report 2022/2023 contributes to the Well Informed; Involved in Decisions; Treated Fairly and Consistently and Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Dealing appropriately with whistleblowing concerns are an important factor in the identification and management of risk and providing appropriate assurance to the Fife NHS Board.

If staff do not have confidence in the fairness of the procedures through which their concerns are raised, or do not feel assured that concerns raised will be acted upon, there is a risk that they will not raise valid concerns about quality, safety or malpractice. The opportunity to investigate and address these concerns will have been lost, with potentially adverse impact on quality, safety and effectiveness of services.

2.3.5 Equality and Diversity, including Health Inequalities

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

2.3.6 Other Impact

The delivery of an effective process for whistleblowing concerns will support the Board's commitment to safe, effective and person-centred care.

Creating compassionate partnerships between patients, their families and those delivering health and care services which respect individual needs and values; and result in the people using our services having a positive experience of care to get the outcome they expect.

2.3.7 Communication, Involvement, Engagement and Consultation

Over the course of 2022 / 2023 quarterly reports will be prepared for consideration by the Executive Directors Group, Area Partnership Forum, Staff Governance Committee and NHS Fife Board.

2.3.8 Route to the Meeting

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

2.4 Recommendation

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

- the data for the first quarter of 2022 / 2023, i.e., 1 April 2022 to 30 June 2022. No whistleblowing concerns were received, and no anonymous concerns were received;
- one Whistleblowing article was published in the local newspapers during Quarter 1.
- the data on training from 1 April 2022 to 30 June 2022.

3. List of Appendices

The following appendices are included with this report:

- Appendix 1 – Whistleblowing Concerns Raised, Anonymous Concerns Raised, Local Press Coverage and Whistleblowing Training undertaken during Quarter 1 (1 April 2022 to 30 June 2022)

Report Contact:

Sandra Raynor

Head of Workforce Resourcing and Relations

E-mail: sandra.raynor@nhs.scot

Appendix 1 – Whistleblowing, Anonymous Concerns Raised, Local Press Coverage and Whistleblowing Training undertaken during Quarter 1: 1 April 2022 to 30 June 2022)

1. Introduction

This report provides details of Whistleblowing concerns raised across the organisation by staff and those who provide services on behalf of NHS Fife. This report will demonstrate our performance in the national key indicators, as required by the INWO, and includes key areas of Whistleblowing handling, as well as highlighting outcomes and providing more detail on Whistleblowing themes. Over time, this approach will illustrate trends, and more importantly, allow us to evidence necessary improvement and learning in response to the trends and themes demonstrated.

2. Whistleblowing Concerns Received During Quarter 1

There were no Whistleblowing concerns received during Quarter 1:

Theme	Quarter 1 1 April 2022 to 30 June 2022	Theme	Quarter 2 1 July 2022 to 30 September 2022
	Nil		

Theme	Quarter 3 1 October 2022 to 31 December 2022	Theme	Quarter 4 1 January 2023 to 31 March 2023

3. Anonymous Concerns Received During Quarter 1

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principals and investigate the concern in line with the Standards, as far as practicable. NHS Fife has decided that anonymous concerns should be recorded for management information purposes. The definition of an anonymous concern is “a concern which has been shared with the organisation in such a way that nobody knows who provided the information”.

There were no Anonymous concerns received during Quarter 1:

Theme	Quarter 1 1 April 2022 to 30 June 2022	Theme	Quarter 2 1 July 2022 to 30 September 2022
	Nil		

Theme	Quarter 3 1 October 2022 to 31 December 2022	Theme	Quarter 4 1 January 2023 to 31 March 2023

4. Learning, Changes or Improvements to Service or Procedures

Learning / improvement or actions plans will be developed as investigations into concerns lodged are concluded.

5. Experience of Individuals Raising Concerns

This section reports the experiences of all those involved in the whistleblowing procedure (where this can be provided without compromising confidentiality). A process to gather feedback from those involved in the whistleblowing process is being considered and will reflect the need for confidentiality of those raising concerns.

6. Whistleblowing Themes, Trends and Patterns

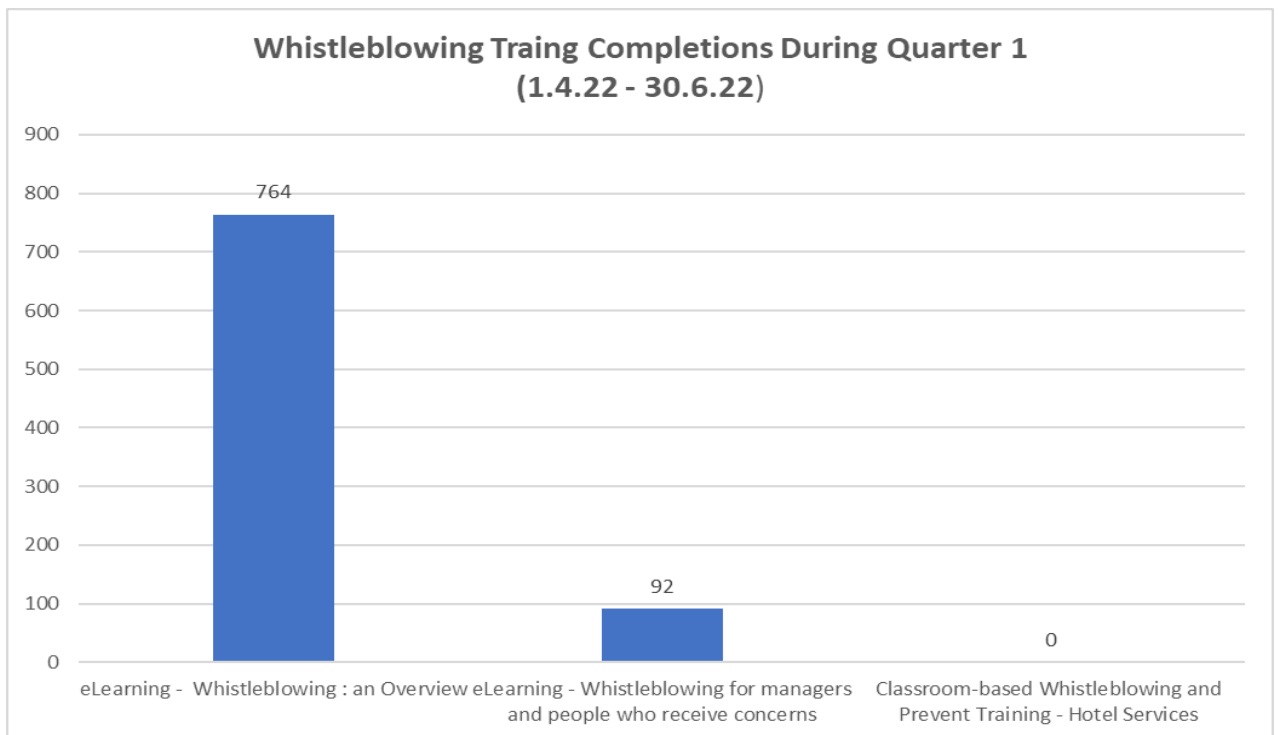
This section provides information on themes from whistleblowing concerns being raised and will aid identification of any shared root causes, and to progress learning and improvement in a targeted manner

7. Independent National Whistleblowing Officer Referrals and Investigations

A clear indicator of the satisfaction of those who raise concerns can be derived from the number of concerns that are escalated to the Independent National Whistleblowing Officer (INWO). At this current time, there have been no referrals to the INWO that NHS Fife have been made aware of.

8. Whistleblowing Training Data

The training data is summarised below for all the training that was undertaken between during Quarter 1 (1 April 2022 to 30 June):



STAFF GOVERNANCE COMMITTEE

DATES FOR FUTURE MEETINGS

Date
Thursday 11 May 2023
Thursday 13 July 2023
Thursday 14 September 2023
Thursday 9 November 2023
Thursday 11 January 2024
Wednesday 6 March 2024

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

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

* * * * *

Meeting:	Staff Governance Committee
Meeting date:	Thursday 1 September 2022
Title:	Draft Corporate Risk Register & Dashboard
Responsible Executive:	Margo McGurk, Director of Finance and Strategy
Report Author:	Pauline Cumming, Risk Manager

1. Purpose

This is presented to the Staff Governance Committee for:

- Discussion and Assurance.

This report relates to a:

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

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

As part of the refresh of the Risk Management Framework, it was agreed that the Board Assurance Framework (BAF) would be replaced with a renewed NHS Fife Corporate Risk Register (CRR).

2.2 Background

An iterative process to agree the content of the CRR has been underway over recent months. This has involved:

- reviews of risks on the extant Corporate Risk Register

- reviews of other active risks, including those linked to the BAF
- discussion within EDG, the governance committees and the Board
- engagement with Senior Leadership Teams and Operational Teams
- identification of new risks that require to be considered for inclusion

Risk Categorisation

It has been agreed that risks on the Corporate Risk Register will be categorised by mapping across to the 4 strategic priorities as follows:

- 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

2.3 Assessment

Proposed Corporate Risks

The aim has been to draw out and refocus the presentation of the corporate risks with the mitigation in place at a strategic level. Annex 1 presents a draft of the strategic risk profile as a dashboard set in the context of the risk appetite of the Board. Annex 2 sets out the draft Corporate Risk Register for review.

The plan is to create opportunities at each committee and Board session to carry out deep dives into high risks which are deteriorating or not improving over time. The dashboard will also feature in the executive summary of the IPQR.

It is recognised that the CRR must be dynamic and act as a tool to enable the management of risks that may affect delivery of our strategic priorities. Frequent review of existing risks and monitoring of the environment is necessary to ensure the risks captured represent the current profile of the organisation. Continual communication of risks within the organisation, with the Board and other stakeholders, is essential to allow for informed decision-making, to enable appropriate scrutiny and to provide assurance that the risk profile is being effectively managed. In this way, the corporate risk register content will be subject to continuing refinement and development.

The Risks and Opportunities Group will play a key role in supporting the development, monitoring and review of the corporate risk register, identifying risks and opportunities to the strategic priorities, and ensuring continuous improvement of the organisation's control environment, including appropriate containment of risks.

2.3.1 Quality/ Patient Care

Effective risk management enables risks to quality and patient care to be identified and appropriately managed.

2.3.2 Workforce

Effective management of workforce risks supports delivery of quality and patient care. This report contributes to all strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Effective management of financial risks supports delivery of quality and patient care.

2.3.4 Risk Assessment/Management

As detailed in the paper.

2.3.5 Equality and Diversity, including health inequalities

An impact assessment will be conducted.

2.3.6 Other impact

None

2.3.7 Communication, involvement, engagement and consultation

This paper has been developed following the range of engagement over time with EDG, SLTs, governance committees and Board.

2.3.8 Route to the Meeting

EDG 18/08/22. The paper will be shared with all governance committees during September then a final version will be presented for approval at the September Board meeting.

2.4 Recommendation

The Staff Governance Committee is asked to:

- comment and take assurance from the work to date on developing the Corporate Risk Register and Dashboard reporting.

Report Contact:

Pauline Cumming
Risk Manager
E-mail pauline.cumming@nhs.scot

Working examples for discussion
Strategic Risk Profile

Strategic Priority	Total Risks	Current Strategic Risk Profile				Risk Movement	Risk Appetite	Summary Statement on Risk Profile
To improve health and wellbeing	5	3	2	-	-	◀▶	High	Current assessment indicates delivery against 3 of the 4 strategic priorities facing a risk profile in excess of risk appetite. Mitigations in place to support management of risk over time with some risks requiring daily assessment. Risk Improvement Trajectory for high risks and Corporate Risk Register assessment in place.
To improve the quality of health and care services	5	4	1	-	-	◀▶	Moderate	
To improve staff experience and wellbeing	2	2	-	-	-	◀▶	Moderate	
To deliver value and sustainability	6	4	2	-	-	◀▶	Moderate	
Total	18	13	5	0	0	◀▶	Moderate	

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

Risk Improvement Trajectory & Deep Dive into deteriorating risks (1 for each strategic objective)



To improve health and wellbeing	Risk Improvement Trajectory				Deep Dive
Risks which have improved	[Risk Improvement Trajectory Bar]	Risk			
Risks which have deteriorated		Risk Level and Score			
Risks which have not moved		Risk Mitigation			
Risks which have reached acceptable level of tolerance		Anticipated Timeline to Risk Reduction / Tolerate and Monitor			
Total					

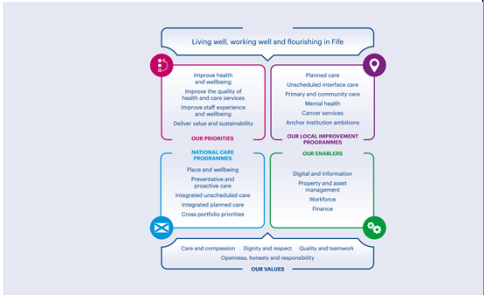
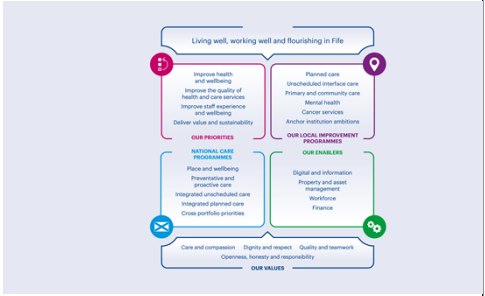
Corporate Risk Register contains individual risk details



M	Strategic Priority	Risk	Mitigation	Risk Level	Target Risk / Date	Risk Level Trend	Risk Owner	Primary Committee
1		<p>Population Health and Wellbeing Strategy</p> <p>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.</p>	EDG has established a Portfolio Board, reporting to the Public Health and Wellbeing Committee to deliver the required system leadership and executive support to enable effective strategy development. The Portfolio Board commissions and monitors the delivery of key milestone activity associated with the delivery of an effective new strategy.	Mod 12	Mod 8		Chief Executive	Public Health & Wellbeing
2		<p>Health Inequalities</p> <p>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.</p>	Public Health and Wellbeing Committee established, with the aim of providing assurance that NHS Fife is fully engaged in supporting wider population health and wellbeing for the local population. Public health department and wider partners ongoing programme of work on reducing health inequalities relating to Public Health Priorities, Health Promotion, Vaccination, Screening, and Dental Public Health (ongoing). Leadership and partnership working to influence policies to 'undo' the causes of health inequalities in Fife.	High 20	Mod 10		Director of Public Health	Public Health & Wellbeing
3		<p>COVID 19 Pandemic</p> <p>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.</p>	Delivery plans are being developed for the autumn/winter vaccination campaign. The proposed start date is early September 2022; some planning is pending JCVI decisions. Implementation of new treatments for individuals at higher risk of adverse outcomes. Public communications programme to raise awareness of infection prevention and control measures across the region population cross the population.	High 16	Mod 12		Director of Public Health	Clinical Governance



4		<p>Policy obligations in relation to environmental management and climate change</p> <p>There is a risk that if we do not put in place robust management arrangements and the necessary resources, we will not meet the requirements of the 'Policy for NHS Scotland on the Global Climate Emergency and Sustainable Development, Nov 2021.'</p>	<p>Robust governance arrangements have been put in place including an Executive Lead and Board Champion appointed</p> <p>Regional working group and representation on the National Board</p> <p>Active participation in Plan 4 Fife</p>	Mod 12	Mod 10		Director of Property & Asset Management	Public Health & Wellbeing
5		<p>Optimal Clinical Outcomes</p> <p>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.</p>	<p>The Board has agreed a suite of local improvement programmes, as detailed in the diagram below to frame and plan our approach to meeting the challenges associated with this risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 15	Mod 10		Medical Director/ Director of Public Health	Clinical Governance








6		<p>Whole System Capacity</p> <p>There is a risk that significant and sustained admission activity to acute services, combined with challenges in achieving timely discharge to downstream wards and/or provision of social care packages, that the management of Acute hospital capacity and flow will be severely compromised.</p>	<p>The combination of application of our OPEL process on a daily basis and the improvement work through our Integrated Unscheduled Integrated Care and Planned Care programmes provides the operational and strategic response to the challenges posed through this risk.</p>	High 20	Mod 9		Director of Acute Services	Clinical Governance
7		<p>Access to outpatient, diagnostic and treatment services</p> <p>There is a risk that due to demand exceeding capacity, compounded by COVID -19 related disruption and stepping down of some non-urgent services, NHS Fife will see a deterioration in achieving waiting time standards. This time delay could impact clinical outcomes for the population of Fife.</p>	<p>Recovery Plans developed outlining additional activity and resources required to reduce backlog and meet ongoing demand.</p> <p>Speciality level plans in place outlining local actions to mitigate the most significant areas of risk.</p> <p>The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 16	Low 4 3-4 years		Director of Acute Services	Clinical Governance



8		<p>Cancer Waiting Times</p> <p>There is a risk that due to increasing patient referrals and complex cancer pathways, NHS Fife will see further deterioration of Cancer Waiting Times (CWT) 62-day performance.</p>	<p>Effective Cancer Management Framework Action plan agreed both locally and by Scottish Government and actions identified. A national Short Life Working Group (SLWG) is being set up to develop a 'Once for Scotland' approach to management of breaches standard operating procedure. This will be led by the NHS Fife Cancer Transformation Manager (Chair of National Cancer Managers' Forum). The Cancer Framework and delivery plan is almost complete. Optimal Pathways and integrated care are included in the framework along with viewing CWT targets as a minimum standard. The governance arrangements supporting this work will inform the level of risk associated with delivering against these key programmes and reduce the level of risk over time.</p>	High 15	Mod 12		Director of Acute Services	Clinical Governance
9		<p>Quality & Safety</p> <p>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.</p>	<p>Effective governance is in place and operating through the clinical Governance Oversight Group (CGOG) providing the mechanism for assurance and escalation of clinical governance (CG) issues to Clinical Governance Committee (CGC). This is further supported by the organisational Learning Group to ensure that learning is used to optimise patient safety, outcomes and experience, and to enhance staff wellbeing and job satisfaction. There are also effective systems & processes to ensure oversight and monitoring of national & local strategy / framework / policy / audit implementation and impact.</p>	High 15	Mod 10		Medical Director	Clinical Governance
10		<p>Primary Care Services</p> <p>There is a risk that due to a combination of the demand on services, workforce availability and current funding and resourcing of Primary Care, it may not be possible to deliver sustainable quality</p>	<p>A Primary Care Governance and Strategy Oversight Group has been established. The group brings together both the transformation and sustainability initiatives for all four of the independent primary care contractors, whilst also overseeing any critical aspects of</p>	High 16	Mod 8		Medical Director/ Director of Health & Social Care	Clinical Governance

		services to the population of Fife into the medium-term.	governance. It is co-chaired by the Medical Director and the Director of Health and Social Care. The group will provide assurance to NHS Fife Board and the Integration Joint board through the appropriate sub committees. The establishment of this group will allow governance and scrutiny of all aspects of primary care delivery and to provide a focus for improving patient care for the population of Fife					
11		Workforce Planning and Delivery 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.	Development and implementation of the Workforce Strategy to support the Clinical Strategy, workforce elements of the Annual Delivery Plan, Population Health & Wellbeing Strategy and Strategic Framework; alongside the Workforce Plan for 2022 to 2025. Implementation of the Health & Social Care Workforce Strategy to support the Health & Social Care Strategic Plan for 2019 to 2022, the integration agenda and the development of the H&SCP Workforce Strategy and Workforce Plan for 2022 to 2025. Implementation of the NHS Fife Board Strategic 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.	High 16	Mod 8		Director of Workforce	Staff Governance
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.	Working in partnership with staff side and professional organisations across all sectors of NHS Fife to ensure staff engagement opportunities are maximised. Scoping a Staff Experience and Engagement Framework that sets out our key ambitions and commitments for improving staff experience, which will help to develop a culture that values and supports our workforce.	High 16	Mod 8		Director of Workforce	Staff Governance

13		<p>Delivery of a balanced in-year financial position. There is a risk that the Board may not achieve its statutory financial targets in 2022/23 due to the ongoing impact of the pandemic combined with the very challenging financial context both locally and nationally.</p>	<p>Financial Improvement and Sustainability Programme (FIS) board established to provide oversight to the delivery of Cost Improvements Plans and approve pipeline schemes to be taken to implementation.</p>	High 15	Mod 8		Director of Finance & Strategy	Finance, Performance & Resources
14		<p>Delivery of recurring financial balance over the medium-term 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.</p>	<p>Strategic Planning and Resource Allocation process will continue to operate and support financial planning The FIS Programme will focus on medium-term productive opportunities and cash releasing savings The Board will maintain its focus on reaching the full National Resource Allocation (NRAC) allocation over the medium-term</p>	High 15	Mod 8		Director of Finance & Strategy	Finance, Performance & Resources
15		<p>Prioritisation & Management of Capital funding 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.</p>	<p>Infrastructure developments prioritised and funded through the NHS Board capital plan. Regular Property and Asset Management Strategy (PAMS) report submitted to FP&R, NHS Board and Government.</p>	Mod 12	Low 6		Director of Property & Asset Management	Finance, Performance & Resources
16		<p>Off-Site Area Sterilisation and Disinfection Unit Service There is a risk that by continuing to use a single off-site 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.</p>	<p>Monitoring and review through Decontamination Group Establishment of local SSD for robotic being planned</p>	Mod 12	Low 6		Director of Property & Asset Management	Clinical Governance
17		<p>Cyber Resilience There is a risk that NHS Fife will be overcome by a targeted and sustained cyber attack that may impact the availability and / or</p>	<p>Considerable focus continues in 2022 with heightened threat level to improve our resilience to attack and ability to recover quickly.</p>	High 16	Low 6		Medical Director	Clinical Governance

		integrity of digital and information required to operate a full health service.						
18		Digital & Information There is a risk that the organisation will fail to recognise and afford the financial investment necessary to deliver its D&I Strategy and current operational lifecycle commitment to enable transformation across Health and Social Care.	Consistent alignment of the D&I Strategy with the NHS Fife Corporate Objectives and developing Health & Wellbeing Strategy Digital & Information Board Governance established and supporting prioritisation with ongoing review.	High 15	Mod 10		Medical Director	Clinical Governance

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 September 2022
Title:	Integrated Performance & Quality Report – Staff Governance
Responsible Executive:	Margo McGurk, Director of Finance & Strategy
Report Author:	Bryan Archibald, Head of Performance

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to the:

- Integrated Performance & Quality Report

This aligns to the following NHSScotland 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 (with certain exceptions due to a lag in data availability) up to the end of June 2022.

2.2 Background

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

Improvement actions are included following finalisation of the Annual Delivery Plan for 2022/23, and this will streamline 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 Personal Development Plan & Review (P DPR), in the Staff Governance section. Further additions relating to Adverse Events (Clinical Governance) and Establishment Gap (Staff Governance) will follow in due course.

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 will be introduced from 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 2022/23 Annual Delivery Plan (ADP), which was submitted to the Scottish Government at the end of July 2022.

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

Measure	Update	Local/National Target	Current Status
Sickness Absence	Monthly	4.00%	Not achieving (6.24% in June, excluding COVID-19-related absence)
P DPR	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 content of 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

Risk Management is considered and will be included in future IPQRs as we capture the key issues from the ADP.

2.3.5 Equality and Diversity, including health inequalities

Not applicable.

2.3.6 Other Impact

None.

2.3.7 Communication, involvement, engagement and consultation

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

The Staff Governance extract of the August IPQR will be available for discussion at the meeting on 1 September 2022.

2.3.8 Route to the Meeting

The IPQR was ratified by EDG on 18 August and approved for release by the Director of Finance & Strategy.

2.4 Recommendation

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

3 List of Appendices

None

Report Contact

Bryan Archibald

Head of Performance

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Fife Integrated Performance & Quality Report

STAFF GOVERNANCE

Produced in August 2022

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 the addition of some key indicators, removal of other indicators, updating of the Indicator Summary and applying Statistical Process Control (SPC) where appropriate. A Risk section will be introduced in due course.

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 for the Staff Governance Committee comprises of the following sections:

a) Indicatory Summary

Provides a summary of performance against National Standards and local KPI's. These are listed showing current performance, comparison with 'previous' and 'previous year' and a benchmarking indication against other mainland NHS Boards, where appropriate. There is also an indication of 'special cause variation' based on SPC methodology.

b) Projected & Actual Activity

Comparing projected Scheduled Care activity to actuals for Patient TTG, New Outpatients and Diagnostics.

c) Assessment

Summary assessment for indicators of continual focus or those that are currently experiencing significant challenges.

d) Performance Assessment 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) 2022/23, 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
18 August 2022

Prepared by:
SUSAN FRASER
Associated Director of Planning & Performance

a. Indicator Summary

Section	Measure	Target 2022/23	Reporting Period	Current Period	Current Performance	SPC Outlier	Vs Previous	Vs Year Previous	Trend	Benchmarking
Clinical Governance	Major & Extreme Adverse Events	N/A	Month	Jun-22	47	○	▼	▼		●
	HSMR	N/A	Year Ending	Mar-22	1.02	●	↔	↔		● YE Mar-22
	Inpatient Falls	6.91	Month	Jun-22	6.94	○	▲	▼		●
	Inpatient Falls with Harm	1.65	Month	Jun-22	1.47	○	▲	▼		●
	Pressure Ulcers	0.89	Month	Jun-22	1.47	○	▼	▼		●
	SAB - HAI/HCAI	18.8	Month	Jun-22	13.8	○	▼	▼		● QE Mar-22
	C Diff - HAI/HCAI	6.5	Month	Jun-22	10.4	○	▼	▼		● QE Mar-22
	ECB - HAI/HCAI	33.0	Month	Jun-22	51.9	○	▼	▼		● QE Mar-22
	Complaints Closed - Stage 1	80%	Month	Jun-22	57.1%	○	▼	▼		● 2020/21
Complaints Closed - Stage 2	50%	Month	Jun-22	3.4%	○	▲	▼		● 2020/21	
Operational Performance	IVF Treatment Waiting Times	90%	Month	Jun-22	100.0%	●	↔	↔		● Jun-22
	4-Hour Emergency Access	95%	Month	Jun-22	74.9%	○	▼	▼		● Mar-22
	Patient TTG % <= 12 Weeks	100%	Month	Jun-22	54.3%	●	▼	▼		● Mar-22
	New Outpatients % <= 12 Weeks	95%	Month	Jun-22	55.4%	●	▲	▼		● Mar-22
	Diagnostics % <= 6 Weeks	100%	Month	Jun-22	68.2%	●	▲	▼		● Mar-22
	18 Weeks RTT	90%	Month	Jun-22	73.2%	●	▲	▲		● QE Mar-22
	Cancer 31-Day DTT	95%	Month	Jun-22	100.0%	○	▲	↔		● QE Mar-22
	Cancer 62-Day RTT	95%	Month	Jun-22	84.5%	○	▼	▲		● QE Mar-22
	Detect Cancer Early	29%	Year Ending	Sep-21	23.2%	●	▲	▲		● 2020, 2021
	Freedom of Information Requests	85%	Month	Jun-22	90.5%	●	▼	▲		●
	Delayed Discharge % Bed Days Lost (All)	N/A	Month	Jun-22	11.4%	●	▲	▲		● QE Mar-22
	Delayed Discharge % Bed Days Lost (Standard)	5%	Month	Jun-22	7.2%	○	▲	▲		● QE Mar-22
	Antenatal Access	80%	Month	Mar-22	82.1%	●	▼	▼		● CY 2021
Finance	Revenue Resource Limit Performance	(£10.4m)	Month	Jun-22	(£6.2m)	●	▼	—		●
	Capital Resource Limit Performance	£27.4m	Month	Jun-22	£5.7m	●	—	—		●
Staff Governance	Sickness Absence	4.00%	Month	Jun-22	6.24%	○	▼	▼		● YE Mar-22
	Personal Development Plan & Review (PDPR)	80%	Year Ending	Jun-22	31.4%	●	▼	—		●
Public Health & Wellbeing	Smoking Cessation (FY 2022/23)	473	YTD	Apr-22	16	●	—	▼		● QE Dec-21
	CAMHS Waiting Times	90%	Month	Jun-22	67.8%	○	▲	▼		● QE Mar-22
	Psychological Therapies Waiting Times	90%	Month	Jun-22	76.3%	○	▼	▼		● QE Mar-22
	Drugs & Alcohol Waiting Times	90%	Month	Apr-22	86.7%	●	▲	▼		● QE Dec-21
	COVID Vaccination (Booster 1 or Dose 3)	80%	Month	Jul-22	78.9%	●	▲	—		● Jul-22
	Immunisation: 6-in-1 at Age 12 Months	95%	Quarter	Q/E Mar-22	93.5%	○	▼	▼		● QE Mar-22
	Immunisation: MMR2 at 5 Years	92%	Quarter	Q/E Mar-22	89.6%	○	▲	▲		● QE Mar-22

Performance Key

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

SPC Key

- SPC chart, 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

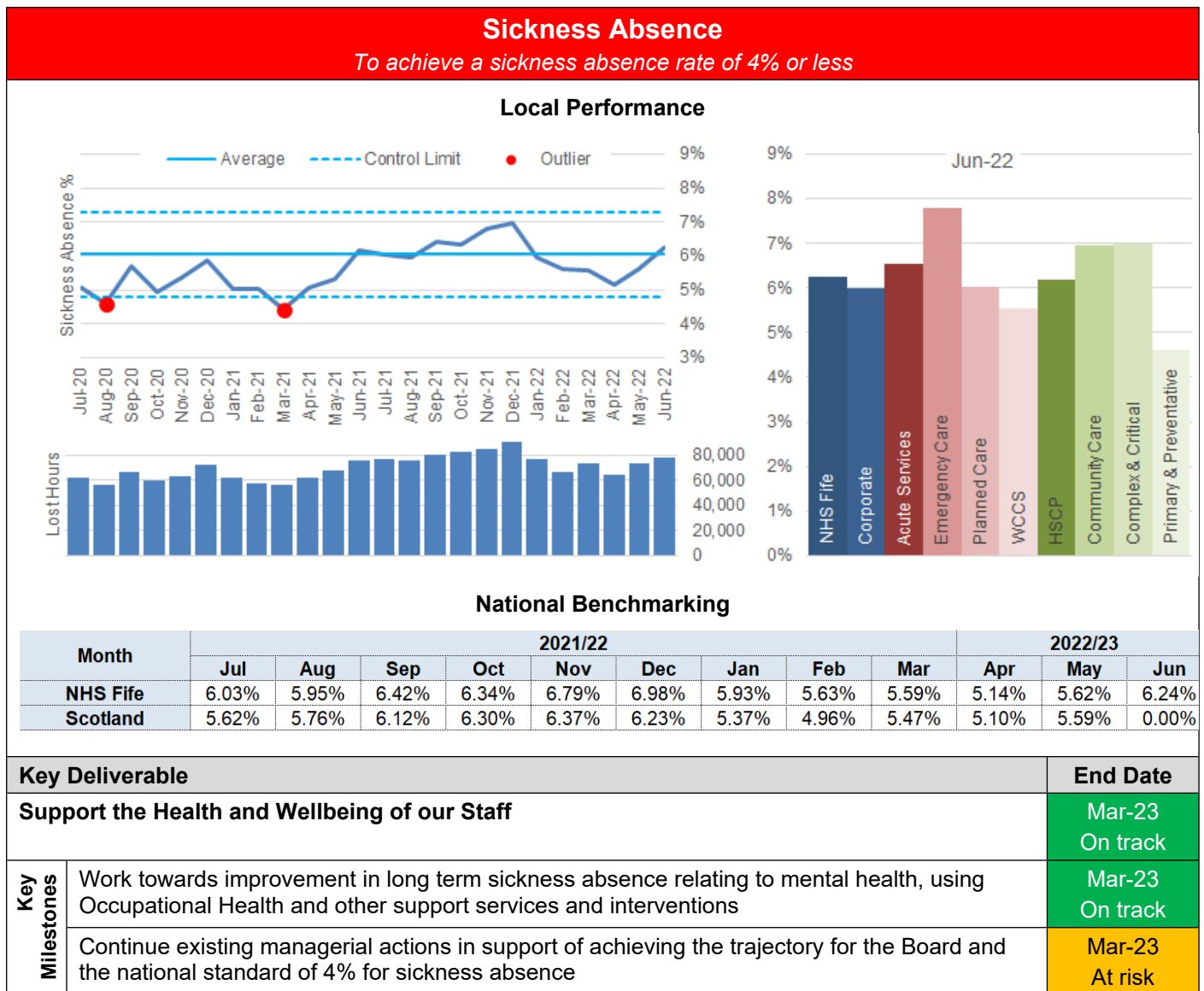
b. Projected and Actual Activity

		Quarter End	Month End			Quarter End	Quarter End	Quarter End
		Jun-22	Jul-22	Aug-22	Sep-22	Sep-22	Dec-22	Mar-23
Better than Projected Worse than Projected No Assessment (NOTE: Better/Worse may be higher or lower, depending on context)								
TTG Inpatient/Daycase Activity (Definitions as per Waiting Times Datamart)	Projected	3,036	1,012	1,012	1,029	3,053	3,087	3,087
	Actual	2,878	884			884	0	0
	Variance	-158	-128					
New OP Activity (F2F, NearMe, Telephone, Virtual) (Definitions as per Waiting Times Datamart)	Projected	18,567	6,201	6,220	6,385	18,806	19,132	19,166
	Actual	20,951	6,266			6,266	0	0
	Variance	2,384	65					
Urgent	Actual	10,868	3,460			3,460	0	0
	Actual	10,083	2,806			2,806	0	0
Elective Scope Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	1,491	497	497	497	1,491	1,491	1,491
	Actual	1,547	477			477	0	0
	Variance	56	-20					
Upper Endoscopy	Actual	575	185			185	0	0
Lower Endoscopy	Actual	182	45			45	0	0
Coloscopy	Actual	736	234			234	0	0
Cystoscopy	Actual	54	13			13	0	0
Elective Imaging Activity (Definitions as per Diagnostic Monthly Management Information)	Projected	11,988	3,996	3,996	3,996	11,988	11,988	11,988
	Actual	13,471	4,350			4,350	0	0
	Variance	1,483	354					
CT Scan	Actual	4,083	1,322			1,322	0	0
MRI	Actual	2,936	979			979	0	0
Non-obstetric Ultrasound	Actual	6,452	2,049			2,049	0	0

c. Assessment

STAFF GOVERNANCE		Target	Current
Sickness Absence	<i>To achieve a sickness absence rate of 4% or less</i>	4.00%	6.24%
<p>The sickness absence rate in July was 5.88%, a decrease of 0.37% from the rate of 6.25% in June. The COVID-19 related special leave rate, as a percentage of available contracted hours for July, was 2.21 %, a reduction from the June rate of 2.27%.</p> <p>To ensure focus on this issue, an Attendance Taskforce has been established which will facilitate actions and drive improvements to support achievement of the sickness absence performance target. These actions are complemented by ongoing health & wellbeing support for staff.</p> <p>Pending any additional NHS Scotland guidance on sickness absence targets, we continue to monitor absence against our existing target of 4%. We would anticipate that any national update will reflect the circumstances of the last two years and therefore this target may be subject to change. In addition, the change in national guidance on COVID absence recording, with all sickness absence, (COVID-19 and non COVID-19 related), being recorded as sickness absence from September, will likely cause our sickness absence rate to increase.</p>			
PDPR Compliance	<i>To achieve an annual PDPR compliance rate of 80%</i>	80%	31.4%
<p>Throughout NHS Fife, PDP compliance continues to show a gradual decline in performance as the pandemic continues to impact all services. Even though there is a growing appetite for these important discussions to take place, participation in the joint PDPR meeting remains challenging. The compliance rate has now dropped to 31.4%.</p> <p>In order to re-establish focus on this process, we will continue to monitor performance regularly and take necessary actions to improve staff engagement.</p>			

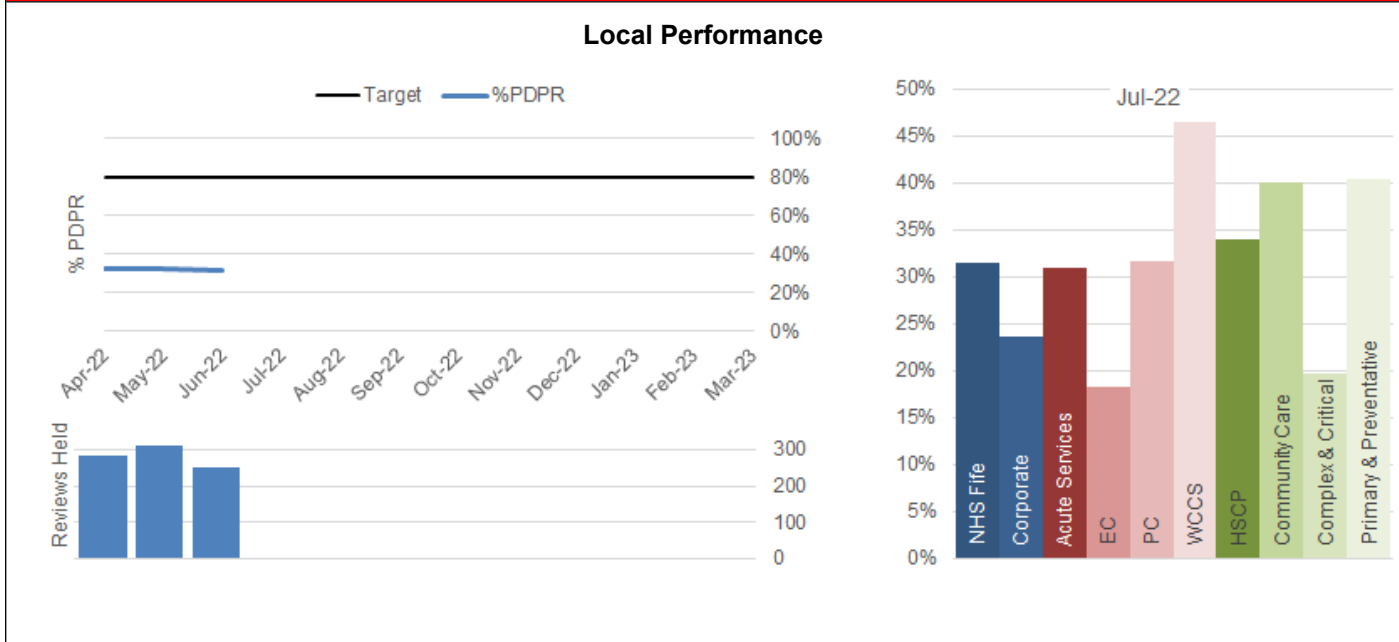
d. Performance Exception Reports



STAFF GOVERNANCE

PDPR Compliance

To achieve an annual PDPR compliance rate of 80%



Key Deliverable	End Date
Work towards improvement in PDPR engagement and achieving an 80% compliance rate	Mar-23
Key Milestones	Continued delivery of bitesize training sessions, service specific sessions and 1:1 support as needed
	RAG status reports will be provided to all Managers during September 2022
	Compliance reports will be provided to the Executive Directors Group and relevant forums, including engagement with staff side colleagues on a monthly basis, including a trend of the total number of employees who have participated in PDPR meetings
	Increased communication via Stafflink with regular updates in the NHS Fife Weekly Update

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 September 2022
Title:	Promoting Attendance Update
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to Staff Governance Committee members for:

- Assurance

This report relates to an:

- Emerging issue
- Government policy/directive
- Local policy

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

- Safe, Effective and Person Centred
- NHS Scotland Annual Delivery Plan Standard of achieving a 4% Sickness Absence rate

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

- Well Informed
- Involved in Decisions
- 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 purpose of this report is to update Staff Governance Committee members on the latest NHS Fife attendance data for July 2022, including COVID-19 absence for the same time period, context of the NHS Scotland trends and rate, as well as providing an update on the recently established Attendance Management Taskforce and Operational Groups.

2.2 Background

2.2.1 NHS Fife Sickness Absence Rates

NHS Fife's absence rate has been above 5% for the first four months of the 2022/2023 financial year, with an absence rate of 5.88% in July 2022.

2.2.2 NHS Fife's COVID-19 Related Workforce Absence Rates

COVID-19 related absences contributed a further 2.21% during July 2022 and whilst these continue to be recorded separately under the special leave categories within SSTS, it should be noted that in line with NHS Circular DL(2022)21: Removal of Temporary Covid Policies, this will cease with effect from 31 August 2022. The implications of the removal of the COVID-19 reason codes will be monitored and an update will be provided in due course.

2.2.3 National Health Service Scotland Sickness Absence Rates

In terms of the National absence data from SWISS, from January 2022 NHS Fife have been above the NHS Scotland (NHSS) rate on two occasions, however, June 2022 is marginal (5.58% for Fife and 5.55% for NHSS). The NHSS trend has been variable during 2022, but overall on an increasing trend.

2.2.4 Attendance Management Taskforce

The Attendance Management Taskforce, chaired by the Chief Executive, was established as short life in nature, with the purpose of providing collective and collaborative senior leadership to enable the successful application of attendance management practice and processes; to achieve a sustained reduction in the level of absence across NHS Fife; and to support the improvement in staff experience and wellbeing.

2.2.5 Attendance Management Operational Group

The Attendance Management Operational Group was established to add value in the short term to attendance management activity, ensuring consistency of application across the Board and identifying areas of best practice that may be appropriate to be adopted more widely.

The following actions are part of the development work to date:

- Focus on visibility and walking the floor at Executive level down.
- Continued development on Wellbeing hubs and Staff club.
- Hot Spots and Best Practice identified across services to allow further analysis by the Operational Group.
- A range of Health & Wellbeing support resources are being developed including Mindfulness videos <https://app.joinblink.com/#/hub/0adb93b2-74ff-4953-8c9c-03d2a68a69ef>.
- a short video / podcast on Resilience and a 'pocketbook' for managers (topics to include personal development that support and nurture a positive workplace culture).
- Attendance Management Balance Scorecard under development.
- Review and Improvement panels under review.
- Attendance Management Training programme under review.
- Template to encourage managers to "check on staff wellbeing" under development.

2.2.6 Staff Health and Wellbeing Framework

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. This is set out in the draft Staff Health &

Wellbeing Framework for 2022-2025. The draft Framework has been developed by the NHS Fife Staff Health and Wellbeing Group and other key stakeholders. The draft has been circulated for comment and will be presented to a future Staff Governance Committee meeting.

The draft Framework outlines the supportive measures which NHS Fife will implement in order to continue to work with our staff to integrate health & wellbeing into our day-to-day activities, which in turn will enable us to create a positive and healthy working environment. The Framework complements the actions set out in this paper in relation to attendance management. Working together and in partnership, we can make a difference to the health and wellbeing of ourselves as individuals as well as to the organisation as a whole. It will require the collaborative effort of staff at all levels within NHS Fife to do this and this is our vision.

2.3 Assessment

2.3.1 Quality / Patient Care

Providing support for the workforce at this time and in the longer term is an essential component of our approach to staff health and wellbeing and is currently being considered in line with the revisions to the Staff Health and Wellbeing Strategy. Evidence suggests that it is important to have provision in place to support staff in the longer term, which is when the impact of the pandemic may affect staff most.

2.3.2 Workforce

The provision of staff support is likely to impact on attendance and our ability to attract and retain staff in the longer term. Actions to reduce absence or acknowledge the levels of attendance at work support improvements to staff experience.

The content of the Promoting Attendance Update contributes to the Well Informed; Involved in Decisions; and Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

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

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Discussions will continue to take place in both the Taskforce and Operational Groups, Promoting Attendance Review and Improvement Panels, with Staff Side colleagues and within the Workforce Directorate, with a view towards improving the overall position in terms of absence and wellbeing.

2.3.8 Route to the Meeting

This paper has been considered by the Executive Directors Group as part of the development of the content, and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

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

- the sickness absence and COVID-19 absence rates for July 2022.
- the work currently being undertaken by the Attendance Management Taskforce and Operational Group towards improving attendance and wellbeing.

3. List of Appendices

N/A

Report Contact:

Sandra Raynor

Head of Workforce Resourcing and Relations

Email: Sandra.raynor@nhs.scot

Meeting:	Staff Governance Committee
Meeting date:	Thursday 1 September 2022
Title:	Development of Assistant Practitioner Role
Responsible Executive:	Janette Owens, Director of Nursing
Report Authors:	Janette Owens, Director of Nursing

1. Purpose

This is presented to the Clinical Governance Committee for:

- Assurance

This report relates to an:

- Emerging issue
- Government Directive
- Health & Social Care Support Worker Development Programme (NES / SG)

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

2. Report Summary

2.1 Situation

This report has been prepared to provide assurance to the Staff Governance Committee on the development and introduction of the Assistant Practitioner (AP) role in Fife.

Development of the AP role within NHS Fife and Fife HSCP will assist in developing the nursing workforce, by varying the skill mix and providing an alternative career pathway into the nursing profession for Health Care Support Workers.

2.2 Background

2.2.1 Nursing Workforce

Supply of Registered Nurse workforce

NHS Scotland Boards are facing significant challenges in the supply of Registered Nurses. These challenges are being faced across the UK, Europe and is a global issue. There are multiple recruitment activities, and whilst all our recruitment activities continue, we are focusing our effort, at present, on international recruitment, which commenced in February 2022, and the development of the Assistant Practitioner role to support a more sustainable nursing workforce.

The issue is compounded by the high level of existing vacancies, which has been adversely affected by changing service models, such as the development of National Treatment Centres (NTC) and the development of the Community Treatment and Care (CTAC) which require an increased number of registrants.

Average sickness absence level for the year 2021/22 for the Nursing and Midwifery job family was 8.9% for non-Registered Nurses and 6.7% for Registered Nurses. These rates have led to continuing and sustained pressures within the profession.

Turnover rates for 2021-2022 have been reported at the highest level: 10.8% as of 31st March 2022. However, this is following a 2-year period of lower-than-expected turnover rates. The position continues to be reviewed to determine whether this is a continuing trend. There is a concern, that because of the age profile in nursing, an increased number of registered nurses will opt to retire.

Wellbeing of staff remains a priority for NHS Fife, but the vacancy position and absence levels, combined with high patient demand, continues to cause additional pressures on the nursing and midwifery workforce. There is a growing reliance on supplementary staffing, which cannot fully meet demand, but brings additional cost pressures through increased agency nurse deployment.

Impact on quality of care remains a consequential concern.

As there can no longer be reliance on the number of newly qualified practitioners entering the profession, which traditionally balanced the number of 'leavers', and conventional recruitment methods to address the vacancy gap, alternative nursing and midwifery recruitment and staffing models are required to:

- reduce the risk to the quality of care and on patient safety
- maintain safe staffing levels
- establish a more sustainable workforce
- promote and support staff well-being
- respond to the increased staffing requirements of national drivers, new service models
- address escalating agency costs

2.2.2 Sustainable Workforce

Response to current system pressures

In response to current systems pressures within health and social care and the emergence of new service models, NHS Education for Scotland was commissioned by the Chief Nursing

Officer Directorate (CNOD) in Scottish Government, in October 2021, to undertake work to support the expansion and development of the Band 2-4 nursing, midwifery and allied health professions (NMAHP) workforce.

Cognisant of the variation in role, education provision and development for HCSW in Nursing, Midwifery and Health Professions (NMaHP), including health care science, across NHS Scotland, the work aimed to propose a **national education and development framework** outlining the knowledge, skills and behaviours required to deliver safe, effective, person-centred care.

This would not only maximise the impact of the roles within each level but also maximise the support for registered health care professionals enabling them to practice to their full potential within their scope. The need to develop and enhance these roles at pace responds to pressures in the system and the emergence of new service models.

By undertaking further education and competency assessments, the AP can support registrants to provide high quality patient care, creating a sustainable workforce. Education and training are well established recruitment and retention strategies, in addition to supporting staff to feel valued and recognised for the work they do.

2.3 Assessment

2.3.1 National Development of the Assistant Practitioner role

2.3.1.1 NES Healthcare Support Worker Development and Education Framework for Levels 2 – 4 NMAHP Healthcare Support Workers

The development of the Framework is underway. The Commission set timelines for the programme of work in three phases:

- **PHASE 1:** Band 4 nursing HCSWs. The Level 4 HCSW within nursing teams in acute care was given as the priority in phase one. In addition, the CNOD requested NES to prioritise level 3 and 4 within community nursing. The Phase 1 report was published in January 2022, with the Development and Education Framework for Levels 3 and 4 Nursing Healthcare Support Workers published on **March 29, 2022**. The overview of the Development Framework for Level 4 is appended to this report (Appendix 1).
- **PHASE 2:** Band 2 nursing plus all nursing, midwifery and allied health professions (NMAHPs) Band 2 – 4. This Framework has been drafted with consultation on the Framework concluding on July 29, 2022. This work is being taken forward as part of the Nursing and Midwifery Workforce Task and Finish Group, chaired by the CNO and the Chief Executive of NHS Lanarkshire. Level 2 – 4 NMAHP development is one of 5 subgroups of the Task and Finish Group, due to be completed by **November 2022**.
- **PHASE 3:** Healthcare Science – Bands 2 – 4. This phase will be commenced in the near future.

2.3.1.2 Assistant Practitioner Role Definition

Assistant Practitioners work at a level above that of other Healthcare Support Workers and have more in-depth understanding about factors that influence health and ill health and have developed more specialised skills relevant to specific area of practice.

The role of Assistant Practitioner is defined in the NES Healthcare Support Worker Career Development and Education Framework for Levels 3 and 4 Nursing Healthcare Support Workers (March 2022) as:

Level of Practice	Role Title	Definition
Level 4	Assistant Practitioner	The Assistant Practitioner can evidence previous experience and consolidation of practice as a Senior HCSW and/or has the appropriate skills and knowledge and demonstrates the depth of understanding and ability required to participate in the planning and carrying out of holistic, protocol-based care under the direction and supervision of healthcare professionals. They will assist and support the multidisciplinary team in the delivery of high-quality care. The Assistant Practitioner will possess or have the opportunity to attain education at SCQF 7/ 8 within an agreed timeframe.

2.3.1.3 Next Steps at National Level - Considerations

There is support for a 'Once for Scotland' approach as it is felt that a standardised and consistent approach to education, role development and governance will promote the adoption of professional values, ethical standards and engagement in continuous learning in all HCSW roles. It may also make the role more attractive to applicants considering a career in healthcare, aid transition for HCSWs moving posts within Boards and add value to the role with recognised accreditation supporting the progression to registered practitioner.

Work is being taken forward at national level to support this approach, with representatives from NHS Fife on the national steering group.

To provide standardisation in role titles across NHS Scotland:

- Level 2: Healthcare Support Worker
- Level 3: Senior Healthcare Support Worker
- Level 4: Assistant Practitioner

Future policy considerations include the potential to regulate HCSWs. This would include:

- setting national standards for education and practice
- accreditation of education programmes
- maintenance of a register and fitness to practise

2.3.2 Local Development of the Assistant Practitioner Role

Local development of the role is running in parallel with the national approach, bearing in mind the need to take the development forward at pace.

2.3.2.1 Governance and Leadership

A Steering Group has been established to govern the process and provide direction, to encourage a collaborative work environment and to monitor progress. Members of the Steering Group include the Director of Nursing, Director of Acute Services, Director of Health and Social Care, Employee Director, Director of Finance and Director of Workforce.

A Project Management approach is being adopted to ensure that all strands of activity are interconnected across services, supporting equity of access to education and development.

At an operational level, and to take this work forward, a 'Clinical Assistant Practitioner Workforce Group' is driving the further development of the clinical AP workforce across NHS Fife. The scope of this group, which reports into the Steering Group and the Nursing and Midwifery Workforce Planning Group, is to provide tactical and operational leadership to the Clinical Assistant Practitioner development and implementation across NHS Fife.

The Group's membership includes senior nurses, Service Managers, General Managers, representatives from staff side, finance, workforce, communications, and Practice and Professional Development staff. The Group is currently meeting at fortnightly intervals.

2.3.2.2 Role Description

The Job Description and Person Specification have been developed and our JE processes followed to Band the post.

Whilst undertaking the educational programme, the staff member will be in a Trainee Assistant Practitioner role and the organisation will rely on the arrangements within the AfC Handbook regarding Annex 21.

2.3.2.3 Education Programme and Support

Fife College will deliver the educational component for Assistant Practitioner development.

Academic Requirement	Supplementary Information
Underpinning Knowledge	12 weeks accelerated underpinning knowledge (1 day per week)
SCQF Level 7	Professional Development Award (online)
SCQF Level 8	Professional Development Award (online)

The Trainee will be supported by a Practice Development Nurse, who has been recruited specifically to support Assistant Practitioners, and a Practice Supervisor and Practice Assessor at ward / team level, as well as support provided by Fife College.

2.3.2.4 NES Recognition of Prior Learning (RPL) Guiding Principles (Appendix 2)

Recognition of Prior Learning means that staff can get recognition for learning completed in a work-based environment and learning from life experience to support their career development. NHS Fife will, as part of the introduction of this programme, apply an RPL approach to the delivery of the programme in order that as many candidates as possible can complete the programme as soon as is reasonably practical, whilst ensuring a person-centric approach.

2.3.2.5 Service Needs Analysis Tool (SNAT) (Appendix 3)

A Service Needs Analysis Tool has been designed, based on the SNAT used in NHS Lothian and which is informing the 'Once for Scotland' approach, to assess the need for APs, ensuring service needs, workforce planning, accountability and governance arrangements are considered.

2.3.2.6 Safe Staffing - HSP Workforce Tools

The Professional Judgement Tool will be used as a planning tool to provide information on the design / shape / skill mix of nursing teams.

2.4 Quality/ Patient Care

Healthcare staffing levels are associated with the delivery of high quality, person-centred care. The development of the Assistant Practitioner role will assist in creating a more sustainable workforce, supporting the delivery of safe, quality care.

Following the Development and Education Framework will ensure that staff have the knowledge, skills and behaviours required to deliver safe, effective, person-centred care.

This will maximise the support for registered health care professionals enabling them to practice to their full potential within their level of practice. By undertaking further education and competency assessments, the AP can support registrants to provide high quality patient care, helping to create a sustainable workforce.

There are already excellent examples of Band 4 NMAHP staff working well in Fife:

- Maternity Care Assistants: complete a Certificate in Higher Education (SCQF 7) through the University of the West of Scotland
- Theatre practitioners: complete SVQ3 theatres and PDA modules
- Rehab HCSW: complete SVQ3 and relevant profession specific modules

2.5 Workforce

The Staff Governance Standard applies to all staff employed by NHS Boards. The CAPWG will ensure that the strands of the Standard are addressed:

Well informed	A communications plan is being developed by the CAPWG. Drop-in sessions have been arranged, and discussion is taking place with staff side colleagues to enhance staff engagement and communication
Appropriately trained and developed	There are excellent, skilled, trained HCSWs already working in Fife at Band 3 level. The Development and Education Framework will provide consistency in describing the level of training, experience, and education for the role of Assistant Practitioner. The RPL process will be utilised.
Involved in decisions	Discussion is taking place with staff side colleagues to enhance staff engagement and communication
Treated fairly and consistently	Fair and equitable recruitment processes will be in place
Provided with a continuously improving and safe working environment	Enhanced training and education will support staff development, promoting safe, person-centred care. A more sustainable workforce will provide a safer working environment.

2.6 Financial

The underpinning financial plans to support nursing will require to be considered over the medium-term to facilitate the delivery of this innovative approach to mitigating the ongoing shortfall in trained staff. There is currently a significant gap in the level of recruited Band 5 nurses against establishment which is anticipated will continue over the medium-term, the reasons for this are explained elsewhere in the paper. This leaves a vacancy balance which can be utilised to support the introduction of Band 4 and other HCSW supporting roles over the medium-term.

The following key principles will apply:

1. Over the medium-term, the budget available for Band 5 staff will be maintained at a level which allows all possible recruitment to flow whilst recognising that it is unlikely that the full Band 5 budget will be utilised for this purpose.
2. It is possible that the introduction of Band 4 staff will in itself have the potential to create part of that Band 5 recruitment over time where staff choose to enter the degree programme following successful completion of the Band 4 training process.
3. In the event that Band 5 levels of recruitment increase over the medium-term beyond that which is nationally predicted, there may be a requirement to create a cost improvement programme to support the long-term sustainability of the Band 4 role.
4. There will be recurring realignment of a level of Band 5 vacancy to Band 4 to cover the agreed level of Band 4 recruitment over the medium-term.
5. There will be a review of all other current commitments against the Band 5 vacancy level to ensure there is sufficient flexibility to cover the Band 4 recruitment.
6. There will be an annual assessment of the impact of the introduction of this new role.

There is inevitably a level of risk associated with realigning the budget to support this new initiative over the medium-term. Given the current pressures on workforce and limitations on recruitment, this initiative will create capacity which would otherwise not be available to the system. Additionally, the NHS Fife Board recently agreed to a refreshed risk appetite where a “moderate” level of risk was agreed in relation to delivery against;

- Improving the quality of health and care services
- Improving staff experience and wellbeing
- Delivering value and sustainability.

Assessment of this initiative against this risk appetite would indicate it sits within that “moderate” level of risk and therefore is within the risk tolerance of the Board.

2.7 Risk Assessment/Management

In line with the assessment commentary, the risks to staff wellbeing and patient safety will potentially decrease by the development and introduction of the Assistant Practitioner role. The staffing level risk is a linked risk in the Quality and Safety BAF and the Workforce BAF.

2.8 Equality and Diversity, including health inequalities

N/A

2.9 Other impact

The recruitment of Trainee Assistant Practitioner posts from our substantive workforce will create vacancies in the band 2 / 3 HCSW workforce. Recruitment to these posts will run in parallel with trainee Assistant Practitioner recruitment.

2.10 Communication, involvement, engagement, and consultation

Engagement with staff has been taking place through drop-in sessions and in team meetings, and a more formal communication plan is being developed by the CAPWG.

2.11 Route to the Meeting

Reports on the development of the Assistant Practitioner role have previously been discussed at EDG meetings. A presentation was provided at the private Board meeting on 17/08/2022.

Colleagues from across Nursing, Workforce, Finance, Partnership and Services have contributed to the development of the paper and their feedback has informed the development of the content presented in this report.

2.12 Next Steps: Recruitment

To take this development forward, at pace, and to ensure staff have been identified to commence educational programmes in November advertisement of posts should commence week of 5th September. It is recommended that consideration is given to 25 recruits from Acute Services and the HSCP for the first cohort.

It is recognised that several processes will have to run in parallel – the analogy of building a plane when you are flying it. A linear process will not provide development of the role at ‘pace’, but oversight from the Steering Group, and project management by the CAPWG will ensure robust governance is in place.

3. Recommendations

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

- the contextual information; and
- take assurance that the Assistant Practitioner role is being progressed with staff, financial and clinical governance in mind.

4. List of Appendices

Appendix 1: NES Level 4 Assistant Practitioner Development Framework Level 4 – Overview

Appendix 2: NES RPL Guiding Principles

Appendix 3: Service Needs Analysis Tool

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LEVEL 4

Assistant Practitioner

Development Framework Level 4 – Overview

Career Framework Level	Pillars of Practice	Broad sphere of Responsibility/ Role	Qualifications and experience expected for practitioners at this level of career framework	SCQF
LEVEL 4 Assistant Practitioner	Clinical Practice Facilitation of Learning Leadership Service Improvement	<p>Has developed clinical skills which are more specialised than senior support workers and specific to an area of practice</p> <p>Actively involved in supporting others to learn, for example HCSWs, senior HCSWs and students</p> <p>Expected to have strong leadership and service improvement skills, for example working on improvement projects such as information for people receiving care, liaising with other departments and services</p> <p>Deliver less routine delegated activities care, treatment or interventions for people receiving care in support of and supervised (direct or indirect) by healthcare practitioners as part of a multi-professional/multi-agency team. This will be dependent on an individual's needs and area of practice relevant to each profession and context of care delivery</p>	<p>Can evidence previous relevant experience using Recognition of Prior Learning (see appendix 2)</p> <p>Normally at or working towards a SCQF Level 7 or 8 qualification in a health or social care related subject (See appendix 3)</p> <p>At this level specific training, guidance or qualifications may be required by relevant professional bodies or legislation</p> <p>Numeracy and literacy qualifications are required at this level of practice (see appendix 3)</p>	7-8

Career Framework Level	Pillars of Practice	Aspects of Practice	Examples of Sphere of Responsibility/Role	Key Knowledge, Skills and Behaviours
<p>LEVEL 4 Assistant Practitioner</p>	<p>Clinical Practice</p>	<p>Person-centred safe, effective and care</p>	<p>Within own practice area:</p> <p>Following the initial assessment by a healthcare practitioner*, take responsibility for planned, assigned care or treatment including defined clinical or therapeutic interventions within the care environment, recognising and understanding their role boundaries and limitations</p> <p>Working within current evidence base, agreed protocols and guidelines, adapt approaches and activities regarding care interventions, technical skills and programmes under the direction and supervision (direct or indirect) of a healthcare practitioner</p> <p>Carry out routine elements of an individual's assessment, treatment or intervention following protocols and evidence-based practice, guidelines/protocols and evaluate outcomes (actual or potential)</p> <p>Within the boundaries of their role, are able to use their own initiative and utilise clinical knowledge and skills at a more complex level than a senior HCSW</p> <p>Demonstrate critical thinking and problem-solving skills related to needs and activities and take action within the agreed parameters of the role</p> <p>Work as part of a multidisciplinary/multi-agency team</p>	<p>Has an in-depth knowledge and understanding of their scope of practice, job role and related activities</p> <p>Has a comprehensive skill base related to their practice. Any interventions carried out will be achieved through additional, focused training and education</p> <p>Understands and gains valid consent prior to action or providing care, and records this appropriately</p> <p>Ability to:</p> <p>Apply knowledge and demonstrate appropriate understanding of: -</p> <ul style="list-style-type: none"> ✦ Infection control policies and procedures ✦ Appropriate standards for confidentiality, records and record-keeping ✦ Data Protection Act, Caldicott Guidelines and local policies regarding confidentiality and access to medical records. ✦ HCSW Code and Induction Standards ✦ Health and safety ✦ Moving and handling ✦ Standard infection control precautions ✦ COSHH regulations ✦ Risk management ✦ Equality and diversity policies ✦ Safeguarding legislation and policies

			<p>Apply knowledge of infection prevention and control, leading by example and supporting others to comply with infection prevention and control policies</p> <p>Apply knowledge and skill related to undertaking/assisting as directed with specific complex care interventions and procedures</p> <p>Develop and maintain own knowledge and skills to provide safe and effective person-centred care with direction from a healthcare practitioner and can support others to do so</p> <p>Provide accurate information and adapt communication approaches which support individuals and carers to make informed choices</p> <p>Understand and act on factors that contribute to and impact on wellbeing and actively promote health improvement/promotion, understanding health inequalities and the impact on health outcomes</p> <p>Recognise and respond to change and/or concerns in a person's condition/care and/or treatment, using knowledge and skill to understand the situation and promptly report and/or escalate any changes to a registered practitioner</p> <p>Recognise and respond to issues with equipment or the environment ensuring the safety of those in their care</p>	<p>Signs of harm and abuse What to do if you suspect harm or abuse ✦ HCSW Code of Conduct</p> <p>Understand and apply knowledge of legislation, and policies specific to their area of practice</p> <p>Develop knowledge on how and why their care provision and that of others in the multidisciplinary/multi-agency team, impacts on the person's journey</p> <p>Demonstrate risk assessment skills in relation to the person receiving care</p> <p>Demonstrate application of best practice within the practice setting</p> <p>Demonstrate underpinning knowledge that enables integration of theory relating to practice in relevant settings</p> <p>Understand and apply the concepts of accountability and responsibility and be confident to accept or decline delegated responsibility from a healthcare practitioner</p>
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			<p>Communicate both routine and complex/sensitive information to individuals, carers, relatives and other healthcare professionals/services/agencies using a range of effective communication methods including health literacy approaches</p> <p>Understand the communication needs of others and adapts communication accordingly</p> <p>Plan and prioritise activities and duties in consultation with healthcare practitioners and use a framework to support decision making when delegating interventions and activities</p> <p>Provide person centred, safe and effective care, that is responsive to individual preferences, needs and values, ensuring consent is given to proceed.</p> <p>Problem solves and takes action regarding individuals care or technical complications through awareness/understanding of policy and legislation</p> <p>Where appropriate and in line with local, national, and regulatory guidelines and policy, prepare, administer and record medication¹</p> <p>Demonstrate and apply knowledge and skills in providing person centred, safe and effective care, treatment or intervention in collaboration with families and carers</p>	
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¹ Resource guide to support the safe administration of medicines by HCSWs and Carers in health and social care settings (CNOD Dec 21).


			<p>Identify and measure the impact of conditions/care needs on individuals/family/carers and can support the implementation of strategies/tools to facilitate effective self-management, sign posting or providing information</p> <p>Maintain full, accurate and legible records and is proficient in using and supporting others to use digital systems and platforms e.g., email, electronic patient records</p> <p>Understand, follow and apply local process and procedure in reporting incidents and adverse effects</p> <p>Understand risk and adhere to local policies, protocols and guidelines, supporting others to do likewise e.g., workforce policies, clinical policies and guidance</p> <p>Recognise and act on health and safety issues</p> <p>Demonstrate, apply and share knowledge and understanding of clinical, scientific, administrative and technical activities required in the practice area</p>	
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- it is recognised that there may be some specific roles where an initial assessment is carried out by a senior HCSW or assistant practitioner

Career Framework Level	Pillars of Practice	Aspects of Practice	Examples of Sphere of Responsibility/Role	Key Knowledge, Skills and Behaviours
LEVEL 4 Assistant Practitioner	Facilitation of Learning	Learning, Teaching and Assessment	<p>Within own practice area:</p> <p>Be responsible and accountable for keeping own knowledge and skills up to date through reflective practice and continuing professional development</p> <p>Within the boundaries of role, and seeking support where necessary, facilitate learning for individuals, families and carers</p> <p>Promote a positive learning environment by participating in the support and experience of all learners</p> <p>Act as a positive role model to others</p> <p>Give, ask for and receive feedback in an open, honest and constructive manner to facilitate learning and development for all learners</p>	<p>Ability to:</p> <p>Use reflection to enhance self-awareness, gain new insights and develop resilience when faced with adverse situations</p> <p>Recognise the personal impact of any difficult situations and have strategies to enable personal learning and development, recognising the limits of their competence and personal strengths</p> <p>Demonstrate application of a variety of methods to ensure learning has taken place, e.g., 4 stage approach to teaching a clinical skill, or use of Chunk & Check/Teach Back</p>

Career Framework Level	Pillars of Practice	Aspects of Practice	Examples of Sphere of Responsibility/Role	Key Knowledge, Skills and Behaviours
LEVEL 4 Assistant Practitioner	Leadership	Teamwork and Development	<p>Within own practice area:</p> <p>Act as a positive role model at all times</p> <p>Contribute to multi-professional/multi agency working, actively promoting, participating and respecting the contribution of others</p> <p>Develop effective team working skills and can negotiate with and influence others</p> <p>Contribute to team objectives in relation to leading service development initiatives</p>	<p>Ability to:</p> <p>Work effectively in a multi-disciplinary/multiagency team and participate in team development initiatives</p> <p>Demonstrate critical thinking and problem-solving skills and take action regarding people's care- or treatment through an awareness of policy and legislation</p> <p>Demonstrate effective organisational and time management skills</p> <p>practice in an anti-discriminatory and inclusive manner with individuals and colleagues</p> <p>Demonstrate and apply an understanding of the impact of leadership theories and activities in relation to compassion, civility, kindness and human factors</p>


Career Framework Level	Pillars of Practice	Aspects of Practice	Examples of Sphere of Responsibility/Role	Key Knowledge, Skills and Behaviours
<p>LEVEL 4 Assistant Practitioner</p>	<p>Service Improvement</p>	<p>Guidelines and evidence-based practice</p>	<p>Within own practice area: Contribute to the design, development, implementation and evaluation of service and quality improvement initiatives and range of quality assurance activities, including involvement in data collection Access, assess and apply relevant guidelines Apply knowledge and skills in using information technology systems</p>	<p>Ability to: Understand and apply evidence-based practice and identify and assesses risk in relation to care provision and quality care outcomes Demonstrate and apply knowledge of relevant guidelines Recognise the importance of responding to individuals' feedback and comments appropriately including resolving complaints in a timely manner and effectively at local level, escalating as appropriate Demonstrate effective application of quality improvement methodologies and tools Identify risk in relation to care provision and service improvement</p>



NHS
Education
for
Scotland

RECOGNITION OF PRIOR LEARNING

TRANSFORMING LIVES THROUGH LIFELONG LEARNING




Recognition of Prior Learning (RPL) means that you can get recognition for learning done in a work-based environment and learning from life experience to support your career development. These Guiding Principles provide a consistent approach to Recognition of Prior Learning for NHSScotland Boards, and are underpinned by the [Scottish Credit and Qualifications Framework \(SCQF\)](#) and NHSScotland [Staff Governance Standards](#).

Guiding Principles for NHSScotland

<p>Person / Learner-centred NHSScotland managers, supervisors and reviewers will provide support for staff to recognise learners' prior knowledge, skills and understanding, and the value of recognising learning gained from experience in their life and workplace. RPL is voluntary and helps to meet learners' needs, in line with their goals and aspirations in a way that is fair and treats learners with dignity and respect.</p>	<p>Standardised & Transparent NHSScotland managers, supervisors and reviewers will adopt the RPL 5 Step Process (see below), to ensure transparency and consistency across NHSScotland.</p>
<p>Collaborative and Quality Assured NHSScotland learning and development leads will work in partnership with learning providers to enhance learners' access to formal learning opportunities. RPL will be underpinned by quality assurance mechanisms.</p>	<p>Accessible to all RPL will be accessible, inclusive, easy to understand and applicable to all learners, considering their preferred learning style.</p>
<p>Collaborative and Quality Assured NHSScotland learning and development leads will work in partnership with learning providers to enhance learners' access to formal learning opportunities. RPL will be underpinned by quality assurance mechanisms.</p>	<p>Flexible The RPL process is a gateway to learning, using different approaches in terms of support and assessment, to address the diversity of learners' needs and requirements when seeking RPL, at any point throughout a learner's career.</p>

These Principles were created by an NHSScotland RPL Short Life Working Group, led by NHS Education for Scotland, in 2019.

RPL is a Five Step Process:



Further information to support this process is available by contacting: asktheteam@nes.scot.nhs.uk

Recognition of Prior Learning can be used for:


- ▶ Recruitment, induction and Personal Development Planning and Review (PDPR) purposes, valuing learning from experience (skills, knowledge, values and understanding) within the lifelong learning culture in NHSScotland
- ▶ The award of SCQF credit points from a credit rating body e.g. college / university, to gain credit and entry into, or articulation onto, a formal learning programme
- ▶ Workers who move to Scotland, who wish to gain recognition for evidenced learning and learning from experience gained outside of Scotland.

Benefits of RPL for Learners:

- ▶ Providing opportunities to reflect on learning gained through experience, raising an awareness of an ability to learn, leading to an increase in confidence to improve practice
- ▶ Helps to benchmark to demonstrate learning level, identify gaps in knowledge and plan a learning programme to fulfil their potential in line with career aspirations
- ▶ Enables a learner to continually build on their previous learning, avoiding duplication and receive recognition for previous learning, reducing the amount of time it takes to gain a qualification.


Benefits of RPL for NHSScotland:

- ▶ Values employees' skills and identifies learning gaps within the workforce, leading to improved delivery of safe, effective, person-centred care and encourages people at every level
- ▶ Improves staff retention. This means reduced staff turnover, minimised duplication of learning and reduced costs
- ▶ Supports and widens access to learning and development opportunities across NHSScotland within a supportive environment, where careers are flexible and full of possibilities, to attract and retain the workforce needed for a healthier Scotland.



Additional Resources

- ▶ [Scottish Credit and Qualifications Framework Toolkit RPL Toolkit](#)
- ▶ [NHS Education For Scotland RPL Guide for Learners and A Guide to Support Staff Through the RPL Process](#)



NHS Education for Scotland
Westport 102
West Port
Edinburgh
EH3 9DN
www.nes.scot.nhs.uk
Spring 2019

This resource may be made available, in full or summary form, in alternative formats and community languages. Please contact us on **0131 656 3200** or email altformats@nes.scot.nhs.uk to discuss how we can best meet your requirements.

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Assistant
Practitioner

Service
Needs
Analysis
Tool

This tool aims to support practice in identifying the requirements for any new Assistant Practitioner role.

SERVICE NEEDS ANALYSIS TOOL

Section A – Patient /Client Needs

Changes in demography and patterns of health and illness, reducing inequality, an ageing skilled and experienced workforce are only some of the factors that impact on future service needs and delivery. This information is therefore important in assessing the need for Assistant Practitioner roles (Band 4) and building a robust case in support of your proposals.

1. What are the challenges that currently exist in meeting patient needs?

2. How would you propose to meet these using a Clinical Health Care Support Role?

Section B – Service Needs

3. What does the current model of care look like, including current skill mix? How is it delivered and by whom?

4. What are the gaps in the current model of care? What will be the proposed new skill mix?

5. Identify the gaps you expect the Assistant Practitioner to meet.

Communication with Stakeholders

6. Who are the stakeholders who need to be involved in considering these options?

7. How will you engage and involve key stakeholder i.e. patients/carers, staff, service planners, to ensure ownership and support for the new role?

Workforce Planning

8. Has the new role been considered in the funding of the wider context of workforce planning, service planning and business planning?

9. How does the role contribute to the priorities of the organisation in terms of service delivery?

10. Could service gaps be addressed by using existing roles or staff? Please give a rationale?

11. How will funding implications be addressed?

12. Who will be responsible for developing the business case for sustaining the new role?

Section C –Clinical Health Care Support Worker/Assistant Practitioner Role

This section will help to determine the type of role that is required, what the person needs to be able to do, the parameters of the role, skills, knowledge and education required and levels of accountability and responsibility.

Define New Model of Care and Health Care Support Worker/ Assistant practitioner role

13. What new care practices and care delivery strategies can be employed to achieve identified goals? What evidence-based data supports these changes?

14. Are changes to current roles and responsibilities required to implement new care practices and care delivery strategies?

15. What knowledge/skills will be required to deliver desired service/outcomes for patients?

16. Which professionals already have the required knowledge/skills?

17. Would the new role enhance ability to achieve goals for meeting patient health care needs? How do you know this?

Parameters of accountability

18. Have you defined specific areas of accountability for the individual/s taking on this role?

19. Do you have team roles and systems that support the individual's accountability e.g. scheme of delegation?

20. How will audit of individual practice be conducted?

21. Do you have mechanisms in place for support and supervision?

22. Have the scope of practice and the limitations of the new role been clearly identified, in line with the organisation's risk management policy and procedures and vicarious liability?

23. Have the activities of the new post holder been identified, and a job description constructed?

24. Who will cover the role in case of absence/sickness?

25. Who will the practitioner be accountable and responsible to on a daily basis?

26. Has professional, criminal, civil and employer accountability been agreed with the whole team and organization so that it is clear to whom the new role is accountable and responsible to?

Governance arrangements

27. How can patient safety be assured within this role e.g. risk assessment, clinical decision making, treatment delivery, agreed standards/guidelines, protocols?

28. Have clinical and professional accountability and supervision been agreed?

29. What arrangements have been made to support the new role in terms of supervision?

30. What mechanisms are in place to ensure individuals maintain their skills and competence?

31. Have the skills and competences required for the new or enhanced role been identified? Have they been mapped to any existing national standards?

Adapted with permission from NHS Lothian

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 September 2022
Title:	Staff Governance Annual Monitoring Return 2020/2021 Scottish Government Feedback and Staff Governance Annual Monitoring Return 2021/2022
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to the Staff Governance Committee for:

- Assurance

This report relates to a:

- Government Policy / Directive
- Legal Requirement

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

- Safe, Effective and Person Centred

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

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

2. Report Summary

2.1 Situation

NHS Fife submitted the Staff Governance Annual Monitoring Return for 2020/2021 to the Scottish Government on 30 September 2021 and received their feedback on 26 April 2022.

In addition, and in view of continued service pressures faced within the Boards and the positive feedback received about the more streamlined approach taken for 2020/2021, a similar approach has been taken for the 2021/2022 exercise. As part of this year's return

the Scottish Government have identified Board information already available that supported compliance with the Staff Governance Standard, this includes information expected from the operational Annual Development Plans and Workforce Plans that the Scottish Government will consider alongside Board returns.

2.2 Background

Staff Governance is the strand of the NHS Governance Framework that looks at how staff are managed and how they feel they are being managed. The Staff Governance Monitoring Return is submitted annually to evidence achievement against this strand and to show that systems are in place to identify areas of concern and that action plans are in place to show how improvements are being made to maintain NHS Fife as an exemplary employer.

NHS Fife must operate within the Governance Framework (Clinical Governance, Financial Governance and Staff Governance). Staff Governance is the strand that looks at how staff are managed and how they feel they are being managed.

The Staff Governance Standard is a fundamental element of our national work and legislative focus for NHSScotland employers to ensure that they work towards achieving and maintaining exemplary employer status. The Staff Governance Monitoring process aims to provide assurance both locally and nationally that:

- The Staff Governance Standard is being fully and properly applied in all Boards, and where there are areas for concern that support is provided; and
- It allows good practice to be shared to help drive continuous improvement across all NHSScotland Health Boards.

2.3 Assessment

Firstly, with regard to the feedback received in relation to the 2020/2021 return, the Scottish Government have advised that whilst they do not intend to pose particular questions to Boards on the 2020/2021 return, they have provided feedback which closes the exercise for 2020/2021 and highlights those areas which they felt were of particular note and could be shared as good practice across Boards and recommended what NHS Fife's Board Staff Governance Plan and subsequent 2021/2022 return should look to include. This is attached as **Appendix 1** to this paper.

Secondly, the Staff Governance Standard National Annual Monitoring Return 2021/2022 has now been received and is attached at **Appendix 2**. The Return refers to the existing and expected information and details questions where there are potential gaps in the information that the Scottish Government would seek our further support on.

In order to achieve the required governance sign off within NHS Fife below are key dates:

- 1 September 2022: Staff Governance Committee for information
- 21 September 2022: Area Partnership Forum for information
- 20 October 2022: Executive Directors Group / APF for discussion
- 3 November 2022: Executive Directors Group for final comments
- 10 November 2022: Staff Governance Committee for sign-off
- 23 November 2022: Area Partnership Forum for noting

Outwith the formal governance meetings, we will engage with staff side colleagues and other key stakeholders in the completion of this Return. The Return is finally signed off by the Chair of the Staff Governance Committee and Employee Director.

2.3.1 Quality / Patient Care

Applying the principles within the Staff Governance Standard is likely to promote more engaged, motivated and caring staff delivering a higher standard of quality patient care.

2.3.2 Workforce

The Staff Governance Standards and Staff Governance arrangements embedded in the Board together with the National Staff Survey provides staff with the opportunity to enhance their experience of working for the Board.

The content of the Staff Governance Annual Monitoring Return 2020/2021 Feedback and Staff Governance Annual Monitoring Return 2021/2022 contributes to all strands of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

N/A

2.3.4 Risk Assessment / Management

Local Partnership Fora, the Area Partnership Forum and Staff Governance Committee have continued to meet to engage fully in the key strategic programmes of Clinical Strategies, Workforce Strategies and service changes throughout the Divisions and Directorates in the Board, which continues to be fundamental. This has ensured continued oversight of our obligations under the Staff Governance standard.

2.3.5 Equality and Diversity, including health inequalities

The Staff Governance Standard applies to all staff and helps ensure staff are treated fairly and consistently.

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

Completion of the Annual Staff Governance Monitoring Return 2020/2021 was undertaken through the Local Partnership Fora, Area Partnership Forum and Staff Governance Committee prior to approval by the Chair of Staff Governance Committee and Employee Director.

Development of the Annual Staff Governance Monitoring Return 2021/2022 will be through the Local Partnership Forums and presented to the Area Partnership Forum and Staff Governance Committee prior to approval by the Chair of Staff Governance Committee and Employee Director.

2.3.8 Route to the Meeting

This paper has been considered by the Director of Workforce and Executive Directors Group and is one of multiple papers to ensure that the return feedback received for NHS Fife for 2020/2021 is fed in through the local governance process and ensures that the Return is completed for the 2021/2022 return.

2.4 Recommendation

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

- the feedback received in relation to the Staff Governance Annual Monitoring Return for 2020/2021 and that this closes the Staff Governance Annual Monitoring exercise for 2020/2021.
- the areas the Staff Governance Plan should consider when planning the subsequent return for 2021/2022.
- the development of the Staff Governance Annual Monitoring Return for 2021/2022.

3. List of Appendices

Appendix 1 – Staff Governance Monitoring Exercise Feedback

Appendix 2 – Staff Governance Standard National Annual Monitoring Return 2021/2022 template

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
Email: Sandra.raynor@nhs.scot



Appendix 1. Staff Governance Monitoring Exercise Feedback

What Worked Well and could be shared as good practice
<ul style="list-style-type: none">• Values Cards designed to enhance working used in a variety of ways including induction programmes and recruitment and selection training• Dedicated 'our space' support sessions for staff who were shielding/working from home• Whistleblowing Hub on StaffLink with key information including links to training / confidential contacts• Launched new induction and orientation pages on Turas Learn• Open culture / engagement material is embedded in "Induction to NHS Fife" package• Permanent bases for staff hubs are being established to promote wellbeing breaks with better use of outdoor facilities• Inspiring Kindness conference held.
Staff Governance Plan and subsequent return for 2021/2022 should include
<ul style="list-style-type: none">• Review the launch of the electronic Values cards on StaffLink hub – has there been a good take up from staff?• Follow up on the GREATix trial in paediatrics for nominating staff for doing something great (introduced to compliment the established awards scheme)• Update and actions from reviewing and considering additional material for the foundation management programme for newly appointed Line Managers and supervisors. Has this programme been evaluated?• Feedback on the work led by the Workforce Development team as part of the 'big' conversations in 2021/22 to ensure regular engagement with staff• Actions on recommendations from the pilot one year Pathway Apprenticeships for ages 18-24• Update regarding staff engagement with the BAME network• Update on the impact on culture following the refresh of the Clinical Governance Framework (including adverse event, psychological safety and promotion of a just culture) Early stages of scoping the Staff Experience and Engagement Framework.

Directorate for Health Workforce
Staff Governance Monitoring Exercise
April 2022



Appendix 2 – Staff Governance Standard National Annual Monitoring Return 2021/2022 template

STAFF GOVERNANCE STANDARD MONITORING FRAMEWORK 2021-2022



Monitoring Strand	Questions	Response
Overarching – Staff Experience and Engagement	<p>The Health and Social Care Staff Experience Report 2021 was published on 7 February 2022.</p> <p>Please confirm your 3 key areas identified in response to your Board Staff Experience Report and progress on actions to address these.</p>	

<p>Overarching – Culture and Values</p>	<p>Compassionate and inclusive leadership can have significant benefits to the workforce and may also lead to better care and outcomes for patients and service users</p> <p>Please describe one action that your Board is taking to nurture these values of collaboration and compassion through leadership.</p>	
	<p>The letter from the Cabinet Secretary for Health and Social Care; and the Cabinet Secretary for Finance and Economy dated 9 September 2021 asked Boards to take steps to embed Fair Work First in implementing and applying workplace policies and practice.</p> <p>Please provide an example of a step your Board has taken to progress the Fair Work principles across your Health Board.</p>	
<p>Well Informed</p>	<p>We understand from your 2020-2021 Staff Governance Monitoring Return that new communication methods including digital solutions, introduced through the pandemic that have led to positive outcomes may be continued as we move back towards business as usual.</p> <p>Please provide an example of one of these communication methods that has been embedded in your Board.</p>	

<p>Appropriately trained and developed</p>	<p>The Health & Social Care Staff Experience Report 2021 shows that responses to the following questions have declined on average by 2 points from 2019:</p> <ul style="list-style-type: none"> • I have sufficient support to do my job well • I am given the time and resources to support my learning growth <p>These scores suggest a need for future focus on staff development as we move from the short-term immediate crisis which has understandably been the focus over the pandemic whilst recognising continuing staff and system pressures.</p> <p>1. Please describe one action your Board is taking to focus on staff development.</p> <p>2. Please confirm what percentage of staff within the Board has a signed off appraisal discussion on Turas Appraisal as of 31 March 2022.</p>	
<p>Involved in decisions</p>	<p>The Scottish Government are committed to working in partnership to enact our Workforce strategy. Partnership structures are integral to understanding the needs within our Health and Social Care system, and how changes are likely to impact on the experiences of Health and Social Care staff.</p> <p>1. Please provide an example of how partnership engagement through your Area Partnership Forum has influenced Policy and Practice in your Health Board over the past year.</p> <p>2. Please describe how your Board ensures that areas of interest at a local level align with the work being taken forward through National Partnership Forums.</p>	

Treated fairly and consistently, with dignity and respect, in an environment where diversity is valued.

[The NHSScotland Bullying and Harassment Policy](#) provides a supportive environment to employees seeking an early resolution to bullying or harassment concerns and a formal mechanism to address unresolved, significant or persistent bullying or harassment.

1. Please provide the number and of Bullying and Harassment cases raised during the past year at the following stages of the NHSScotland Bullying and Harassment Policy:

- Early resolution
- Formal procedure

2. Please advise how many of the cases raised at early resolution have been resolved at this stage and how many have been progressed to the Formal procedure.

3. Please describe any steps that have been taken locally during the past year, to embed learning from bullying and harassment cases and in particular from cases resolved at early resolution stage.

4. Please advise what steps your Board is taking to specifically record bullying and harassment associated with protected characteristics.

Fostering an inclusive culture and supporting individuals from all backgrounds is key to improving staff experience and delivering the best care for the people of Scotland. We encourage boards to take further steps to support a diverse and inclusive workforce that is adaptive and involved in decisions, where equality and fairness are supported, and staff feel valued and empowered. We understand from the 2020-2021 Staff Governance Monitoring Exercise that work has been underway in Boards to enable staff networks and to improve diversity data recording and monitoring.

5. Please provide an example of a positive outcome from a staff equality network in your Board.

Questions 1 and 2.

Bullying and Harassment cases 1 Apr 2021-31 Mar 2022			
Raised at Early resolution	Resolved at Early resolution	Raised at Early resolution and progressed to Formal	Raised at Formal

Questions 3, 4, 5 and 6.

6. Please provide an example of work being undertaken to improve existing equalities data.

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

Everyone who works in our Health Service must have the confidence to raise any concerns. Boards are expected to investigate concerns fairly and appropriately and ensure that the individual raising the concern does not suffer any repercussions for doing so. The [Whistleblowing Standards](#) require Boards to record all information on whistleblowing concerns (including concerns raised anonymously).

1. Please provide the number and of whistleblowing cases raised and resolved during the past year at the following stages of the NHSScotland Whistleblowing Policy. For each reported, please also advise whether the investigations are on-going or concluded and whether feedback was provided to the individual.

2. Please advise how many of these whistleblowing cases included a bullying or harassment element.

3. Please describe the actions that your Board has undertaken to improve awareness of how to raise a concern

4. Please provide an example of an improvement made in response to a concern being raised or through other continuous improvement conversations. Please describe how this was addressed to ensure staff feel encouraged and confident to raise concerns.

Our National Workforce Strategy, published on 11 March 2022, highlights the key priority of the wellbeing of our health and social care workforce, wherever they work.

In view of information that is anticipated to be included in [Board Workforce Plans](#) we do not require Boards to supply information about absence and wellbeing at this stage.

Attainment of Healthy Working Lives has been an aspiration since 2008 (and reinforced as a commitment within [CEL 01 2012](#)).

We note the achievements and progress in Boards and do not

Questions 1 and 2.

Whistleblowing cases 1 Apr 2021-31 Mar 2022				
	Number	Ongoing	Concluded	Feedback provided
Raised at Stage 1				
Resolved at Stage 1				
Raised at Stage 1 and progressed to Stage 2				
Raised at Stage 2				
Resolved at Stage 2				
Cases raised anonymously				
Total cases (at all stages)				
Total cases with a bullying or harassment element				

Questions 3, 4 and 5.

require any further information.

The National Workforce Strategy for Health and Social Care in Scotland states our vision for: "A sustainable, skilled workforce with attractive career choices and fair work where all are respected and valued for the work they do." Key to delivering this vision is ensuring we retain our highly qualified and knowledgeable workforce.

5. Please provide an example of specific work that has been undertaken in the Board to understand the issues affecting retention across your workforce and any actions planned or implemented.



**Fife Health
& Social Care
Partnership**



Local Partnership Forum Annual Report 2021/22



Supporting the people of Fife together





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Thoughts from our Director and Co-Chairs

Dear Colleagues,

Welcome to Fife Health and Social Care Partnership Local Partnership Forum's (LPF) Second Annual Report.

This report covers the time period from April 2021 - March 2022, it highlights the key work undertaken by the Local Partnership Forum and shines a light on the fantastic staff working across Health and Social Care in Fife.

This year has undoubtedly been one of the most challenging times in Health and Social Care as we have lived through another year of the pandemic impacting on our work and home lives. As the world moved towards less restrictions and recovery, our services continued to experience unprecedented whole system impact across the Health and Social Care Partnership, NHS Fife, Fife Council and colleagues in the Third and Independent Sectors.

Thank you to all Health and Social Care Staff across all sectors who despite the challenges faced every day, demonstrate kindness, care, compassion and commitment to the people they care for and their colleagues, really supporting a "Team Fife" approach. Many staff have experienced re-deployment and worked in different roles to support delivery of critical services for the people of Fife and we have continued to see the need to work differently using technology, and through agile and remote working. The flexibility shown by staff is humbling and we are very lucky to have such a skilled, flexible and willing workforce in Fife. You are all indeed at the heart of Health, Social Work and Social Care and the great work you do every day is highly valued.

Thank you also to all members of the Local Partnership Forum who committed to monthly meetings for the majority of this year to enable increased monitoring and joint working between management and trade unions/staff side whilst the pressures have been so great. A Staff Partnership Agreement governs how the LPF functions, and the Local Partnership Forum has fulfilled its remit through:

- Advising on the delivery of staff governance and employee relations issues,
- Informing thinking around priorities on health and social care issues,
- Informing and testing the implementation of approaches in relation to strategic plans, and commissioning intentions,
- Advising on workforce including planning and development and staff wellbeing
- Promoting equality and diversity,
- Contributing to the wider strategic organisational objectives of the IJB.

There are a number of highlights that we would draw your attention to in this report which include:

- The focus we have had at every LPF on Health and Safety, Service Pressures, Staff Health Wellbeing
- The forum's influence on the transformation work around home first, immunisation, mental health
- The support for the organisational change that has taken place across the Health and Social Care Partnership
- The co-chairs share the minutes and provide an update at every Integration Joint Board Meeting

We communicate after every LPF in the Director's Brief and have placed significant focus on iMatter, including learning from feedback from our amazing 61% response rate and developing actions in response.

A great deal has been achieved in the past year with much to be proud of and we will continue to listen to staff, champion integration and work together through the Local Partnership Forum to collectively support Fife Health and Social Care Partnership staff as we look to 2022/23.

Thank you for all you do.



Simon Fevre
Co-Chair LPF



Eleanor Haggett
Co-Chair LPF



Nicky Connor
Co-Chair LPF

Our Vision and Values

The LPF has established an approach with stakeholders that focus on three main objectives:

- Is the LPF assured that work being undertaken within the Partnership meets the needs and best interests of our people?
- What can the LPF contribute to any conversation that advocates for our staff and improves the corporate or professional response to challenges within the system?
- Can the LPF assure the workforce that the challenges and issues they face are being addressed positively by the employers and senior leadership team within the Partnership?

This report seeks to provide a brief overview of the organisational issues the LPF believes has the biggest impact on our workforce and our work with the senior leadership team of the Partnership and beyond to ensure the voice of our people is heard within the decision-making process.

The report will highlight some of the excellent work being carried out across the Partnership to support our workforce: from wellbeing, to our response to the impact of Covid, to support for sickness absence and health and safety, our leadership, organisational change and learning and development, to our belief in the importance of equality, fairness and staff engagement and participation.

The LPF has a unique and crucial part to play in ensuring the future design of the Health & Social Care Partnership and this report sets out our work over 2021/22 to deliver on this core objective.

Over the last year, members of the LPF have been key members of the groups that are developing our future service design and strategy across the Partnership. For example, we have supported the development of the Workforce Strategy for 2022 – 25 which will be published in October 2022, the distribution of Scottish Government Wellbeing Funding over the winter of 2021/22, the creation of a partnership focused Wellbeing Strategy Group which will work to generate an integrated approach to Wellbeing from 2022/23 onwards and the conversations at the Extended Leadership Team sessions to provide a voice for our staff.

Our Membership and Meetings over 2021/22

Membership

The Local Partnership Forum consists of core membership from Trade Unions, Staff Side, Senior Leadership Team and Human Resources. There are also people who regularly attend the LPF to provide advice, reports and support the work of the Local Partnership Forum.

Regular members and attendees to the Local Partnership Forum

Name	Role
Nicky Connor (Co-Chair)	Director of Health & Social Care and Chief Officer of the IJB
Simon Fevre (Co-Chair)	Staff Side Representative, NHS Fife
Eleanor Haggett (Co-Chair)	Staff Side Representative, Fife Council
Debbie Thompson	Joint Trades Union Secretary, Fife Council
Lynn Barker	Associate Director of Nursing, H&SC
Jane Brown	Principal Social Work Officer, H&SC
Wilma Brown	UNISON, Employee Director, NHS Fife
Elizabeth Crighton	Project Manager – Wellbeing & Absence, H&SC
Bryan Davies	Head of Primary & Preventative Care Services, H&SC
Kenny Egan	UNITE
Lynne Garvey	Head of Community Care Services, H&SC
Kenny Grieve	Health & Safety Lead Officer, Fife Council
Helen Hellewell	Associate Medical Director, H&SC
Elaine Jordan	HR Business Partner, Fife Council
Angela Kopyto	Community Dental Officer, NHS Fife
Rona Laskowski	Head of Complex & Critical Care Services, H&SC
Roy Lawrence	Principal Lead Organisation Development & Culture, H&SC
Chuchin Lim	Consultant Obstetrics & Gynaecology, NHS Fife (BMA)
Kenny McCallum	UNISON
Wendy McConville	UNISON Fife Health Branch
Fiona McKay	Head of Strategic Planning, Performance & Commissioning, H&SC
Anne-Marie Marshall	Health & Safety Officer, NHS Fife
Alison Nicoll	RCN, NHS Fife
Lynne Parsons	Society of Chiropodists and Podiatrists, NHS Fife
Susan Robertson	UNITE
Morag Stenhouse	H&S Adviser, Fife Council
Audrey Valente	Chief Finance Officer, H&SC
Mary Whyte	RCN, NHS Fife
Hazel Williamson	Communications Officer, H&SC
Susan Young	HR Team Leader, NHS Fife
Wendy Anderson	H&SC Co-ordinator (Minutes)

Meeting Dates

Meetings ordinarily take place on a 2 monthly basis to ensure there is a Local Partnership Forum within each cycle of the Integration Joint Board. The Forum has been responsive to challenges over the past year and under times of increased pressures on services the forum has met monthly.

The LPF met on the following dates:

- Wednesday 28 April 2021
- Wednesday 19 May 2021
- Wednesday 21 July 2021
- Wednesday 1 September 2021
- Wednesday 20 October 2021
- Wednesday 24 November 2021
- Wednesday 19 January 2022
- Tuesday 15 February 2022
- Wednesday 16 March 2022

Meeting Agendas

Agenda topics are agreed ahead of each meeting by the co-chairs and HR colleagues. The meeting structure is developed through a mix of set agenda items discussed at every meeting and more responsive agenda items which are topical and responsive to the priorities at that time. The co-chairs lead the meeting on a rotational basis.

Summary of Standing Agenda Items:

- Budget / Finance Update / Recovery Plan
- Covid-19 Position
- Health & Safety Update
- Health & Wellbeing
- Items for Briefing Staff
- Joint Chairs' Update
- Sickness Absence Reporting
- Winter Pressures, Covid-19 Position and Workforce Update

Summary of Responsive Agenda Items:

- East Region Recruitment Service
- Health Staff Testing & Staff Testing (Covid-19)
- Home First Strategy Update
- iMatter Survey Update
- Immunisation Workforce & Planning Assumptions
- Interim Workforce Plan 2021-2022
- LPF Annual Report
- National Care Service Consultation
- Refresh of Workforce Strategy and Plan
- Whistleblowing

Covid Response

The year 2021/22 has been incredibly difficult for staff and the people that we care for and deliver services to. This challenge has been a combination of the ongoing impact of covid and unprecedented challenges over the winter period causing significant whole system impacts. This has meant increased demand for health and social care services and reduced capacity through both ward and care home closures and challenges in community health and care team capacity.

All these system challenges have created unprecedented pressures on our workforce through Covid related absences, following self-isolation guidelines, the need for extra hours, the use of bank and agency staff and the redeployment of staff across the system to meet the demands put on services. We recognise that the impact of these pressures will continue to have an impact on our workforce over 2022/23 and the LPF will continue our work with stakeholders to support our staff.

Despite these pressures we have seen innovation, whole system joint working and progress in integration in Fife. Some of the examples of this response include:

Bronze Control

The command structure has remained in place this year. Every weekday morning a representative from all of the services in Health and Social Care in Fife along with representation from staff side and trade unions meet. This has enabled a real time, daily review of the pressures enabling open whole system discussion, transparency and awareness of the pressures where teams have reached out to support each other, and key issues for escalation to the Silver or NHS Fife Gold command or Fife Council Incident Management Team. This daily meeting will continue, even though the Command Structure has officially ended as a Health and Social Care System Huddle to continue the great work that was started and enable an ongoing, agile response.

Resilience

The command system has worked well and included the wider resilience partnership when, at the peak of winter pressures, services were most challenged. Thank you to colleagues in NHS Fife and Fife Council for their support and to the volunteers who stepped forward to work in different roles or undertake additional hours to help support critical services. Work has commenced on the review of our resilience, post covid and winter including business continuity.

OPEL Tool

To support a review of the pressures each day a tool (named OPEL, which stands for Operational Pressure Escalation Level) was developed which covers all services and considered the status of flow, workforce and wider system pressures. This has enabled a common language across health and social care and acute services. It also provides an objective measurement which enables a consistent description of pressures and identify improvements or increasing pressures. Staff side and Trade Unions were involved in the development, testing and review of the use of OPEL and participated in a joint development session with the Local Partnership Forum and the Integration Joint Board to showcase the tool.

Local Partnership Forum

The LPF has met monthly for most of the year to ensure close working between trade unions, staff side and the senior leadership team as we monitor the pressures and impact on staff, to ensure we are maximising the opportunities to support staff health and wellbeing and keep a close focus on Health and Safety.

Investment in Workforce

This year also saw significant financial commitments being made to support investment in the workforce in Fife Health and Social Care Partnership. This includes within Social Work and Social Care, mental health renewal and recovery, primary care, immunisation and multi-disciplinary teams. Whilst recruitment has been a challenge into some of these areas there is significant work ongoing which is being closely monitored to deliver on the commitments to bring to fruition the investment in the Health and Social Care workforce in Fife. LPF members are also members of the Partnership's Workforce Strategy Group and are able to influence the direction of this work.

Adult Protection

In this past year we have been involved in joint inspection of Adult Protection. This covered health, social care and social work and involved staff surveys and focus groups. The final report was very positive about the work being done in Fife and testament to the staff working to support some of our most vulnerable adults.

Organisational Change and Our New Structure

In 2021/22 there has been significant organisational change progressed within Fife Health and Social Care Partnership. This has been co-produced with the Extended Leadership Team and in strong partnership with Trade Unions and Staff Side. The proposal was agreed with the Local Partnership Forum and regular updates were presented to the LPF. All staff impacted by the change were engaged with and had the opportunity for discussion in line with NHS Fife and Fife Council Policies.

The design principles that we agreed and implemented were:

- Staff will be involved in changes that affect them
- Rationale for change will be transparent
- Balance size and scale
- Reduce barriers to integrated working
- Help the services that work together to be a team together
- Support delivery of the H&SCP objectives in line with the Strategic Plan and National Health and Wellbeing Outcomes

This change process enabled a movement from East, West and Fife Wide Divisions to establishing portfolios of services that bring the teams that work most closely together to focus on pathways of care for the people of Fife and to support Primary and Preventative Care, Community Care Services and Complex and Critical Care Services. The change also created portfolios to support business enabling functions (including finance, strategy, performance and organisational development) and Professional Standards (including Nursing, Medical and Social Work professional leadership).

A key focus of this change is to support systems leadership with all portfolios working together to support the identity of One Health and Social Care Partnership in Fife. This has been further enabled through the development of an Extended Leadership Team which includes Staff Side and Trade Union Representation. The wider workforce has been kept updated through every stage of this process via updates in the weekly directors brief, videos, and opportunities to attend bite-size sessions, as well as communication material from Extended Leadership Team sessions to share with services.

The change took place in July 2021 therefore work is still ongoing to support embedding the new structure but there has been early feedback on the value of clearer roles and responsibilities, the opportunity that will come from bringing together teams with a common purpose and in an integrated way, and the value of systems leadership. The next phase of change will be to support working at a locality level in Fife and this will be a focus of discussion at a future LPF in the coming year.

Staff Communication

The Partnership's Lead for Communications is a member of the LPF and works with colleagues to ensure the LPF is represented well within the Partnership's communication channels.

Our reflection on 2021/22 is that communications work continues to progress across the Partnership, as we look at ways to connect with staff and keep them updated on what is happening as well as signposting the information, guidance and resources available to staff to support their health and wellbeing.

On a day-to-day basis and throughout the pandemic the LPF has been instrumental in putting our staff's health and wellbeing and the support available to them at the forefront of communications. After each Forum, an update is included in the Director's weekly staff briefing highlighting the amazing workforce we have across the whole health and social care system, challenges facing the workforce and any common concerns raised – this has included regular thank you messages, updates on guidance across the respective organisations and the daily challenges facing the health and social care system and also what has had to happen to ensure our staff and those we care for are safe, keeping everyone updated on the current situation.

It has no doubt been a challenging couple of years for everyone and communications has played its part in keeping staff connected including looking at ways to engage with staff who have no or limited access to a pc. There is much we have learned in this time which will help us to develop the communications to support the Partnership to reach the 2025 vision.

Key Priorities for 2022/23

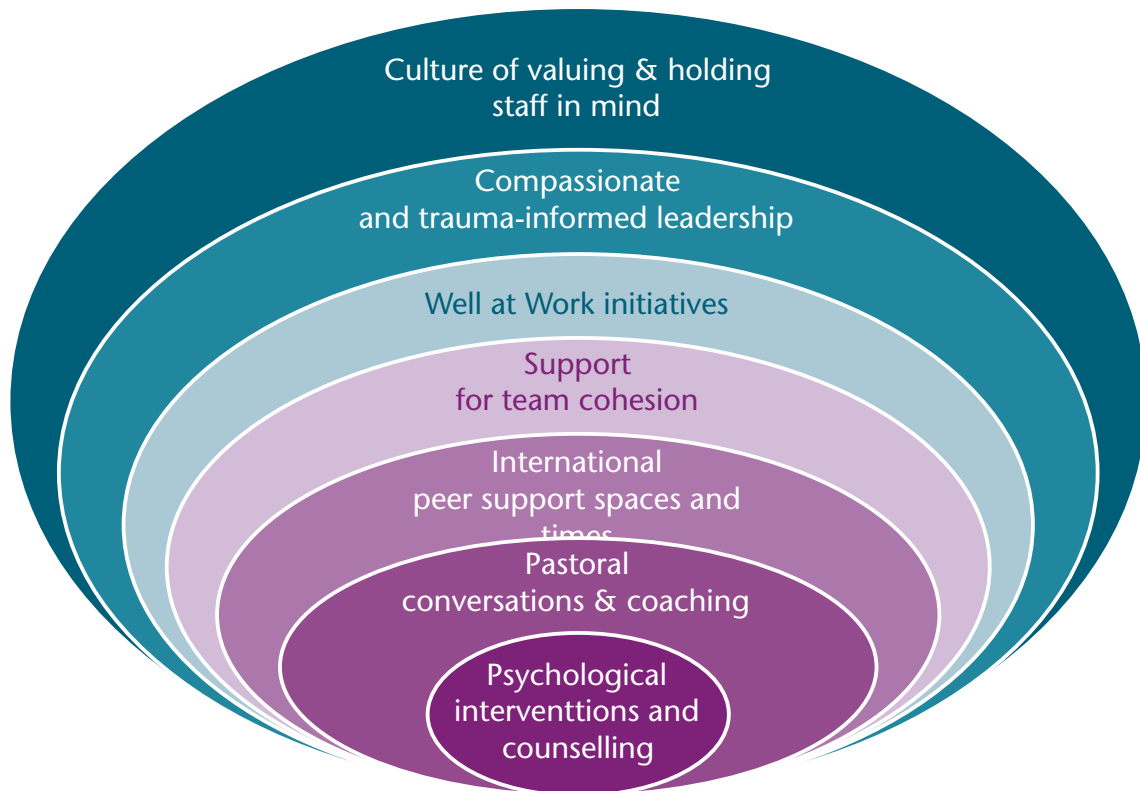
The Comms team will continue to develop the director's weekly briefing and to reach more Partnership staff – all services will have an opportunity to shine a light on what they do and who they are, diversity, best practice and health and wellbeing. Along with the weekly briefing, there is now a monthly briefing which is co-produced with the leads from the independent and third sectors to share news and information across the whole health and social care system, showcasing integration in Fife.

Improve leadership visibility – an action from the iMatter survey was for the senior leadership team to have more visibility. Following the easing of restrictions, the senior leadership team is now able to visit teams across Fife and a programme of visits has been developed.

Communications survey to partnership staff – to understand more about what staff need and want from this briefing.

Staff Health and Wellbeing

Key dimensions of staff support



The LPF would like to pay tribute to our workforce for their perseverance, resilience and dedication to continuing to deliver a high-quality service to the people of Fife throughout the most challenging of years. The LPF group members have worked collaboratively to ensure the health and wellbeing of our workforce is at the forefront of decision-making for the Partnership. The stakeholder's commitment to staff health and wellbeing has been evident in the incredible range of interventions provided to support our staff.

Over 2021/22 we have worked alongside the NHS, Fife Council and the 3rd and Independent Sectors to support the delivery of wellbeing interventions:

- NHS Fife & Fife Council achieving and retaining the Gold Healthy Working Lives award
- The NHS Fife 'Well @ Work' Programme, which encompasses a wide range of employee supports for wellbeing to achieve a culture of kindness and a range of other wellbeing culture shifts
- Fife Council has developed a culture of 'TeamFife', using videos and challenges to inspire a positive spirit and mindset. A recent Healthy Working Lives survey generated 175 responses from HSCP staff providing data to understand what areas have the biggest impact on staff wellbeing
- An NHS Fife / Fife HSCP Staff Health and Wellbeing Bronze group has provided focus and co-ordination for a range of measures underpinned by the principles of Psychological First Aid
- A wide range of communications that support staff and signpost them to the resources available, e.g. through the weekly Director's Brief, the new Fife Council employee intranet, and NHS Fife StaffLink

- Listening support is available via the NHS Fife Spiritual Care Team's Staff Listening Service and Fife Council's listening ear service provided by Workplace Chaplaincy Scotland, Mental First Aiders and the Occupational Health Counselling provision
- Nine HSCP members of staff were trained in Mental Health First Aid to provide a confidential listening service as well as employers providing access to a range of psychological interventions, counselling and mental health resources
- Mindfulness Sessions as part of the NHS 'Going Beyond Gold' approach
- Positive Steps to Mental Wellbeing - Peer support sessions hosted by volunteer trainers
- A range of supports for Managers, signposted through Access Therapies Fife website, including information sharing sessions to discuss the resources and supports available to support both wellbeing and absence
- A range of interventions to support whole person health – physiotherapy, information sessions, learning and development resources including Mental Health Awareness and Good Conversations.

All of these services have been complemented by a range of wellbeing activities and courses, including self-care and compassion, outdoor wellbeing sessions, wellbeing champion's courses, spaces for listening, managers, compassionate connected and effective teams workshops, fuel poverty awareness sessions and access to Values Based Reflective Practice sessions for teams.

Inspiring a Culture of Kindness Conference 2021

An example of the growing understanding of the need for a compassionate workplace was the engagement in the very successful "Inspiring a Culture of Kindness" Conference which was held on Wednesday 26 May 2021. The conference was led by NHS Fife and open to all staff within the Health and Social Care Partnership. Over 100 staff attended this all-day virtual event, with keynote internationally renowned speaker, Dr David Hamilton, presenting on The Five Side Effects of Kindness and Ben Thurman from the Carnegie Trust presenting on The Courage to Be Kind. The main speakers were complemented by an overview of local activities and a range of Health and Wellbeing Workshops.

Feedback from the conference evaluation and one of the creative competition winner's art work (Laura Affleck: Where there is Kindness there is Hope) are below:



For 2022/23 - Stress Management and Prevention, a Risk Assessment Project

A large-scale project involving the University of Hull, Centre for Human Factors is progressing. From the University of Hull, the work will be led by Dr Katie Cunnah, Operations Director & Senior Psychologist and Professor Fiona Earle, Director, The Centre for Human Factors.

A steering group chaired by Jane Brown: Principle Social Work Officer has been set up with a wide range of representatives and service champions. LPF representatives are part of this group. The work will involve focus groups and interviews with a range of different job holders from within Health and Social Care. The aim is to seek perceptions and opinions about work including what challenges have been experienced in recent months and years, what has been going well, how the workforce is feeling about work and what can be done to provide further support.

Following the focus groups, the next phase is the deployment of a large-scale stress assessment survey. This work is initially beginning with Social Care and Social Work but will have learning transferable across the whole partnership.

Winter Wellbeing Monies for Staff Support

The Scottish Government made funds available to help employers support their workforce with a range of emotional and practical mental health and wellbeing needs over last winter. LPF representatives were involved in the engagement process across H&SC to add their voice to the most appropriate use of the funds that were made available. Collectively, with management and staff across the services who the monies were aimed at, we agreed the following were most useful:

- The Coach Approach training which was accessed by managers across the whole Partnership, with excellent representation from the Third and Independent Sectors
- Mental Health Training for Managers/supervisors
- Sessions from Workplace Chaplaincy Scotland
- Gym and Swimming memberships from Fife Sport and Leisure Trust
- A wellbeing bag with hand sanitiser, hand cream, lip balm, insulated drinks bottles/ flasks
- Replacement mattresses / storage basis and full bedding for all sleepover beds across Fife Housing Support
- Additional items for Staff Hubs
- Modern vending provision to enable staff to access healthy and nutritious meals during weekends and out of hours
- Yoga Kit
- Team Development and Communication Sessions
- Additional Cycle Lockers

Strategic Priorities for Staff Wellbeing for 2022-23

- Develop the Staff Health & Wellbeing Framework aligned to the three-year workforce plans
- Ensuring a sustained focus on staff support and wellbeing and on prevention and reduction of stress
- Shaping organisational culture to support resilience across the workforce

Priority actions in line with these include:

- Providing information and guidance relevant to the above
- Addressing the needs of staff who may struggle to seek help including the areas of workforce with limited, or no access to technology
- Progressing developments to support compassionate and trauma informed leadership
- Increasing and embedding of peer support options
- Identifying and mitigating areas of work-related stress
- To continue to promote mental health in the workplace training
- Continue to promote and facilitate staff to access the full range of options including occupational health support and access to counselling services and physiotherapy

A full report on Wellbeing work across the Partnership is included as Appendix 1.

Organisational Development and Culture

Part of the cultural change being championed in the Health and Social Care Partnership is Supporting Systems Leadership.

This has involved developing an Extended Leadership Team which brings together all direct reports to members of the Senior Leadership Team (SLT), SLT itself, Local Partnership Co-chairs and key business partners in NHS Fife and Fife Council.

The purpose of the Extended Leadership Team is:

- Listen - inform and connect us as a “one HSCP”
- Voice - to share collective experience and influence developments
- Promote - open networks and engagement with SLT and peers
- Impact - Keep focus on our common priorities to ensure collective impact

Together we have enabled all services within the Health and Social Care Partnership to have direct input and influence into the strategic planning and key priorities within the Health and Social Care Partnership.

Together the extended leadership team has developed Success Statements which focus on:

Our Leadership ability and Organisational Culture

- Everyone understands they are a leader within the partnership and that they represent us all whenever they deliver a service
- Our people believe they are treated fairly, feel included in our future and recognise we are all in this together to be the best we can be

Opportunities for our Workforce to thrive and perform to their potential

- Our people will feel supported to try new ways of working to improve the service they deliver
- Our people will feel proud and passionate about the work of the Partnership

Our ability to Transform our services

- Our people work together to design new ways to deliver the best possible care and support across the whole partnership
- Our people use technology and other resources to sustain new ways of working that change people’s lives for the better.

Our ability to get the best value from our Financial resources and Sustain our services

- We plan to deliver and deliver what we plan within the resources available
- Our planning demonstrates a forward-looking vision for the future to make sure we can continue to deliver high quality service

Our performance in affecting people's lives Earlier to Prevent the need for hospital and reduce the need for health and social care services

- We can show how we are working in a way that helps people to help themselves and build strength in their communities
- There will be less emergency hospital admissions

Our ability to empower our Local Places to influence the service they receive

- We can show we are listening to people and supporting them to get the service they need wherever possible
- We can show how local voices are helping us design the future of the Partnership

Our Standards of Practice Excellence & Quality

- Our people challenge themselves to provide the best possible care and treat others as they would like to be treated
- We celebrate the great work of our people and have a track record of high-quality care that improves people's lives

Our Reputation with our Citizens and our Staff

- The citizens of Fife believe our partnership works with them to achieve the best possible outcomes in their lives
- Our people believe the partnership is an excellent place to work and that their contribution to our success is valued

The success statements have a clear focus on people including the Health and Social Care workforce and the citizens of Fife. There is emphasis on culture, leadership and our collective aspirations for delivery which supports values shared across the Senior Leadership Team and Local Partnership Forum.

This Extended Leadership Team is flourishing and in future LPF annual reports we will be seeking to include information on how we are delivering against the Success Statements that relate to workforce, leadership and culture.

Equality and Fairness

Fife Council's Equality and Inclusion Initiatives

Equally Safe at Work

We were accepted on to Close the Gap's Equally Safe at Work programme to work towards their bronze accreditation over the next 18 months.

Flexibility Works

We have been working with Flexibility Works to help consider flexible working options for front-line employees.

Pregnancy Loss Pledge

We took the Miscarriage Association's Pregnancy Loss Pledge to, amongst other supports, provide paid time off for employees (and their partners) who suffer a pregnancy loss at any stage of pregnancy.

Equality Outcome Progress

Fife Council's employment equality outcome for 2021-2025 is:

"The Council understands its workforce better and it reflects the diversity of the local population"

Last year we identified workforce actions that we will progress by 2025. The table below shows our progress on these actions in 2021/22:

Action	Progress
Work to improve the information we hold about employee's equality information.	We have begun work on building a custom report within our HR/payroll system.
Engage with local communities about our workplace practices in partnership with Fife Centre for Equalities.	We have planned work with Fife Centre for Equalities who will engage on our behalf with community groups.
Engage with young people in our workforce to identify and act on ways to attract and support other young people (aged 16 - 24) into training and employment opportunities with the Council.	The Young Employee Network was reinstated. Since the pandemic, they have been meeting virtually every 6 weeks. This has allowed employees to catch up from different locations across Fife.
Demonstrate our commitment to equality of opportunity for trans people throughout recruitment and employment, including supporting trans employees through a transitioning process.	We developed guidance on our intranet which outlines our support for our transgender colleagues and gives practical advice to managers on how best to support their employees through a transitioning process.
Further our support to recruit and retain disabled employees.	We launched a Workplace Adjustments Passport to offer a live record of adjustments that have been agreed between disabled employees and their managers to support them at work.
Review employee training relating to equality, diversity and inclusion.	We have begun the scoping work for this action - identifying the separate training required for employees and managers.
Develop new workstyles to provide support for more flexible and inclusive working across the Council.	Conversations are ongoing with services and unions about future ways of working. We have mapped every job to one of six workstyles and will be formally introducing the blended workstyle to those in roles suitable for this way of working.

NHS Fife's Equality and Inclusion Initiatives

NHS Fife is committed to making health and care accessible by eliminating discrimination, promoting inclusion and ensuring a Human Rights based approach underpins all our functions and services.

NHS Fife Workforce

- Supporting overseas candidates to live and work in UK
NHS Fife has welcomed international nursing recruits to NHS Fife. The new recruits are part of a wider project to enhance and expand NHS Fife's nursing workforce, with Fife being the first Health Board in Scotland to welcome international recruits into the workforce as part of a partnership with Yeovil District Hospital NHS Foundation Trust.

During 2021-22 NHS Fife

- Improved on data collection on Protected Characteristics
- Published Workforce Data
- Supported compliance with Public Sector Equality Duty
- Launched Pride Badge
- Supported a BAME Network for NHS Fife staff.

Recruitment

- New Equality, Diversity & Lead Officer appointed
- New Employability Manager appointed

Kickstart Scheme

NHS Fife engaged with the UK Government Kickstart Scheme which enabled the creation of jobs for 16 to 24 year olds on Universal Credit who are at risk of long term unemployment. Appointments were made to support services and administrative roles throughout NHS Fife.

Staff Training

- 640 staff completed the LearnPro Equality and Diversity Training last year
- 1,855 staff updated compliance with Equality Diversity and Human Rights via TURAS Learn
- The Terrance Higgins Trust ran three Introduction to Trans Awareness Sessions during September 2021 to November 2021 and 157 staff members attended these sessions
- 70 members of NHS staff completed the NHS Lothian eLearning Transgender Awareness Module during April 2021 to March 2022.

BAME Network

The Black and Minority Ethnic Network was formed in February 2021 with Joint Co-Chairs nominated from within the group and Terms of Reference agreed. There are members from all areas of NHS Fife, H&SCP, Independent Contractors and partnership input, with support from Workforce Directorate. There has been learning from colleagues from other established networks in NHS Lanarkshire and NHS Lothian on how to support our network. There has been a presentation and Q&As from an external speaker on Unconscious Bias and how to improve this.

We have reviewed Workforce Policies that support Equality and Diversity in the Workplace. These include, Menopause in the Workplace Policy, Retirement Policy and Flexible Working Policy. The 'Once for Scotland' Workforce Policies Programme was paused until April 2022, and this had an impact on us reviewing other policies. This work will recommence in 2022-23. LPF members continue to contribute to this work.

Staff Engagement

The Partnership would not have been able to achieve as much as it has in the past year without the active involvement of all of our people. The need to mobilise, redeploy and recruit significant numbers of staff would not have been possible without the support of those staff and their Trade Unions and Professional Organisations. At all stages of the COVID-19 pandemic, staff side organisations have been included in discussions and where rapid action has been required a spirit of cooperation and compromise has been sustained to achieve an acceptable outcome for all. The COVID Gold, Silver and Bronze command structures have had staff side fully engaged throughout and appreciate the ongoing, solution-focused approach of our LPF representatives.

iMatter

The iMatter Continuous Improvement Model was developed by NHS Scotland staff and aims to engage staff in a way that feels right for people at every level. As a team-based tool, iMatter offers individual teams, managers, and organisations the facility to measure, understand, improve and evidence staff experience.

The iMatter survey was accessible to all staff working within Health and Social Care in Fife in 2021 and more than 5400 questionnaires were sent out. Despite 2021's questionnaire being significantly longer, the H&SCP received its highest response rate (61%) and to date, almost 300 (out of 505) teams have completed action plans.

In keeping with previous national iMatter Reports, Fife H&SCP was not an outlier. There were no red flags and no significant surprises in our report. In addition to having HSCP overall report, each team has their own report. A critical part of the iMatter process is to have team discussions on the findings and from that complete an action plan and story board which enables teams to both acknowledge what is going well and areas for development. Team reports and actions plans are confidential to individual teams and these discussions have remained active over the year.

Local Partnership Forum (LPF) time was spent discussing the HSCP iMatter report at multiple LPF meetings and identified areas to both celebrate and also areas we need to collectively develop. These are grouped into three key areas: Let's Celebrate; Let's Develop; Let's Act.

Let's Celebrate

It is fantastic that so many Health and Social Care Staff took time to complete this survey – this high staff engagement is valued.

Overall, there was a lot of “green” within the report which highlights a positive story.

There was very positive feedback that your manager cares about your health and wellbeing and given that we have been working through a pandemic which has impacted on everyone's personal and work lives – it is reassuring to know that people are feeling supported by their line manager.

There was also positive feedback about being treated with dignity – this is part of HSCP, NHS Fife and Fife Council core values and is so crucial to the way we want to work together.

Another area noted by the LPF was the high score in recommending the Partnership as a great place to work – which is a great way to celebrate people's experience at work.

Let's Develop

We received feedback which will help us to develop further. Some key themes to develop were Senior leader visibility – including the senior leaders and the board members; Being involved in decision making; Supporting your learning and development; Supporting teams to be connected; Improving communication.

There was discussion regarding the challenges of the year gone by and the impact this has had on being visible when many people are working remotely either from home or not from their normal office base. The LPF acknowledge the importance of helping people to keep connected both within your team and as part of the wider Health and Social Care Partnership team.

We are committed to ensuring that leaders at senior management and board level are regularly visible across the Partnership and the opportunities this can offer in partnership with our trade union colleagues.

We recognise that good communication is absolutely essential and want to do all we can to help improve this and this needs to underpin all of our work.

The LPF also acknowledges that some areas of supporting learning and development may have been impacted over the covid period and want to explore how we can focus on this moving forward.

Let's Act

The LPF is committed to ensuring that we take action in response to the feedback that you have provided and has kept these discussions live throughout the year. A summary of the actions that have been and continue to be progressed are:

Theme	Actions
Senior Leaders (including the board) are visible across the workforce	<ul style="list-style-type: none"> • Utilise Directors Brief to introduce Integration Joint Board Members. Starting with Chair and Vice Chair. • Senior Leadership Team visits across services and communicate these via the Directors Brief • Once Covid restrictions allow arrange site visits for Board members
Involved in Decision Making	<ul style="list-style-type: none"> • Have conversations with staff regarding what actions would be helpful. • Continue with Extended Leadership Team which means services have a direct influence through the senior manager into the Senior Leadership of the HSCP • Continue to strengthen the role of the Local Partnership Forum to enable engagement of trade unions in decision making • Explore how we can utilise some of the Senior Leadership Visibility sessions to have direct discussion and engagement with staff on key issues • Revise the SBAR reporting template to ensure that how staff have been engaged with is a consideration of any reports brought forward. • Strengthen communication to ensure that updates are provided in the Director's Brief including agenda at Integration Joint Board, Local Partnership Forum, and updates on any major changes
Supporting Learning and Development	<ul style="list-style-type: none"> • Review uptake of Mandatory Training across all services areas • Include staff development within the refreshed Organisational Development and Workforce Plan

In preparation for the 2022 cycle, we are encouraging as many managers within the H&SCP as possible to switch from paper-based to SMS-based during the team checking stage. In 2021, the SMS functionality was tested for the first time, and 29% of H&SCP respondents who were sent a link responded, compared with only 1% of paper respondents.

Recent developments include Action Planning Guidance for Managers and we are preparing to launch a new e-learning module for raising awareness.

In the National Report, Fife H&SCP has a number of mentions, and we have suggested that the report should separate out data from the H&SCPs as the report remains heavily NHS-focused.

Shining a Light

Nursing

Working collaboratively also with staff side members attending all the Community Treatment and Care Centres workforce meetings. Staff side colleagues have been fundamental in assisting with TUPE and other workforce changes and challenges. This collaborative work involves ensuring everyone is engaged with, supported, and have the correct communication relevant to them, the situation and that it is individualised. The work with band 2/3 has been done completely in collaboration with staff side members through the short life working groups and any individual meetings.

Bronze

Every morning at 9am one of the Heads of Service coordinates the Fife Health & Social Care Partnership (FHSCP) Services operational response in relation to the relevant phase of recovery, mobilisation, COVID-19 response and systems pressures in line with the agreed priorities and actions delegated through the Leadership Team.

The introduction of a new Operational Pressures Escalation Tool (OPEL) has enabled us to

- Co-ordinate the operational delivery of Fife H&SCP services during the COVID-19 pandemic
- Implement business continuity measures to release capacity based on risk assessment in response to the agreed clinical and scientific need to support flow, public safety and deliver safe and effective care
- Frequently review and risk assess surge plans to ensure agile responses to any pressures
- Escalate issues for support and direction
- Ensure accurate and timely communications across FH&SCP services
- Enable decision making and/or timely escalation on critical flow and capacity matters:
 - Workforce
 - Equipment (including PPE)
 - Process
 - Provide support and resilience within FH&SCP services

One of the key successes of introducing our OPEL tool and facilitating bronze huddles is the engagement from our staff side and trade union colleagues. Without their support our decisions and dissemination of information would not have been as optimal. The Senior Leadership Team would like to thank all staff side and trade union colleagues for their continuing ongoing support, advice and tenacity and their contribution to our control structure and Bronze decision making.

Bitesize Care at Home Sessions

These sessions were led by the Head of Community Care Services to communicate directly with the Care at Home workforce. These sessions provided an update on what was happening and offered the opportunity for employees to ask questions and raise issues important to them, including resource gaps and the need to plan for the future which was a concern for them. Themes have been identified and an action plan has been developed and implemented. From the outset of the first Care at Home bitesize information gathering sessions, through to the action planning meetings and subsequent 'You Said, We Did' feedback sessions, consistent involvement and engagement of trade union colleagues has been key. Their in-depth knowledge has been hugely beneficial in ensuring that a pragmatic and sensible approach is taken for the benefit of all.

Immunisation workforce

Staff engagement sessions have been used to support the transition between a temporary to a permanent workforce. Events were held in October 2021 and February 2022. Over 200 staff attended these sessions which were to deal with the workforce issues that have arisen because of the need to create a permanent workforce and to speak with staff about bringing all immunisations together to deliver a service from the cradle to grave. The workforce has now been recruited to and work is underway to bring the COVID/Flu Immunisation workforce together with the childhood immunisation service.

Podiatry Service

The podiatry service has recently gone through a service review making change to the service delivery model and their management structure. This has been done in full partnership with the local staff side representative, who helped guide and support staff and managers through the process. On 25 April the service model was agreed by SLT and is now in the process of recruiting managers to support the structure.

Promoting Attendance

Absence management and support for our people

Fife Council and NHS Fife HR and Project Management colleagues report to every LPF meeting to update the group on absence levels and trends. This allows in depth conversation about the issues facing our people and the work being done within the Partnership to support the workforce.

This includes a focus on short and longer-term absence and the reasons for those, looking at the prevalent issues for our people, e.g. Covid, stress, musculoskeletal and how we best respond to those. A detailed report from both NHS Fife and Fife Council is included as Appendix 2.

NHS Promoting Attendance & Fife Council Absence Management Report for 2021/22

This report provides in depth analysis of the figures and underlying reasons alongside a range of proposed actions to improve these issues for our people.

Learning and Development

Learning and Development for Social Work & Social Care and NHS Fife Staff

To ensure our people have the knowledge, skills and experience to deliver the high-quality services the citizens of Fife depend on, a huge range of learning and development opportunities are provided to our workforce across the Partnership.

The ability to deliver learning and development has, like all services during the pandemic, adapted to ensure those who need training and learning are able to access what is required. This included how we supported staff to redeploy quickly across services and trained volunteers to move into key areas safely alongside making sure our organisational priorities around registration of staff, qualifications, mandatory training, leadership and management development and specific training to meet the needs of those who receive a service were all delivered as required by operational service.

One example of innovative practice in learning and development is our work on National Whistleblowing Standards:

New National Whistleblowing Standards for the NHS in Scotland came into force from 1 April 2021. This is a change in how whistleblowing concerns are dealt within the NHS. The Standards are underpinned by legislation and cover all NHS providers.

The key aim is to ensure everyone is able to speak out and to raise concerns, when they see harm or wrongdoing putting patient safety at risk or become aware of any other forms of wrongdoing.

This learning will become a core requirement over the course of 2021/22 in order to ensure that all members of staff are appropriately trained. The relevant learning can be accessed via the links below:

- Whistleblowing : staff needing an overview | Turas | Learn
- Whistleblowing : managers and people who receive concerns | Turas | Learn

To date 1968 members of H&SC workforce undertook the staff training and 345 undertook the manager training.

A full report on the learning and development activity for 2021/22 is included as Appendix 3.

Health and Safety

The HSCP Health and Safety Assurance Forum was able to reconvene during 2021 – 2022 under the leadership of Rona Laskowski, Head of Complex & Critical Care. The H&S leads from NHS Fife and Fife Council have continued to participate in the LPF to provide contact and updates relating to both COVID and health and safety issues.

The ability to participate in the LPF has been of real benefit in keeping colleagues up to date with developments and allows staff side representatives to raise any concerns from the service. H&S representatives also participate in the HSCP Silver Command meetings and latterly the Extended Senior Leadership Team has ensured that H&S issues could be highlighted, escalated and managed appropriately throughout the pandemic.

The detailed report is included as Appendix 4.

Conclusion

This report has offered a summary of the activity undertaken by the Health and Social Care Partnership Local Partnership Forum in 2021/22. There are supplementary reports available via the appendices 1) Well Being, 2) Attendance Management, 3) Learning and Development, 4) Health and Safety. Thank you to all members for their active contribution and commitment to supporting staff within Fife Health and Social Care Partnership. Whilst there can be complexity supporting systems leadership and a shared vision across a workforce employed by different organisations and in partnership with colleagues in the Third and Independent Sectors much has been achieved to enable learning across and between organisations, strengthening joint working and enhancing the value of Integration by being part of Fife Health and Social Care Partnership.

Whilst recognising the fantastic effort of our staff as highlighted in this report, we are aware that there are significant challenges ahead for all of us. We continue to be extremely busy in all areas of the Partnership, which puts added stress and pressure on our staff, which are increased by the recruitment and retention difficulties. The effects of the pandemic are still around for our staff including wearing face masks during shifts, staff absence due to COVID and, for some staff, the effects of long COVID. The current increase in Covid numbers also adds to these pressures.

The growing cost of living crisis affects us all and will have an effect on our staff's health and wellbeing, as well as for the people we care for. In particular, for our peripatetic staff, we recognise the impact that increasing fuel costs are having on their lives and we are working with the Partnership to raise awareness and find solutions that will support our staff.

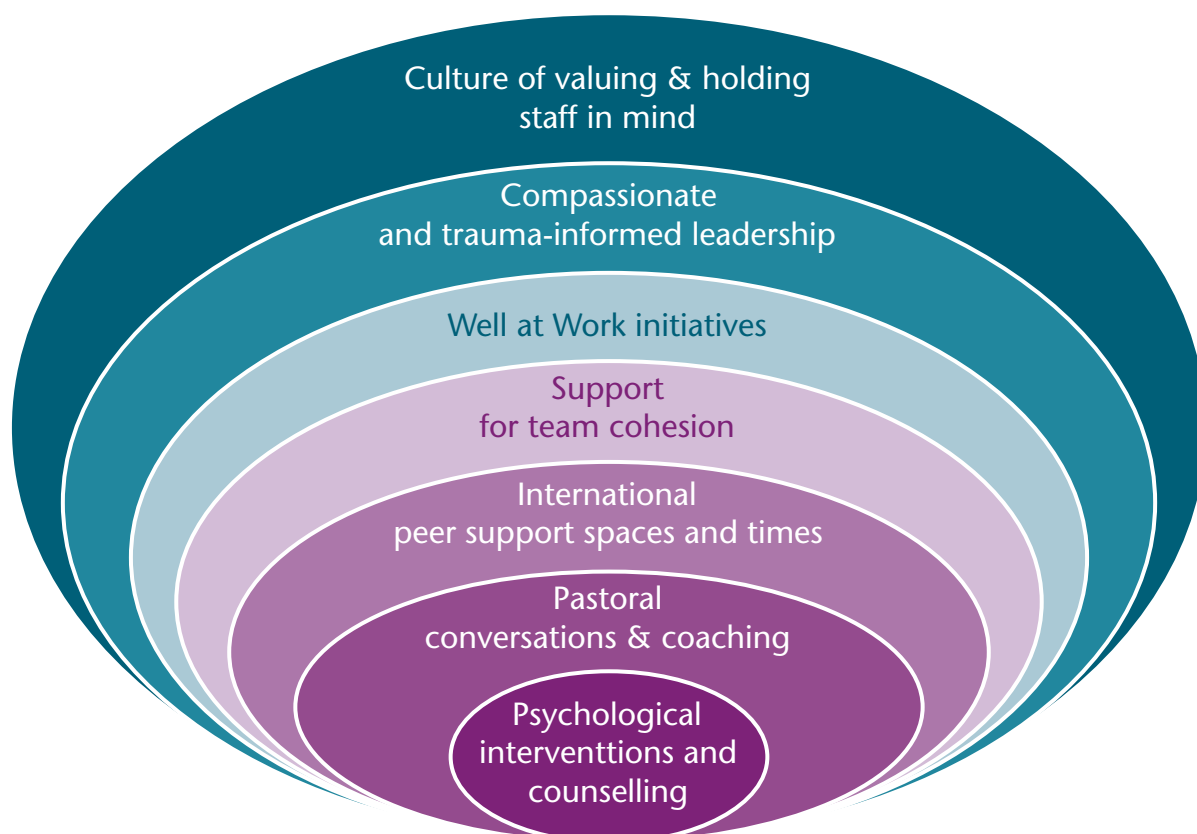
The Local Partnership Forum looks forward to building on the good work achieved thus far as we continue to work together on the priorities for our staff. A final thanks to all of the staff working in Fife Health and Social Care Partnership for who you are, all you achieve and the difference you make for the people of Fife each and every day.

Appendix 1

Wellbeing at Work

NHS Fife and Fife Council both have a long-term commitment to supporting staff health and wellbeing. Both organisations are committed health working lives employers with both achieving and retaining the Gold Healthy Working Lives (HWL) Award. Both organisations facilitate and promote access to information on wellbeing and other staff support topics.

Key dimensions of staff support



“**Well @Work**” is the branding of NHS Fife’s employee Health and Wellbeing programme. Prior to the pandemic this meant actively supporting staff health and wellbeing by raising awareness of health promotion and protection topics. In recognition of a requirement to improve the depth of the approach, a plan for “Going Beyond Gold” was developed in 2018. The plan is focused upon achieving a culture of kindness and a shift in organisational culture.

Recently a Healthy Working Lives survey was completed by 1618 staff from across the Council with 175 returns from HSCP. The survey will be used by the Council’s Research Team, along with other data, to determine the areas that would have the biggest impact in improving staff wellbeing.

Fife Council has developed a culture of “**Team Fife**”, using videos and challenges to inspire a positive spirit and mindset.

The pandemic period saw innovations in communication from senior management in both NHS Fife and Fife Council, with strong messages around staff health and wellbeing. Alongside this, a range of staff wellbeing and support initiatives were developed and implemented. This work was guided by the principles of Psychological First Aid which recognises people's resilience, their need for practical care and supports, the importance of connection, information, emotional and social support and the fostering of useful coping. An NHS Fife / Fife HSCP Staff Health and Wellbeing Bronze group has continued to provide focus and co-ordination.

Wellbeing provision covers physical, social, mental, and financial wellbeing as well as aspects of stress, which is also a recognised Health and Safety hazard. Mental Health awareness will be strengthened in 2022, with the appointment of a part-time Mental Health Training Officer, employed by Fife Council Corporate HR.

Information about supports and training on a wide range of wellbeing topics continues to be communicated and support arranged where required and regular news articles are published in the HSCP Director's weekly newsletter and on StaffLink . A host of Well@Work and Fife Council wellbeing activities are on-going with more planned.

Information and resources, a Staff Wellbeing Resource pack and a Psychology Support pack for staff, were developed and promoted via NHS Fife Stafflink and have been complemented by a range of additional materials .

Fife Council introduced a new employee intranet in April 2021 and has sections focused on Employee Health, Safety and Wellbeing. Information and resources for staff were also produced and disseminated by Health Promotion.

Communication to staff and managers has been key, with enhancements to StaffLink and a new separate wellbeing section has been added to the weekly and monthly all staff news briefings. The "Going Home" suite of materials has been refreshed and re-issued and work is continuing with Fife Health Charity and the Kingdom Staff Lottery to ensure that staff wellbeing is actively promoted and supported.

Listening support remains in place via the NHS Fife Spiritual Care Team's Staff Listening Service. Fife Council employees also have access to the listening ear service provided by Workplace Chaplaincy Scotland, Mental First Aiders and the counselling provider.

A Mental Health First Aid Network offers a confidential listening service to staff across the Council. At the end of March 2022, there were 69 staff trained and in place across the Council, 9 of whom are from the HSCP.

Mindfulness

There has been a focus on Mindfulness by both Council and NHS. As part of the NHS Fife Going Beyond Gold work to bring mindfulness into the workplace, there have been lunchtime introductory sessions, telephone peer support, video clips were filmed and published to enable access for staff outwith formal sessions and Mindful movement sessions.

Psychological interventions and counselling – Direct self-referral for psychological support is in place via the Access Therapies Fife website, with additional resources from Scottish Government supporting delivery. An additional Mental Health nursing resource was secured within NHS Fife Occupational Health service and there is internal access to a new Occupational Health Occupational Therapy fatigue service to support staff resuming work following a diagnosis of long Covid.

A new pilot for Fife Council staff started on 1 December 2021 of a physiotherapy information line (PhIL) and an employee assistance package, PAM Assist and ran until 31 March 2022, when the corporate contract ended. The pilot offered quicker interventions and included a 24/7, 365 support line as well as an app and online hub. The physiotherapy was employee referral and triage within 48 hours of contact.

Fife Council provided a range of services to support staff health and wellbeing. Time For Talking provides manager or self-referred counselling which is available to all staff. There is direct self referral to counselling for NHS staff via Occupational Health. PAM delivered a physiotherapy service mentioned above, which is accessed via a manager referral and provision from April 2022, will be continued through Connect Health. PAM provides the Fife Council Occupational Health service which again is accessed via manager referral.

Peer Support sessions provide a safe environment for staff to come together, to talk, share experiences and be listened to in a non-judgmental, informal space. Positive Steps to Mental Wellbeing, hosted by in-house volunteer trainers within HSCP and Fife Council.

Physical interventions

Fife Council offer a physiotherapy service by appointment to staff and the Council's physical activity team have initiatives to encourage staff to keep active. Self referral access to physiotherapy is also available to NHS staff, via Occupational Health.

Support for Managers

A short life working group of the Bronze Staff Health and Wellbeing group, assessed gaps in the managerial support available locally and nationally. Signposting to resources is now available via Access Therapies Fife web pages; information-giving sessions are being offered via the psychology service; and the Learning and Development team are developed several resources using a blended approach. This includes stress, e-learning and creating a library of webinars, including leading compassionate care in a crisis, compassionate self-care, and resilience. Advice to managers and staff has been paramount during the extended period of the pandemic, taking account of changes to guidance and responding to outbreaks.

Both NHS and Council provide training to support managers in having conversations with staff including those with a focus on health, wellbeing and attendance. Training sessions on mental health awareness have been taking place for managers and supervisors to assist them to support themselves and their teams.

Information sharing sessions have been held for groups of managers and supervisors, to discuss the resources and supports available to support both wellbeing and absence. The content covered the resources are and how to access, a preventative approach to absence, the absence management process and the stress prevention tool, with time provided for discussion. Sessions received positive feedback and continue to be offered.

These services have been complemented by a range of wellbeing activities and courses, including self-care and compassion, outdoor wellbeing sessions, wellbeing champion's courses, spaces for listening, managers, compassionate connected and effective teams workshops, fuel poverty awareness sessions and access to Values Based Reflective Practice sessions for teams.

Staff Hubs

Work has been continuing on the provision of Staff Hubs within the Community Hospital sites, to ensure staff have access to an appropriate space to rest and recharge. Refreshments and snacks have continued to be provided for staff within the existing Hubs and recognised staff rooms / rest areas, throughout the pandemic.

Work on the development of the Staff Health and Wellbeing Framework for 2022 to 2025 is progressing with a view to this being in place by the Summer of 2022. This work is being overseen by the Bronze Staff Health & Wellbeing Group.

To ease navigation of support options, the staff support, and wellbeing section of the Fife Psychology Access Therapies Fife website went live in March 2021. New information and offers continue to be added.

There has been continued to promotion and signposting staff to the NHS Scotland National Digital wellbeing hub (ProMIs) and to the NHS 24 helpline. The latter provides advice and support and can sign post to local and national options.

There is NHS Fife and Fife HSCP representation on the national Workforce Wellbeing Champions Network and sharing of learning via this is shaping thoughts on future strategy and approach.

Survey of New Recruits

As a mechanism for feedback, a survey was sent to new starts to receive the benefit of their experiences in the recruitment and induction stages. The feedback was presented to the Care at Home Improvement Group after the survey closed. A repeat of the survey is now underway with the new starts since December. The feedback will inform an improved way forward.

Appendix 2

Absence Report & Promoting Attendance

NHS Staff Summary

The purpose of this information is to provide an overview of sickness absence data from April 2021 to March 2022, management actions and an update on the Health and Social Care Partnership's (HSCP) performance against trajectory for health staff employed within the HSCP, based on the March 2022 sickness absence figures, (latest available). The NHS in Scotland has a Local Delivery Plan Standard for Boards to achieve a 4% Sickness Absence rate, this target is currently under review.

NHS Fife's planned trajectory has been set with the anticipation of meeting the NHS Scotland Local Delivery Plan Standard and a reduction in sickness absence by 0.5% per year from 1 April 2019, in line with Circular PCS (AfC) 2019/2. Any reduction in absence levels is likely to reduce the costs of associated bank or agency expenditure.

Chart 1: NHS Fife's Sickness Absence Rates / Trajectory Position

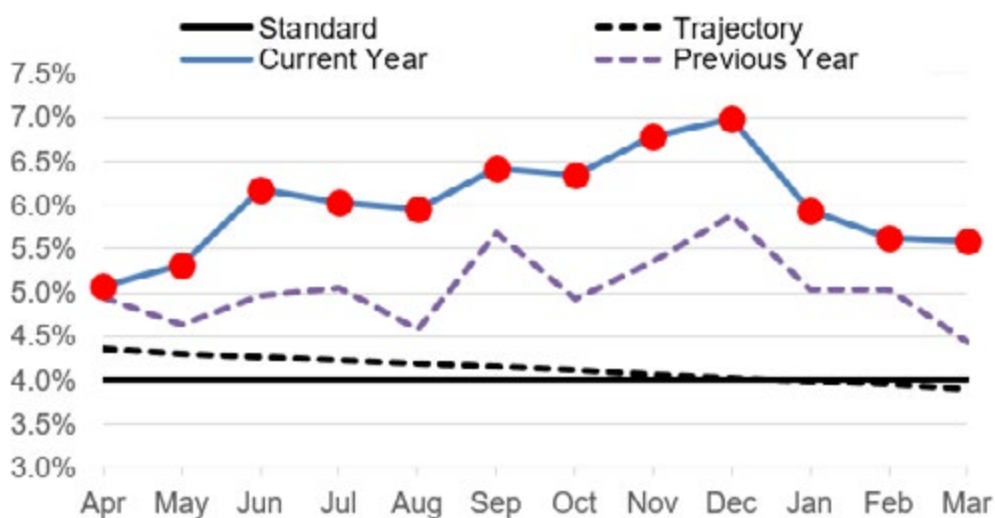


Chart 2: HSCP Sickness Absence Rates / Trajectory Position

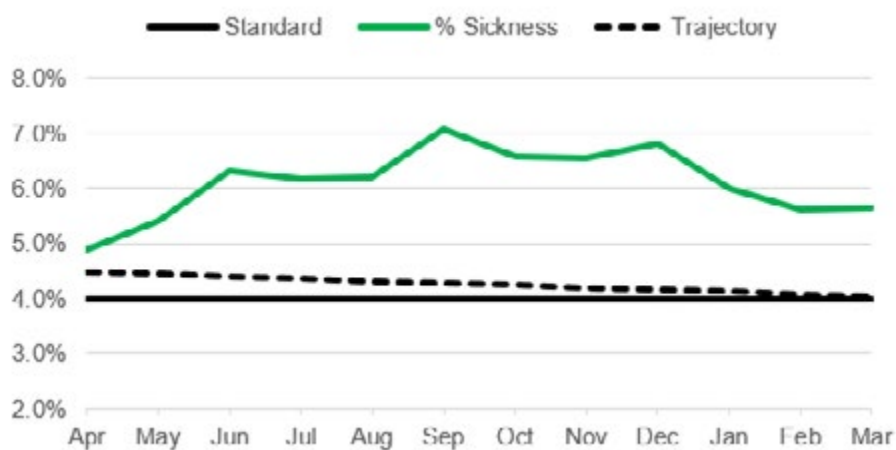
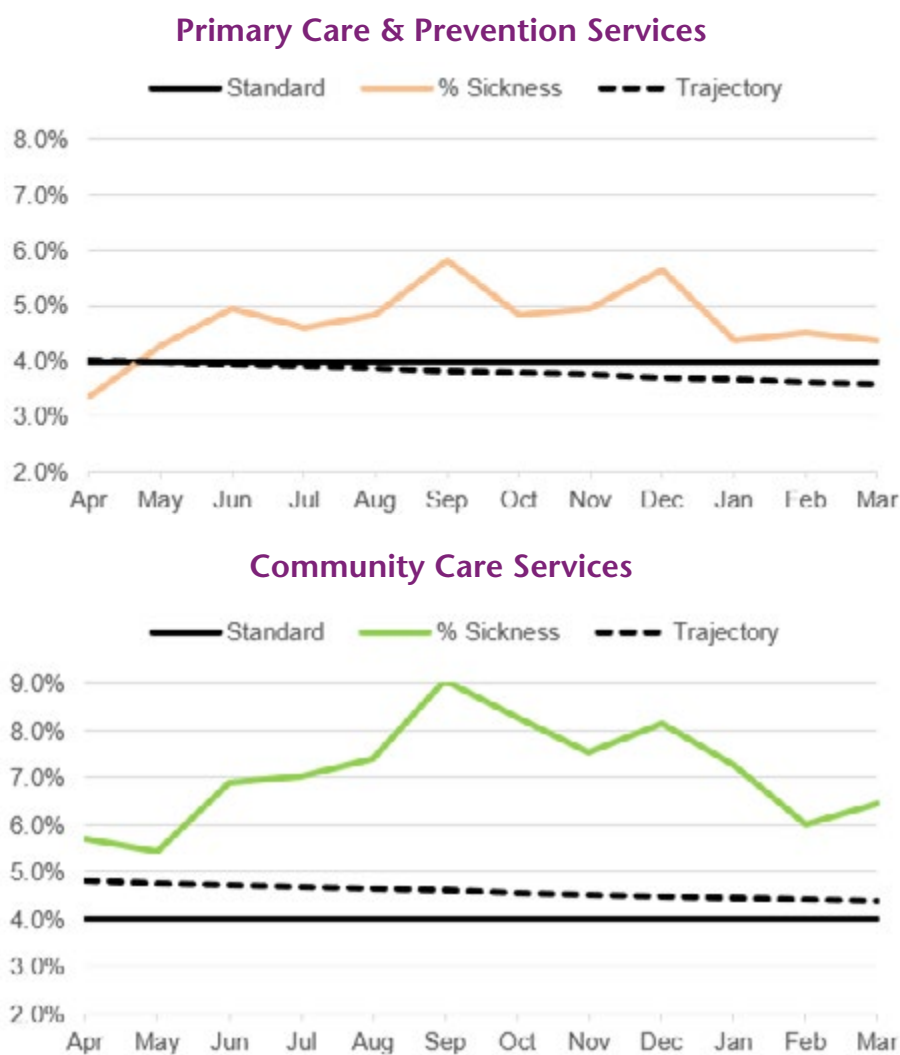


Table 2 above details the HSCP performance position against trajectory for 2021/2022.

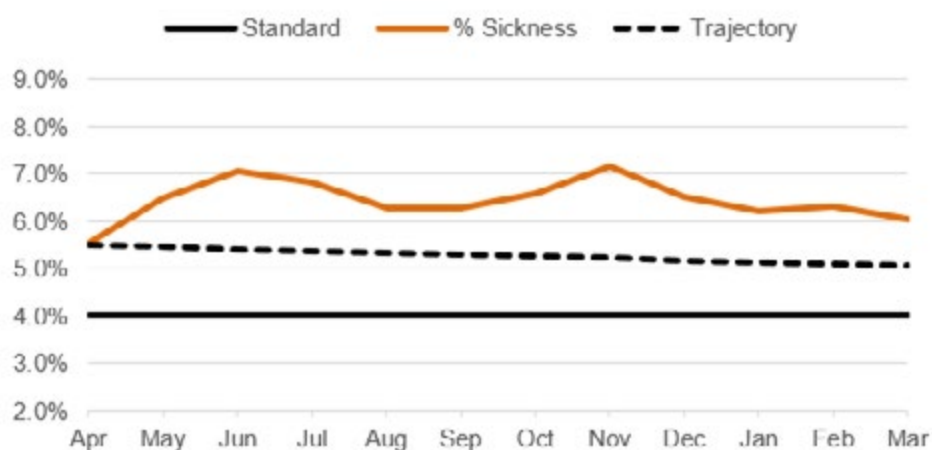
Locally, Heads of Service and the respective Promoting Attendance Review and Improvement Panels are in place to review sickness absence data and individual cases to ensure appropriate action is being taken, including application of the triggers within NHS Scotland Attendance Policy and follow up in respect of staff on long term sick leave. Divisions are provided with their respective trajectory positions on a regular basis.

The sickness absence rates and agreed trajectory setting of the respective HSCP areas are detailed in the table below:

Chart 3: Sickness Absence Rates / Trajectory per HSCP Unit for 2021/2022



Complex & Critical Care Services



There has been an increase in the overall rolling sickness absence rate in HSCP for the 2021/2022 financial year however there has been a recent reduction in sickness absence rates to below 6% for three consecutive months. Of the three large Divisions within HSCP, Primary Care and Prevention has the lowest sickness absence with a 4.71% average, Complex and Critical Services had an average of 6.44% and Community Care Services had an average of 7.10%. There have been 7 of 12 months in 2021/2022 with an overall HSCP sickness absence rate above 6%, in comparison to zero months above 6% sickness absence rate in 2020/2021.

Hot spots are identified for all areas of the Board on a weighted WTE basis, to assist with local Promoting Attendance Panels. Tableau functionality has been used to support direct access of this data by line managers. "Hot spot" data is available via Tableau reports accessible by line managers at local level and areas of concern are being followed up by line managers, supported by HR Officers, as required. An overview is taken at the respective Promoting Attendance Review and Improvement panels.

In addition to increased sickness absence rates there have been variable rates of COVID-19-related absence in 2021/2022, but this has reduced overall from 2020/2021.

Management Actions

NHS Fife's Promoting Attendance Group and Promoting Attendance Review and Improvement panels continue to meet, along with local Promoting Attendance Groups. Progress continues to be made in relation to any health-related employee relations cases, with no further pausing of this activity in 2021/2022 following a previous pause of some of these cases due to the COVID-19 pandemic during 2020/2021.

The initiatives that were introduced to support the health and wellbeing of HSCP staff during the current COVID-19 pandemic continue and are evolving, taking account of feedback from staff and those providing the support.

The planned trajectory set for HSCP has not been achieved, (4% by the end of March 2022), and there has been a deterioration in performance this financial year, with the current circumstances due to the COVID-19 pandemic likely a contributory factor.

Priorities for 2022/2023 will be:

- To continue with the implementation of the NHS Scotland Attendance Policy;
- To ensure that managerial training for Attendance meets organisational needs;
- To promote the new TURAS Learn Attendance module;
- To promote the new TURAS Learn Disability modules, including attendance/disability; hearing loss; mental health; learning disability etc;
- To continue to focus on cases of long-term absence and to promote early intervention to minimise long term absence wherever possible;
- To continue to promote mental health in the workplace training, given that this is the highest ongoing reason for absence;
- To continue with the rollout and access to Tableau, to assist managers with the identification of trends, hot spots and outliers in respect of absence issues within their service areas;
- Ensuring Occupational Health support for these areas and any impacts of Long COVID.

Fife Council Current Position

The COVID-19 pandemic has continued to have significant impact on the workforce and how managers effectively manage sickness absence. Absence levels have remained high and in addition the challenges of COVID related absences and unfilled vacancies have had a significant impact on the delivery of front-line services, as capacity has been diverted to where the need is greatest. The impacts of COVID on the workforce, and what the period of post-COVID recovery will look like, remain uncertain.

Continuing with covid transmission reduction measures, and dealing with the consequences of covid related absences, will have an ongoing resource requirement.

The HSCP has responded to workforce challenges throughout the pandemic and at times this has meant mobilising employees from across Directorates to bolster numbers in areas of critical need.

Following the Scottish Government's national call to arms for Local Authorities to support the NHS and a worsening local position within Fife, Corporate Incident Management Team gave its full agreement to seek volunteers from across the wider workforce to supplement resources in Health and Social Care (HSC) for Care at Home, Care Homes and Group Homes.

The aim was to support HSC to manage a surge in hospital discharges. Lessons have been learned from this exercise and will inform other key workforce activities such as relief pool management and workforce planning in HSCP and future proposals around corporate redeployment.

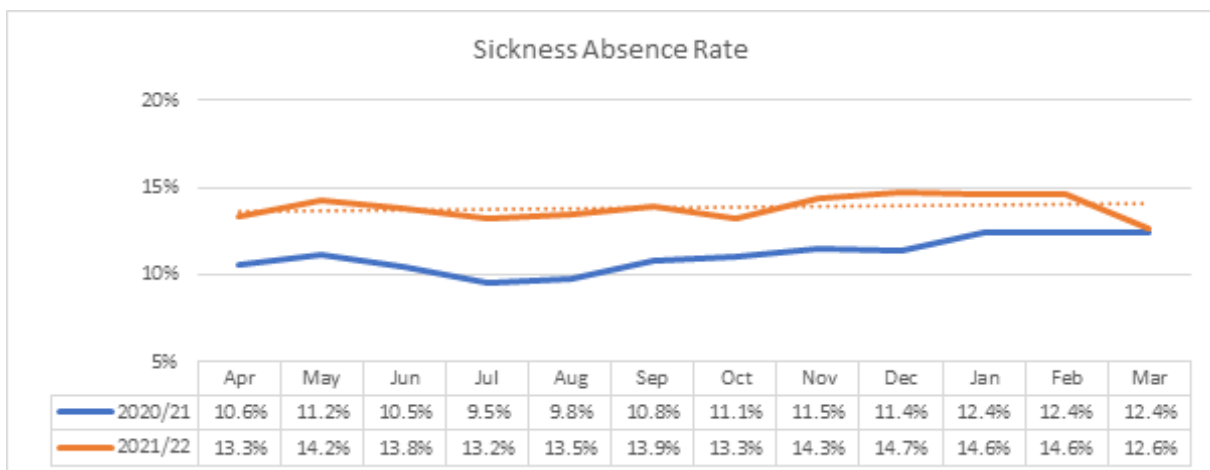
Absence Analysis

(1) Sickness Absence Rates

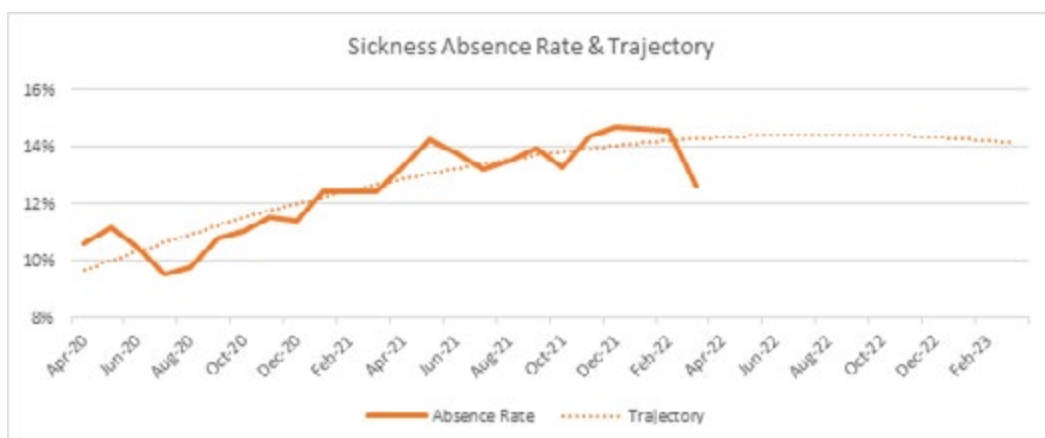
The chart below shows that absence rates for 2021/22 had been persistently higher than those for 2020/21, but, while still significantly higher than April 2020, there was a notable flattening of absence rates from November 2021 to February 2022 and a reduction in March 2022 from 14.6 percent to 12.6 percent. The percentage absence rate for March 2022 is the lowest since March 2021 but it is difficult to determine at this point whether the downward trend will continue.

In the period April 2020 to March 2021 there were 14,362 weeks lost in HSCP, an average of 1,197 weeks lost per month. In the period April 2021 to February 2022 there were 17,846 weeks lost, an average of 1,487 weeks lost per month. This is an increase of 290 weeks lost on average per month, or a 24 percent increase from 2020/21 to 2021/22.

The absence rate is the number of weeks lost through sickness expressed as a percentage of the total weeks available.



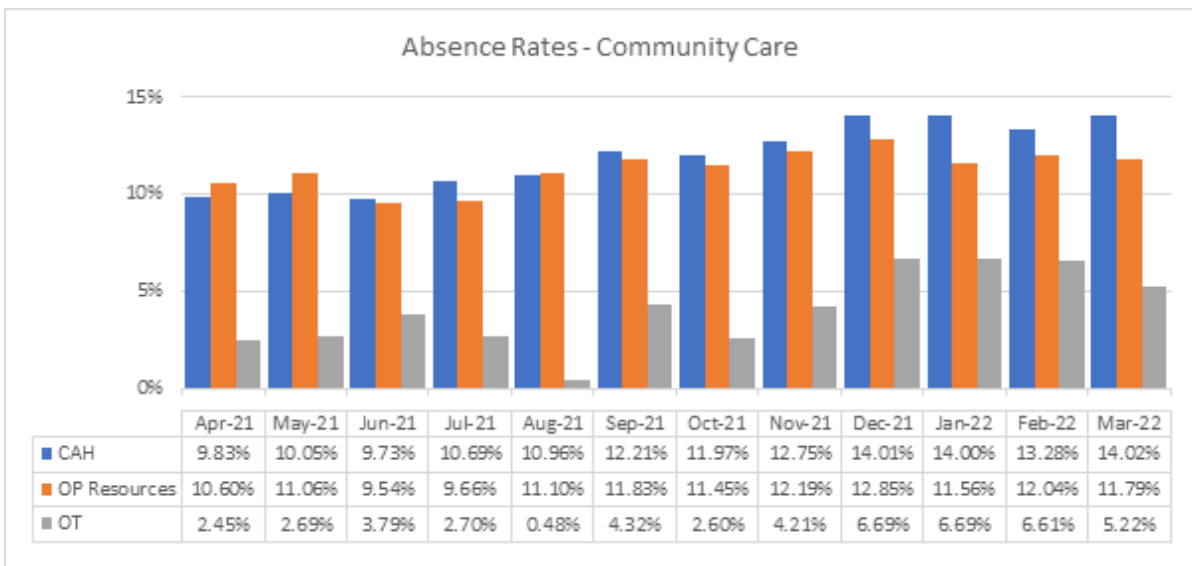
If the observed trajectory in the absence rate from April 2020 to March 2022 continues, absence rates will continue to be around 14 percent over the next year. However, a number of actions are in place to help reduce the levels of absence in HSCP and support the health and wellbeing of the workforce.



(2) Absence Rates by Service

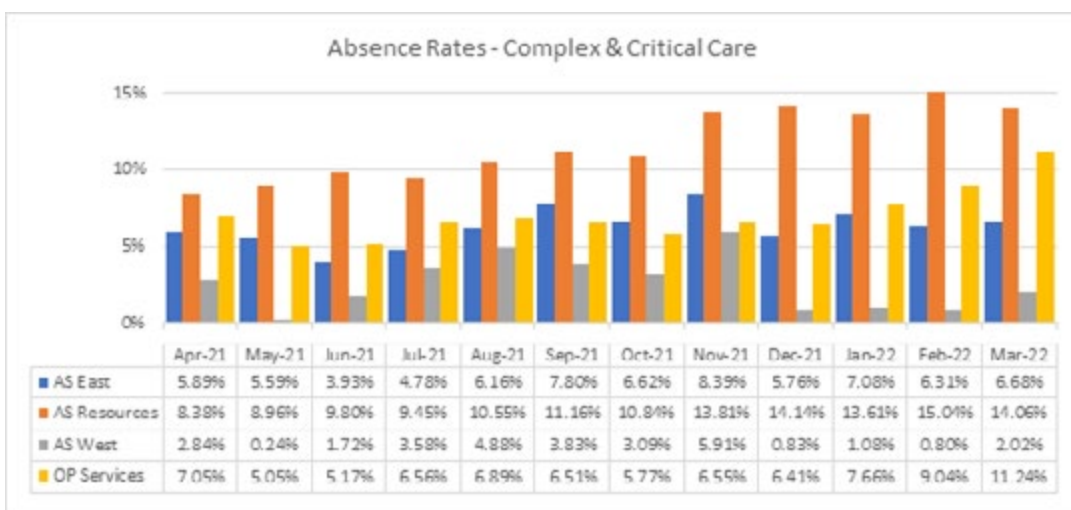
The charts below illustrate Oracle data for Community Care Services and Complex & Critical Care Services and expresses the absence rate as weeks lost as a percentage of the total weeks available.

As there are issues concerning the HSCP structure being properly reflected in Oracle, these charts may be subject to correction.



In the year April 2021 to March 2022, from the Oracle data, Community Care Services (employing approximately 60 percent of the HSCP workforce) lost 8,299 weeks through sickness, an average of 692 weeks lost each month. The average monthly absence rate for Community Care is 11.41 percent.

Additional HR support is being provided to managers in Care at Home to aid effective absence management and support the reduction in absence levels.



Over the same period, Complex & Critical Care Services, (employing approximately 40 percent of the HSCP workforce) lost 5,242 weeks through sickness, an average of 437 weeks lost each month. The average monthly absence rate for Complex & Critical Care Services is 10.36 percent.

Absence rates in Adult Services Resources remain high and this is an area where additional HR support will be needed.

Next Steps

With the aim of providing a consistent and concerted approach across the services to reduce absence and support people to remain at work, corporate funding was secured for a Project Manager (Wellbeing and Absence) for 24 months. The postholder who started in July 2021 is responsible for planning, managing, and implementing a range of projects to support attendance management and health and wellbeing strategies.

The Project Manager has been working with managers across all services and more specifically on actions to reduce absence in areas identified as hot spots. Absence data analysis is continually improving and reporting at key forums is aiding discussion and improvement.

Additional HSCP funding for one year has resulted in the recent recruitment of three management support officers.

Working alongside HR colleagues the focus will continue to be on supporting line managers to develop the skills, competence, and knowledge to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work after an absence. This includes increasing awareness on the supports/tools/resources available and the relevant HR policies, procedures and guidance available. The Support Officers will also work on various projects including a large-scale stress risk assessment across the council workforce within HSCP.

Funding from HSCP has also been provided to add an HR Lead Officer to the HR team to support HSCP for one year. This post has now been filled and the post holder started in this role in April 2022. They will provide extensive professional knowledge, skills and expertise across a range of HR activities with a focus on supporting managers and case officers to manage a range of complex case work such as sickness absence, discipline, grievance and performance management. A key priority will be reducing the number of absence cases with a focus on clearing the backlog of long-term absence cases.

Working closely with managers across the Health and Social Care Partnership they will also be providing HR support to projects to meet identified business needs and working collaboratively with partners to meet the strategic objectives of the Health and Social Care Partnership and the council. In addition to absence management, resourcing and recruitment will be areas the post holder will support Services with.

The Senior Leadership Team continue to monitor progress and support the delivery of actions to reduce absence. These temporary interventions will support line managers to be fully confident and competent in addressing any attendance management issues.

HR and Trade Union support continue to be key to the success of this proposal, supporting a culture of shared learning and ensuring a robust approach towards attendance management.

Actions For 2022

- A set of strategic actions will be developed as part of the strategic workforce strategy and planning process.
- Improving the analysis of absence data and reporting information.
- Identifying trends/patterns of absences i.e. hot spots e.g. high absence, longest absences, high stress, high MSK etc and initiating or undertaking appropriate interventions with relevant managers.
- Supporting line managers to develop the skills, competence, and knowledge to manage absence and promote wellbeing to help employees stay well at work and feel supported when they return to work after an absence. This includes increasing awareness on the supports/tools/resources available and the relevant HR policies, procedures and guidance available.
- Addressing requirements for training in supporting mental health and wellbeing at work, address with managers.
- Focussing on efficient and effective absence case management. Establishing new Absence Review Panel and Absence Review and Improvement Panel processes.
- Progressing a pilot in Care at Home to provide early support to employees on sickness absence.
- Encouraging self-service and recording of sickness absence within Oracle Cloud, raising awareness and building confidence through briefings and training sessions.
- Progressing the Stress Assessment Project involving the University of Hull.
- Ensuring there is a focus on attendance management within Induction to ensure relevance and effectiveness.
- Continual liaison with HR through the Business Partner to ensure all actions are compliant with Corporate Processes and Procedures.

Appendix 3

Learning & Development

Training and Development (Social Work / Social Care)

Covid-19 continued to impact on the delivery of learning and development over 2021-22, as well as affecting the capacity of staff to undertake learning and development.

However, online delivery of training has become more familiar, both to those attending and those facilitating training. Coupled with an increased functionality from Microsoft Teams, the benefits, of what had started out as being an interim delivery method, have been recognised and will continue as the main delivery method in many cases.

As the impact of Covid-19 continued through the year, the focus of learning and development has predominantly been on mandatory training, such as Moving and Handling, Adult and Child Protection, Infection Control and Emergency First Aid.

During the winter months, priority was on supporting the redeployment of staff and fast-tracking recruitment for frontline services. Online learning was made available for new staff to access and complete while employment checks were being carried out. This enabled staff to complete mandatory training prior to their start dates.

There has continued to be an emphasis on staff wellbeing. This included further sessions on coping with loss, grief and bereavement and how you can support others going through this in the first half of the year. Delivered by Cruse Scotland, these sessions were offered across all social work and social care teams.

There were new learning and development opportunities including an online Sensory Impairment: Recognition and Support course which went live in July 2021. This was developed with DeafBlind Scotland and provides information on a range of sensory impairments, signs that may indicate someone has a sensory impairment, interactive activities to gain greater understanding of what having a sensory impairment can be like and signposting to support that is available in Fife and nationally.

At the latter part of the year, using funding from the Scottish Government, the first of several planned training, specifically for Health and Social Care, on the Coach Approach was delivered. This was made available to staff across the Partnership. The Coach Approach is being offered to staff with a line management or supervisory role, with the aim of improving the quality of conversations with staff to allow them to reach their own solutions and conclusions.

In addition, introduced early in 2022, with plans to continue to offer these in 2022-23, were Transgender and LGBT+ Awareness sessions and a seminar on Trauma. The Transgender and LGBT+ Awareness sessions have been offered across the Partnership and are delivered by the Terence Higgins Trust, Health Promotions Specialist for Fife. The Trauma Seminar: Impact of Trauma through the Lifespan, was originally delivered to the Adult Protection Committee. It had been so well received; it was agreed to offer this to a wider social work audience. This full day seminar, delivered on MS Teams, received great feedback from participants and was attended by staff from Adult and Older People Services Assessment and Care Management Teams and Justice Services.

Going forward, priorities for 2022-23, in addition to the existing learning and development and essential training for service delivery, include

- leadership and management
- assessment and management of risk
- induction

It is also anticipated that services will have more capacity to look at team development, with support provided to tailor this to meet individual team's needs.

Mandatory Training for staff is split into 3 requirements:

1. Training that is required by all Fife Council employees

This is generally eLearning that is either required to meet legislation requirements and/or health and safety requirements.

2. Training that is required by all staff in Health and Social Care

The training in this category links with specific National Frameworks which are relevant across all Health and Social Care Staff, but the level of training may differ depending on the staff member's role.

3. Training that is required for a specific Service or role in Health and Social Care

This may also include training to provide specific support to individuals receiving services. Service specific mandatory training is agreed with Service Managers.

The following training is the mandatory for all Fife Council employees. These eLearning courses are automatically assigned to staff on the Council's Learning Management System (Oracle).

- ACT Awareness
- An Introduction to Health & Safety at Work (RoSPA)
- Corporate: Mentally Healthy Workplaces
- Cyber Security – Stay Safe Online
- Fife Council Data Protection
- Fife Council: Email, Phone and Internet Guidelines
- Fife Council: Information Security
- PREVENT

In addition, there is mandatory training for all Health and Social Care staff, although the level of training required will depend on the individual's role.

- Adult Support and Protection – linking with Adult Support and Protection (Scotland) Act 2007
- Child Protection – linking with National Guidance for Child Protection in Scotland 2021
- Diversity and Equality – linking with Equality Act 2010
- EPiC (Equal Partners in Care) – linking with Carers Strategy
- Trauma Informed Practice – linking with National Trauma Strategy

Depending on the area of work, Service and role specific mandatory training may include:

- Adults with Incapacity (Scotland) Act Part 1 and Part 2
- Adult Support and Protection Council/Supporting Officer
- Autism
- CALM
- Care Programme Approach
- Dementia Awareness
- Duty of Candour
- Dysphagia
- Emergency First Aid
- Enteral Feeding Pump
- Epilepsy
- Fire Safety
- Fluids, Nutrition and Food Safety
- Food Hygiene
- Good Conversations
- Hoarding Awareness
- Implementing the Carer's (Scotland) Act
- Infection Control
- Legionella Awareness
- Lone Working Hazards and Risks
- Medication Administration
- Midazolam
- Moving and Handling
- Professional Curiosity
- Risk Assessment
- Self-Directed Support

Often there is a range of training within these topics offering different levels of development.

Training and Development (NHS Staff)

There is no classroom training at this time, however several offerings have been reintroduced, including Recruitment and Selection, TURAS Appraisal, Foundation Management, and preparing for retirement (all delivered via Microsoft Teams). Microsoft Teams has been welcomed and enjoyed by an overwhelming majority of employees.

The TURAS appraisal training was attended by 179 H&SC employees between April 2021 and the end of March 2022.

A total of 9 H&SC employees attended the 5 week Foundation Management course delivered over 4 cohorts in the same 12 month period.

NHS Fife has now completed the phased move from our existing Learning Management system and e-Learning authoring tool (used since 2014) to the nationally supported TURAS Learn system. The transition to TURAS Learn has allowed us to provide the workforce with more interactive and engaging eLearning. All our core training modules have been redeveloped and have also created a number of new wellbeing resources.

The H&SCP will benefit from this move as access to the platform will also be available to third sector organisations, thus ensuring they have the same opportunities for learning. Collaborating with our partnership colleagues and managers in H&SCP, we are working to provide access to non-compliance training reports. Our goal is to report on compliance based on job role. As part of phase 2 of the TURAS Learn project, we will facilitate manager self-service, which will ensure that managers and employees are able to access compliance data and that employees are notified when they are required to update their training.

We are currently preparing to launch facilitated career conversation lite where we will facilitate a career conversation that enables staff to: reflect on their career history, explore their current role and opportunities, and define their aspirations and development needs.

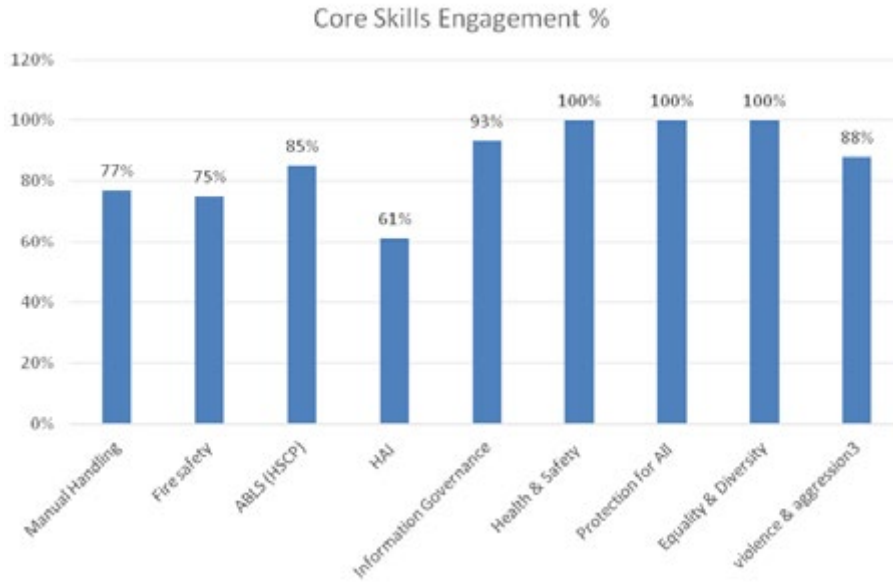
Core skills compliance

Core Skills training is monitored at the local level in accordance with organisational policy and statutory requirements. In the first 3 months of employment, all 9 core topics (shown below) must be completed, and then updated at appropriate intervals. We acknowledge that it is unrealistic to expect full participation of all employees as some members of staff will not be able to meet the core requirements due to long-term absences. It is important to note that since this data was captured, efforts have been made to improve compliance levels in several areas, including:

- Fire safety
- Information Governance, and
- Equality and Diversity

We have developed Core Skills Training Guidance and efforts are being made to provide all managers with compliance data regarding their teams, as well as some supporting guidance materials, to enable them to identify outstanding Core Training for each member of their staff.

Below is a table illustrating the Core Skills Engagement within the Health and Social Care Partnership.



Induction

As previously reported a new welcome and orientation package for employee induction was launched on our new learning platform TURAS Learn. This package went live on the 1st July and ensured that every member of staff was provided with a consistent and structured approach to their initial learning and development needs, ensuring that our staff are appropriately trained to deliver a quality service to patients in line with organisational requirements. The package has been warmly welcomed and more than 279 new HSC employees have now completed this induction. We are currently seeking feedback to measure the benefit of the new learning resource to make continuous improvements.

National Whistleblowing Standards

New National Whistleblowing Standards for the NHS in Scotland came into force on 1st April 2021. This is a change in how whistleblowing concerns are dealt within the NHS. The Standards are underpinned by legislation and cover all NHS providers.

The key aim is to ensure everyone is able to speak out and to raise concerns, when they see harm or wrongdoing putting patient safety at risk or become aware of any other forms of wrongdoing.

This learning became a core requirement over the course of 2021/22 in order to ensure that all members of staff are appropriately trained. The relevant learning can be accessed via the links below:

- **Whistleblowing : staff needing an overview | Turas | Learn**
- **Whistleblowing : managers and people who receive concerns | Turas | Learn**

To date 1968 members of H&SC workforce undertook the staff training and 345 undertook the manager training.

Appendix 4

Health & Safety

Fife Council Health & Safety

Workplace Violence

The HSCP continue to be committed to positive and proactive approaches with service users who present with behaviour that challenges.

During the first year of the COVID-19 pandemic, there were significant changes in areas of Adult Services in relation to the complex needs of some service users – this trend has continued over the last twelve months. CALM Theory training continued to be delivered throughout the last year using a blended approach. In addition, pockets of physical intervention training have taken place where the need has been greatest with all COVID guidance adhered to as much as possible in the training environment. The Service have also upskilled staff to deliver Physical Intervention skills as we move through recovery and plans are in place for 2022-23 regarding Physical Intervention training including re-accreditation where required. All training delivery is set within a context of reducing the use of restrictive interventions and protecting service users, as well as the staff who support them.

Home Care Service and Older Peoples Service paused CALM Training (theory) during the pandemic but there are plans to re-introduce a programme of training in 2022-23, commencing with priority areas. No physical intervention training is provided for these groups.

CALM Associates across HSCP also now have 'real-time' online access to incidents involving behaviour that challenges, via Assyst. This allows for monitoring and evaluation and creates opportunities to minimise frequency and/or severity of incidents.

Moving and Handling (M&H) Training (April 2021-end March 2022)

The information in this section is not from Oracle due to the difficulties with Oracle reporting. It is gathered from the services and from our own tracking of training completion.

The M&H team, temporarily, have an extra staff member funded by HSCP (until end July 2022) to assist with training and service support. This is focussing on the back log of staff requiring training that had occurred with the pause in some M&H training at the start of lockdown in 2020 and the staff who had been highlighted as out of date by the HSE Notice of Contravention. This additional staff member has been monumental in ensuring timely Foundation training was able to occur. No new staff will wait >2weeks for a place. There were 24 key trainers from HSCP/Education and NHS partners who before lockdown would have delivered this level of training. They were unable to get time away from their own services due to workload pressures for all the reasons you will be aware of. The Foundation training was also temporarily changed to 1 day due to smaller class sizes and the need to have staff job ready as quickly as possible. The skill level required by the trainer to deliver Scottish Manual Handling Passport standard training within one day is high and it has been hugely beneficial to have the M&H team deliver the Foundation training.

Foundation/Induction training has remained as busy this year as it was 2020-21 with clear peaks for recruitment drives throughout the year in September/October and January/February this year.

M&H Course	Classes	Attendees	% Attendance
Foundation 1 day	90	403	75%
Skills Update ½ day	38	170	45%
New Link Worker (30hr course)	6	50	98%
New Competency Assessor for Link Workers ½ day	7	19	100%
Minimal Handling/Driver Course ½ day	2	11	100%
Link Worker Update Online with Assignment	N/A	206	85%

Training currently runs every Wednesday for new staff at the St Clair Centre in Kirkcaldy and booking is made directly with the team. This direct link allows additional courses to be added very easily at peak times and no delays with Oracle accounts. Pre lockdown the average spaces offered per year were 330. The last 2 years have been running with 30% more staff requiring this Foundation/Induction training.

Improvements and changes have been made to link worker update training for 2022 and more information about that will be coming very soon.

The M&H team support with complex service users and discharges. They have continued to visit service users in hospital or at home with Link workers to ensure as successful a discharge or ongoing care as possible. Work to support NHS staff with M&H to facilitate D/C is also done.

Service Area	Compliance with M&H Training 31/3/22
Community Occupational Therapy	OTAs 99% OTs 94%
Care at Home	Frontline 78% Link workers 85%
Community Support Services	Frontline 68% Link workers 95%
Adults Accommodation	Frontline 95% Link workers 80%
Older Peoples Care Homes	Frontline 90% Link workers 80%
AVERAGE	86%

Priorities going forward

Engaging with staff with the relevant evidence to decide if temporary measures put in place for the last 2yrs should continue.

Namely;

- 1 day Foundation vs 2 day Foundation
- Use of service key trainers vs M&H Team maintain resource for classroom training
- Link worker update wholly online vs Link workers must evidence practical competence.
- M&H Team getting out to services for compliance checking. Ensuring that all the surrounding procedures that support training are being followed.

Display Screen Equipment (DSE)

During 2021/22 home working introduced as a direct result of lockdown has now become the norm for many employees. Our IT systems have continued to adapt to remote working, employees have been issued with hardware (web cams, headsets, cloud-based PCs etc) as required to facilitate working at home. Employees were asked to complete DSE elearning and reported any issues with their home set up to their manager. This process will continue as we move to a formal blended working workstyle.

Mental Health

During 2021/22 FC promoted good mental wellbeing with the provision of a revised intranet page which includes information and guidance on: stress (individual and organisational risk assessment) , counselling, the supportive workplace (including mental health first aiders), personal life and financial wellbeing.

COVID

When staff started to return to work within offices compliance walk rounds were undertaken. Any non-conformances were reported to the employee's managers for attention.

Setting Referrals

The HSW team worked with colleagues in Environmental health to follow up COVID 19 positive cases relating to employees to follow up breaches identified and any follow up with Managers.

94 reports were received in 2021/22 for HSCP with 10 identifying a breach mainly relating to social distancing.

Lone Working Solutions

Where an employee is identified as being at risk from lone/remote working they were issued with a lone working fob. However, we are seeing low usage of the system, within HSCP utilisation was approx. 18%. This is cause for concern and the reasons for the low usage should be investigated as soon as possible.

Driving Licence Checks

The exercise to check driving licenses within HSCP was completed in 2021. Any drivers failing to complete the check were notified that they can't drive on FC business.

Slips, Trips and Falls in Care Homes

Slips, trips, and falls (STFs) account for the highest number of incident reports within HCSP. Out of the total number of STF incident reports, 92% were in Residential and Day Care Services. A deep dive was carried out on STFs in care homes. There were no specific areas of concern, and a report will be issued in April 2022.

HSE

RIDDOR Reports

There were 23 RIDDOR reports, 6 of these were Occupational Diseases, all work related Covid-19 and all within Residential and Day Care Services.

10 led to over 7 days lost/restricted duties – Injury to Employee.

1 led to Specified injury to employee.

6 led to Service User admitted to hospital for treatment.

Notes of Concern

There was one NOC from HSE. This came from an incident which occurred in June 2020 within Adult Resources and resulted in the death of a service user. The service user who was diagnosed as having oral dysphagia, was eating a sandwich that contained a filling deemed as high risk for his diet as assessed by the SALT unit. The service user choked and despite resuscitation attempts by staff and paramedics, he died. The RIDDOR report was sent to the HSE and the HSE have since handed this over to the procurator fiscal.

NHS Fife HSCP Health & Safety

As the pandemic is hopefully being brought under control and things start to open up, the ligature risk assessment programme for the partnership is being re-introduced. Some work on updating action plans and process were undertaken as safely as could be achieved during the pandemic. The process and programme for these assessments is being reviewed using small test of change methodology to provide better quality and more consistent assessments and this has been a significant piece of work for 2021 – 2022.

From September 2021 and early into 2022 we focused on 5 particular areas to allow better quality and more consistent ligature risk assessments throughout the Mental Health and Learning Disability Service.

4. A documented Ligature Risk Assessment (LRA) process.
5. Ligature Risk Assessment Tool.
6. Ligature Risk Assessment – Immediate / High Risk Action Plan.
7. Ligature Management Oversight Group – representation includes H&S Lead, Head of Estates, Sector Estates Managers, Service Manager and Head of Nursing.
8. Ligature Management Spreadsheet.


Learning from past assessments, streamlining of the programme and collaborative working with Clinical and Estates staff has resulted in a more structured collation of information, which feeds directly into the assessment. NHS Fife Ligature Risk Assessment Tool incorporates the patient group (cognitive understanding / ability), the type of service, individual rooms and the specific height of the ligature point.

A rolling schedule was sent out to our Estates Managers and Clinical Staff in March regarding the proposed 2022 Ligature Risk Assessments. The programme of works is currently in motion for 2022.

In the 2020-21 annual report the reintroduction of face to face training for staff was highlighted as a key theme for 2021-22. We can confirm that retrospective manual handling training was completed for the staff who started with NHS Fife at the beginning of the pandemic.

Focus and direction was given to:

- Retrospective induction for staff already in post (Fully Contracted and Bank staff)
- Re introduction of Refresher Courses (Fully Contracted and Bank staff) (scenario based)
- Competency Based Assessments in wards / areas to support classroom sessions
- Specific support to wards and areas as required and or requested
- Bespoke sessions provided (based on risk and capacity)
- Contingency and resilience provided within plan to accommodate short notice / immediate needs of the organisation
- Redeployment of staff
- Reopening of wards (VHK ward 6 , QMH Ward 8 and 8a , Cameron Balfour)
- Increase in ward capacity (VHK ward 10)



All face-to-face training has resumed, inclusive of H&S, V&A and Manual Handling with associated covering risk assessments and Covid Questionnaires to facilitate a safe environment and training session for all involved. Training schedules have been set up and are out on stafflink for staff to book.

Continued involvement of the H&S leads at the LPF will also need considered as this was introduced as a pandemic measure but is perhaps a relationship worth preserving on a more formal basis and on parity with the NHSFife Acute Division LPF.



Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 September 2022
Title:	Whistleblowing Annual Performance Report 2021 / 2022
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sandra Raynor, Head of Workforce Resourcing and Relations

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Government policy / directive
- Legal Requirement

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

- Safe, Effective and Person Centred

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

- Well Informed
- 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

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

2.2 Background

This is the first Annual Report provided to Staff Governance Committee members, as required by the National Whistleblowing Standards, on whistleblowing concerns received from 1 April 2021 to 31 March 2022. Whilst anonymous concerns do not meet the definition

of the standards, as best practice, they are managed in line with the standards and are therefore part of the reporting data.

The report also provides information to Staff Governance Committee members on the progress with the implementation of the Standards.

2.3 Assessment

2.3.1 Reporting

As part of on-going engagement with NHS Boards, the Independent National Whistleblowing Officer (INWO) continues to review and evolve best practice on reporting. The issue of quarterly reporting being separate from or incorporated into annual reporting has been noted and the INWO has indicated the intention to seek feedback from across Boards.

In this cycle NHS Fife decided to keep the quarterly reporting separate to allow greater flexibility in developing the format of the annual report in year one of the implementation of the Standards.

Attached as Appendix 1 is the Whistleblowing Annual Performance Report for 2021 / 2022 which details the concerns raised since April 2021.

2.3.2 Awareness Raising and Training

NHS Fife has a commitment to supporting staff and creating an environment that promotes their welfare and development. Across the year promotion of training has been maintained to ensure managers are aware of the requirements for handling whistleblowing concerns and staff have an appreciation of how to raise concerns. Three on-line learning modules were developed by NES, and these have been promoted via a Desktop Banner, the weekly brief and Stafflink. The TURAS Learning modules have also been supplemented with Face-to-Face Training for those who work in services that are less enabled and may not access TURAS Learn e.g. Hotel Services.

We continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector. Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.

2.3.3 Key Performance Indicators

As the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we are unable to report on our performance in relation to the handling of these whistleblowing concerns within the annual report in this cycle.

2.3.4 Lessons Learned / Actions Taken

One of the main aims of the whistleblowing procedure is to ensure learning from the outcome of whistleblowing concerns and to identify opportunities to improve NHS services.

Managers must record all whistleblowing concerns, in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, such as through service improvements or training opportunities.

A focus on the lessons learned will demonstrate that concerns are taken seriously, and that staff are treated well through the process.

Due to the low number of concerns received learning, changes or improvements to services are limited, and as there is a requirement in the Standards to maintain anonymity. However, learning from concerns is being recorded and shared with relevant management teams and service areas, as appropriate.

2.3.5 Quality / Patient Care

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

2.3.6 Workforce

The monitoring of whistleblowing or anonymous concerns ensures colleagues are afforded the highest standards of governance as set out in the NHS Scotland Staff Governance Handbook and a culture which supports the appropriate raising and handling of concerns.

The content of the Whistleblowing Annual report contributes to the Well Informed; Involved in Decisions; Treated Fairly and Consistently, with dignity and respect in an environment where diversity is valued and Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community strands of the NHS Scotland Staff Governance Standard.

2.3.7 Financial

N/A

2.3.8 Risk Assessment / Management

Dealing appropriately with whistleblowing or anonymous concerns is an important factor in the identification and management of risk and providing appropriate assurance to the NHS Fife Board.

In respect of the implementation of the standards, there is a risk that if the new standards are not widely promoted across the organisation, then staff will be unaware of how to raise a concern and consequently the organisation may lose the opportunity for improvement and learning. In order to mitigate this risk, there is ongoing communications and training. Work continues in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.

2.3.9 Equality and Diversity, including Health Inequalities

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

2.3.10 Other Impact

N/A

2.3.11 Communication, Involvement, Engagement and Consultation

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

2.3.12 Route to the Meeting

This paper has been shared within the Workforce Senior Leadership team and Executive Directors Group and their feedback has informed the development of the content presented in this report.

2.4 Recommendation

The Whistleblowing Annual Report 2021 / 2022 is provided to Staff Governance Committee for **Assurance** and confirms:

- concerns raised from 1 April 2022 to 31 March 2022;
- the data on training from 1 April 2022 to 31 March 2022.

3. List of Appendices

The following appendices are included with this report:

Appendix 1 – Whistleblowing Annual Performance Report 2021 / 2022

Report Contact:

Sandra Raynor
Head of Workforce Resourcing and Relations
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Whistleblowing Annual Performance Report 2021 / 2022

Draft V1: June 2022

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Draft V1	30/6/22	Whistleblowing Annual Performance Report 2021 / 2022 drafted

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1. Whistleblowing Concerns 2021 /2022

1.1 Context

The new role of Independent National Whistleblowing Officer (INWO), undertaken by the Scottish Public Services Ombudsman came into effect on the 1 April 2021. This provides a mechanism for external review of how a Health Board, primary care or independent provider has handled a whistleblowing concern. On the same date the National Whistleblowing Standards were formally published, and the “Once for Scotland” Whistleblowing Policy went live.

The National Whistleblowing Standards (the Standards) set out how all NHS service providers in Scotland must handle concerns that have been raised with them about risks to patient safety and effective service delivery. They apply to all services provided by or on behalf of NHS Scotland and must be accessible to all those working in these services, whether they are directly employed by the NHS or a contracted organisation.

The Standards specify high level principles together with a detailed process for investigating concerns which all NHS organisations in Scotland must follow. Health Boards have particular responsibilities regarding the implementation of the Standards:

- Ensuring that their own whistleblowing procedures and governance arrangements are fully compliant with the Standards.
- Ensuring there are systems in place for primary care providers in their area to report performance data on handling concerns.
- Working with higher education institutions and voluntary organisations to ensure that anyone working to deliver NHS Scotland services (including students, trainees and volunteers) has access to the Standards and knows how to use them to raise concerns.

To comply with the whistleblowing principles for the NHS as defined by the Standards, an effective procedure for raising whistleblowing concerns needs to be *“open, focused on improvement, objective, impartial and fair, accessible, supportive to people who raise a concern and all people involved in the procedure, simple and timely, thorough, proportionate and consistent.”*

A staged process has been developed by the INWO. There are two stages of the process which are for NHS Fife to deliver, and the INWO can act as a final, independent review stage, if required:

- **Stage 1:** Early Resolution – for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action (5 working days).
- **Stage 2:** Investigation – for concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response (20 working days).

The Standards require all NHS Boards to report quarterly and annually and detail information on three key statements:

- Learning, changes or improvements to services or procedures as a result of consideration of whistleblowing concerns.
- The experience of all those involved in the whistleblowing procedure.
- Staff perceptions, awareness, and training.

1.2 Areas Covered by the Report

Since the go-live of the Standards in April 2021, processes have been put in place in NHS Fife to gather whistleblowing information raised across all NHS services to which the Standards apply.

Within NHS Fife in the Health and Social Care Partnerships (HSCP) any concerns raised about the delivery of a health service by the HSCP are reported and recorded using the same reporting mechanism which is in place for those staff employed by NHS Fife.

The Primary Care Manager has specific responsibilities for concerns raised within and about primary care service provision. Mechanisms are in place to gather information from our primary care contractors and those local contractors who are not part of wider National Procurement contracts managed by NHS National Services Scotland.

1.3 Implementation and Raising Awareness

- NHS Fife in advance of the launch of the standards began raising awareness of the Standards with all staff, which includes managers, via Managers, Staff Side Colleagues, Staff Briefs and Communications on StaffLink.
- Various iterations of papers were presented to the Executive Directors Group, LPF's and APF's outlining implementation plans in the lead up to the standards coming into force.
- A Whistleblowing Champion was appointed to support the implementation of the Whistleblowing Standards.
- NHS Fife is committed to supporting staff and creating an environment that promotes their welfare and development. Two on-line learning modules were made available to managers and staff to help the transition to the new standards. One for staff who need an overview of the Standards, which takes around an hour to complete; and the other for managers, which takes two to three hours to complete. The learning programme for managers is longer and more in-depth. This reflects their extra responsibilities for responding to concerns raised under the Standards for managers. These have been promoted via a Desktop Banner, the weekly brief and Stafflink.
- All managers and staff were encouraged to access the learning programme on the TURAS platform, which will be added to their personal development plan. A certificate of completion was made available for each learning programme to evidence learning and understanding of this across the Board.

- A section on the standards and the required training that has to be undertaken by all staff has been included in our new “welcome and orientation” pages on TURAS Learn and built into Core Training Guidance. In addition, a Whistleblowing hub has been established on Stafflink.
- During April 2022, a third on-line learning module has been launched for Senior Managers who are responsible for recording and reporting of Whistleblowing Concerns. The TURAS Learning modules have also been supplemented with Face-to-Face Training for those who work in services that are less enabled and may not access TURAS Learn e.g. Hotel Services.
- Quarterly reports on the uptake of the training modules on TURAS are prepared to monitor activity.
- We have also worked closely with our primary care colleagues, raising awareness through their Primary Care Manager. Processes are now in place with each primary care contractor group.

1.4 Our Plans for 2022 / 2023

- We will continue to promote the Standards and how to raise concerns safely within the organisation and develop a systematised approach to sharing learning.
- We want to continue the discussions of the need for further training managers in the skills to undertake a good investigation.
- We will continue to develop our awareness raising and promotion of the new standards in line with INWO advice and best practice sharing across the sector.
- Recent INWO updates have encouraged the use of business as usual processes for handling concerns and making sure routes for speaking up are obvious and easy to access. This remains a focus for work in both Staff and Clinical Governance activity to encourage staff to use internal routes in the first instance which will allow the most effective issue resolution.
- Working with investigators and Executive Directors, we will review learning from the process and share as appropriate across the organisation.
- Undertake a review of the existing Confidential Contacts to gain their views a year into the implementation of the standards and establish areas of improvement and the work required to increase the number of confidential contacts are appropriate.
- Develop a Standard Operating Procedure to deal with anonymous concerns.
- Consider how those who have been involved feedback their experiences and the role of the Whistleblowing Champion within that feedback process.
- We will continue to gather information on barriers to raising concerns and look at way in which these can be addressed.
- We will commence reporting of any local press coverage so we can use this to inform our practice.

1.5 Performance Information 1 April 2021 – 31 March 2022

Under the terms of the Standards, the quarterly performance report must contain information on the:

- Total number of concerns received.
- Concerns closed at stage 1 and stage 2 of the whistleblowing procedure as a percentage of all concerns closed.
- Concerns upheld, partially upheld and not upheld at each stage of the whistleblowing procedure as a percentage of all concerns closed in full at each stage.
- Average time in working days for a full response to concerns at each stage of the whistleblowing procedure.
- Number and percentage of concerns at each stage which were closed in full within the set timescales of 5 and 20 working days.
- Number of concerns at stage 1 where an extension was authorised as a percentage of all concerns at stage 1.
- Number of concerns at stage 2 where an extension was authorised as a percentage of all concerns at stage 2.

1.6 Total Number of Whistleblowing Concerns and Anonymous Concerns

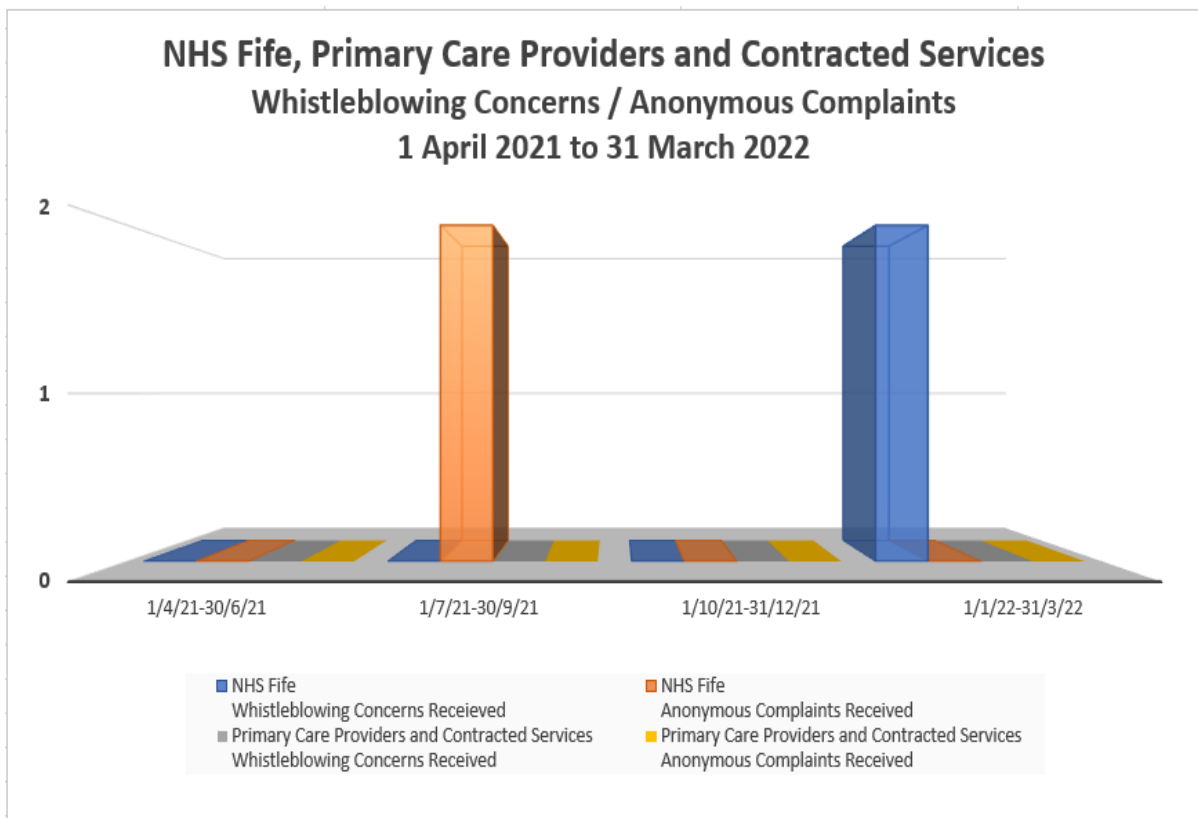
Since the implementation of the Standards (April 2021), NHS Fife have received two whistleblowing concerns during quarter four of the annual reporting period, and none from primary care providers and contracted services, as detailed in the graph below.

Concerns cannot be raised anonymously under the Standards, nor can they be considered by the INWO. However, good practice is to follow the whistleblowing principles and investigate the concern in line with the Standards, as far as practicable.

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

NHS Fife received two anonymous concerns during quarter two of the annual reporting period and none from primary care providers and contracted services, also detailed in the graph below. The anonymous concerns were received within the Acute Services Division and Health and Social Care Partnership and related to Safe Staffing Levels and Appointment Scheduling respectively.

Where appropriate, and applicable, the outcomes from the investigations into anonymous concerns are shared with the service area.



1.7 Concerns Closed at Stage 1 and Stage 2

The two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix. Both concerns are being dealt with at Stage 2 of the standards, meaning they require further investigation before a conclusion can be reached. In line with policy, both concerns have had extensions approved for investigation, see additional information at 1.11.

1.8 Concerns Upheld, Partially Upheld and Not Upheld

As previously referenced, the definition of a stage 1 concern – Early resolution is for simple and straightforward concerns that involve little or no investigation and can be handled by providing an explanation or taking limited action, within 5 working days.

The definition of a stage 2 concern – are concerns which tend to be serious or complex and need a detailed examination before the organisation can provide a response within 20 working days.

Since the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we unable to provide this analysis, but will report this in future reporting.

1.9 The Average Time in Working Days for a Full Response

Again, since the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we are unable to provide this analysis.

1.10 Number of Concerns Closed in Full Within Set Timescales

Again, since the two whistleblowing concerns received during quarter four have not yet reached a conclusion and been closed in Datix, we are unable to provide this analysis.

1.11 Concerns Where an Extension Was Authorised

Under the terms of the Standards, for both stage 1 and stage 2 concerns there is the ability, in some instances, for example staff absence, the number of witnesses involved or difficulty in arranging meetings, to extend the timeframe in which a response is provided. The person raising the concern must be advised that additional time is required, when they can expect a response, and for stage 2 concerns an update on the progress must be provided every 20 days.

Extensions have been approved for the two whistleblowing concerns received during quarter four. The whistleblowers have been advised of the need to extend the timescales and have been kept up-to-date with the progress of the investigation into their concerns throughout the process.

1.12 Primary Care Contractors

Primary Care Contractors (GP practices, dental practices, optometry practices and community pharmacies) are also covered by the Standards.

The Primary Care Manager wrote to all practices and community pharmacies in March 2021 advising that new National Whistleblowing Standards for the NHS in Scotland would come into force from 1 April 2021. A further letter was circulated providing an update on the requirements for local policies and information on the reporting process as we refined that for contractors.

Each contractor group were also supplied with a dedicated contact within NHS Fife who would help with raising concerns. Primary Care Contractors are required to report in line with the same key performance information as NHS i.e. quarterly reports on number of cases, cases closed etc. In instances where no concerns have been raised within either primary care or other contracted services there is no need to provide a quarterly return to the Board, but annual reports must still be submitted, setting out the concerns that have been raised over the year, or providing an explanation that there have been no concerns raised.

1.13 Learning, Changes or Improvements to Services or Procedures

One of the main aims of the whistleblowing procedure is to ensure learning from the outcome of whistleblowing concerns and to identify opportunities to improve NHS services.

Managers must record all whistleblowing concerns, in a systematic way so that the concerns data can be analysed to identify themes, trends and patterns and to prepare management reports. By recording and using concerns information in this way, the root causes of concerns can be identified and addressed, such as through service improvements or training opportunities.

A focus on the lessons learned will demonstrate that concerns are taken seriously and that staff are treated well through the process.

Due to the low number of concerns received learning, changes or improvements to services are limited, as there is a requirement in the Standards to maintain anonymity. However, learning from concerns is being recorded and shared with relevant management teams and service areas, as appropriate.

System-wide learning, changes or improvements to services can be limited by the need to maintain confidentiality of individual Whistleblowers. For each complaint that is upheld or partially upheld, it is proposed that a documented action plan is put in place to address any shortcomings or apply the identified learning. The action plan is agreed and overseen by the Executive Director responsible for commissioning the investigation under the standards.

It is recognised that there is a need to capture both local and system-wide learning from investigations and processes are being put in place to record this.

Part of the work referred to in section 1.4 is ongoing work to allow future learning to be captured. This will include any local or system wide learning identified during the investigation, and the Executive Director commissioning the investigation will also document any additional learning they have identified and agree/advise how best this will be shared and the appropriate forums for sharing.

1.14 Experience of Individuals Raising Concerns

All those who raise concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes as appropriate.

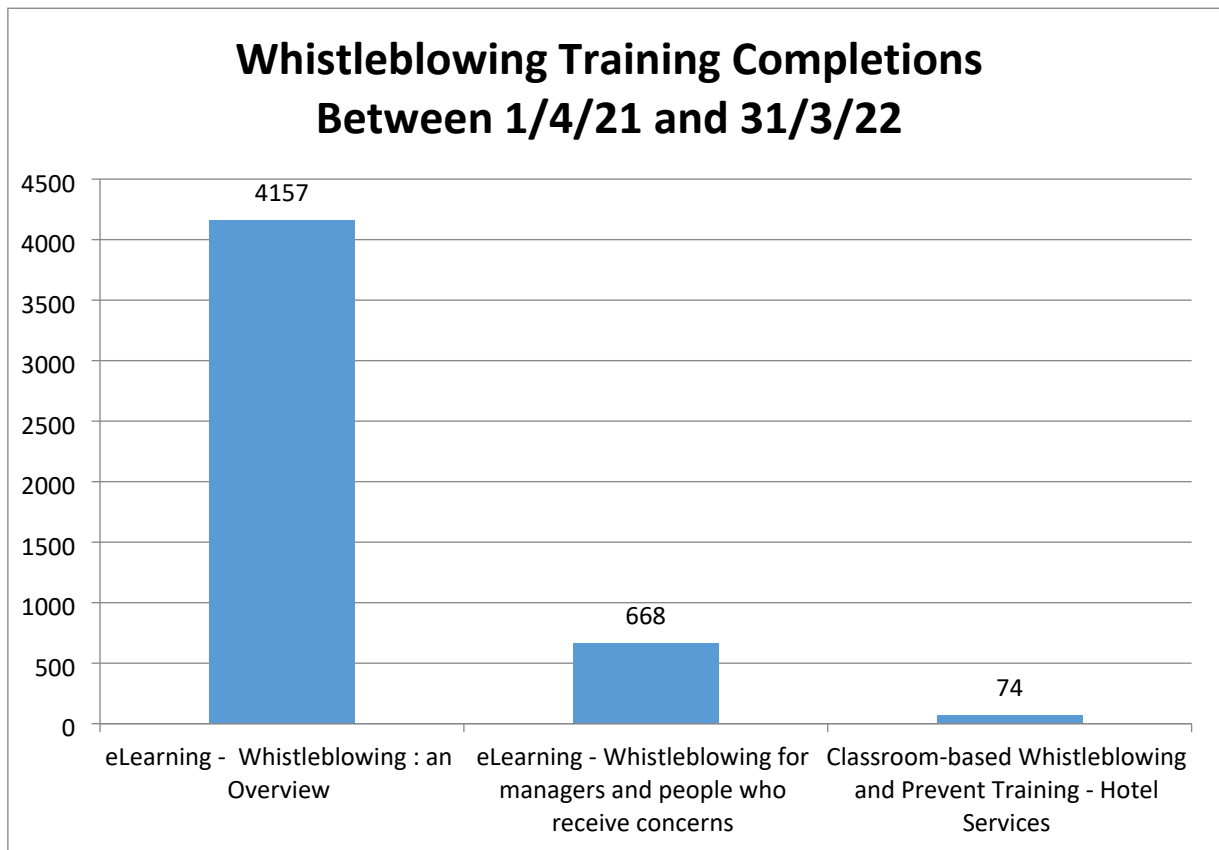
Those raising concerns at stage 2 will be offered a follow up conversation with the Non-Executive Whistleblowing Champion, should they wish to discuss their experience of the process.

1.15 Level of Awareness and Training

Managers and staff guidance have been produced and have been widely publicised. Softer skills and investigation training for those who may be involved in taking or investigating whistleblowing concerns remains under review for work in 2022/2023.

We will continue to monitor uptake, effectiveness and appropriateness of training and will review and refine as required. Communications continue to promote raising concerns in NHS Fife and how this can be done. Through our communications on whistleblowing and how staff can raise concerns in general, we continue to promote the TURAS learning modules.

The training data is summarised below; the data shows all the training that was undertaken between 1 April 2021 and 31 March 2022.



1.16 Whistleblowing Themes, Trends and Patterns During 2021 / 2022

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

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

Theme	Quarter 3 1 October 2021 to 31 December 2021	Theme	Quarter 4 1 January 2022 to 31 March 2022
	Nil	Adult Protection, Other Clinical Events, Patient Information (Records / Documentation / Tests / Results)	1
		Adult Protection	1

1.17 Whistleblowing Concerns and Anonymous Concerns Raised by Division During 2021 / 2022

Division	Quarter 1		Quarter 2	
	Whistleblowing Concerns	Anonymous Concerns	Whistleblowing Concerns	Anonymous Concerns
Acute Services Division				1
Health and Social Care Partnership				1
Corporate Directorates				

Division	Quarter 3		Quarter 4	
	Whistleblowing Concerns	Anonymous Concerns	Whistleblowing Concerns	Anonymous Concerns
Acute Services Division				
Health and Social Care Partnership			2	
Corporate Directorates				

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 September 2022
Title:	Occupational Health & Wellbeing Service Annual Report 2021 / 2022
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Sue Ponton, Occupational Health and Wellbeing Team Leader

1. Purpose

This is presented to Staff Governance Committee for:

- Assurance

This report relates to a:

- Local policy

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

- Safe, Effective and Person Centred

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

- 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 report attached at **Appendix 1** provides an overview of the Occupational Health & Wellbeing Service's clinical and related activity for the period 1 April 2021 to 31 March 2022, including data on compliance with Key Performance Indicators.

2.2 Background

The NHS Fife Occupational Health (OH) and Wellbeing Service (the Service) includes a comprehensive OH Service provision including Occupational Therapy expertise, Physiotherapy access, as well as access to a Mental Health Nurse Practitioner and Self Referral to Counselling for staff.

2.3 Assessment

This report provides the annual overview of the OH Service for 2021/2022, describing the activity and functions, to satisfy the Staff Governance Committee of the performance of the Service and which will be used to demonstrate compliance with statutory requirements and to inform future governance activity.

Performance Monitoring

The Service's performance against Key Performance Indicators (KPIs) is reported on a rolling three-monthly basis and the current agreed KPI compliance rate is 95%. Performance is measured in terms of compliance with achieving 95% of management referral appointments offered within the agreed timeframes (10 days) and 95% reports dispatched following appointments (within 5 days). Comparative data with the previous year's activity has been included within the Appendices of the Annual Report.

The structure of the Annual Report is as follows:

- **Appendix 1** describes the functions of the Occupational Health and Wellbeing Service
- **Appendices 2a, 2b, 3a, 3b and 3c** relate to the data on Service delivered for NHS Fife and its employees.
- **Appendix 4** details the data in relation to the Services delivered to external organisations.

2.3.1 Quality / Patient Care

The Service contributes to promoting staff health and wellbeing creating a positive impact on employee wellness and attendance and therefore contributes to patient care.

2.3.2 Workforce

While the Occupational Health and Wellbeing Service contributes to effective recruitment, to managing staff health at work, to health and safety in the workplace and through the additional OH Services available for staff support the ambition of NHS Fife being an exemplar employer, it is another area where supply and demand of staff is a resourcing challenge, with qualified OH practitioners for both nursing and medical posts being in short supply. Our succession planning in this area is therefore key.

This content of the OH Health and Wellbeing Service Annual Report 2021 / 2022 contributes to the Provided with continuously improving and safe working environment, promoting the health and wellbeing of staff, patients, and the wider community strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

Effective OH input can support prevention of and a reduction in staff sickness absence, which in turn can have a positive impact on the direct and indirect costs of sickness absence.

2.3.4 Risk Assessment / Management

N/A

2.3.5 Equality and Diversity, including health inequalities

N/A

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

This paper has been previously considered by the OH Management Team as part of its development and their feedback has informed the development of the content presented in this report.

2.3.8 Route to the Meeting

This paper has been previously considered by the Senior Workforce Leadership Team and Executive Directors Group as part of its development and their feedback has informed the development of the content presented in this report. The report will also be provided to the Clinical Governance Committee on 2 September 2022.

2.4 Recommendation

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

- Occupational Health and Wellbeing Service Annual Report for 2021 / 2022.

3. List of Appendices

The following Appendix is included with this report:

- Appendix 1: Occupational Health and Wellbeing Service Annual Report for 2021 / 2022

Report Contact:

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

Occupational Health and Wellbeing Service

Annual Report

2021 / 2022

Edition 02: 28 July 2022

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Foreword

This is the second annual report where the COVID-19 pandemic has brought the importance of staff health and wellbeing across the whole of the NHS into critical focus.

The demands on our Occupational Health and Wellbeing Service (the Service) in Fife have increased significantly since the outset of the COVID-19 pandemic and we wish to acknowledge and celebrate that the Service has continued to deliver a safe and effective Service to employees and managers during this period.

In addition to the efforts relating to the pandemic and recovery, the Service has continued to provide a responsive and resilient Service and has supported NHS Fife in meeting the legal responsibilities under the Health and Safety at Work etc. Act 1974, the COSHH Regulations (2002), communicable diseases screening and health surveillance.

Our Service continues to demonstrate innovation and commitment in meeting the occupational health needs of staff and managers and the requirements of NHS Fife. I am delighted that this report highlights the commencement of two new Services; the Occupational Health Mental Health Nurse Support Service and the Occupational Therapy Fatigue Management Service, both available to support staff to be well and get well.

I look forward to the Service continuing to support our staff as we adapt to the legacy of the pandemic and the potential impacts of Long COVID.

LINDA DOUGLAS
Director of Workforce
July 2022

Introduction

The report describes the comprehensive Occupational Health (OH) Service provided to NHS Fife and its employees.

The Service also delivers a comprehensive OH service to Fife General Practitioners and their staff in Fife (GPOH Service) and all Dental Practitioners and their staff and local Fife based Independent Pharmacies under other contractual agreements. A wide ranging defined Service is provided to Scottish Ambulance Service employees referred under an NHS Scotland Procurement 'Consortium' agreement; and by external contractual agreements with St Andrews University for their medical students, with Fife College for nursing students and for NHS Fife based employees of Equans (Estates Service contract).

Appendix 1 provides further details of the full range of Services provided by the OH Service.

Service Developments

Mental Health Support to Staff Service

The Mental Health Support to Staff Service (MHSS) within OH commenced in August 2020, to help staff who were experiencing deterioration within their mental wellbeing during the COVID-19 pandemic. However, as the pandemic progressed, there was a reduction in "COVID-19" being the reason for new referrals and the Service has since evolved, widening the scope for new staff referrals.

Staff supported by this Service are predominantly front line and usually require 3 sessions; occasionally only 2 sessions are required and for more complex conditions, these clients may require 4 sessions. There has been a steady turnover of caseload every 4-8 weeks, due to the light touch interventions Service and there have been no conflicts should the staff be engaging with counselling.

Occupational Therapy Fatigue Management Service

Occupational Therapy Fatigue Management Service (OTFM) commenced in June 2021 and aims to assist people who have experienced COVID-19 and as a consequence are experiencing fatigue impacting on their return to, or functioning at, work. To date this Service is continually evolving to meet the demands. The majority of individuals referred to the new Service require between 6-8 sessions of intervention and this is delivered via telephone, Near Me or Face to Face, as required.

Occupational Therapy (OT) Service

OT evaluations and interventions support an employee in performing their work duties safely with a reduced risk for aggravating their existing condition.

Key Activities

COVID-19 Pandemic Activity

2021-2022 remained an extremely busy time in the Service with models of Service delivery under regular reassessment in order to respond at pace to the needs of the organisation. Review of the Service identifies the impact COVID-19 work has on every aspect of occupational health activity: COVID-19 risk and assessment has to be considered routinely now as part of all usual management referrals, pre-placement assessments and all health-related queries. This often brought an extra level of complexity to the work undertaken which influenced the amount of time spent on each case by the OH clinician, which in turn has an influence on KPI achievement. Consequently the number of cases that are escalated to more senior/experienced OH staff increased.

Support to NHS Fife Committees and Groups

The Occupational Health and Wellbeing Service provides input to the Infection Prevention and Control Committee; Bacillus Calmette-Guerin (BCG) Implementation Group and Tuberculosis Multi-disciplinary Group both of which are recently re-established post pandemic.

Other Groups include: Skin Strategy Group; Occupational Health / HR Operational Group; Promoting Attendance Group; Wellbeing group; Nursing & Midwifery Workforce planning and Recruitment & retentions groups.

In addition, support is given via information, informal training and guidance to Departments, Directorates and Divisions on an 'ad hoc' basis.

Clinical Governance Activity

Agreed light touch clinical governance monitoring was implemented due to diverted efforts during the pandemic, with these were kept under review and internal measures have been reintroduced during the last quarter of 2021.

The Occupational Health & Wellbeing Service's clinical governance structure has recently been aligned to the Faculty of Occupational Medicine's quality standards: Safe and Effective, Quality Occupational Health Services (SEQOHS) standards (2015). SEQOHS is a professionally-led accreditation scheme based on a quality management system format. This provides a framework designed specifically to accommodate all professional aspects of Service provision of a quality Occupational Health Service. At this stage the Occupational Health & Wellbeing Service is not seeking to achieve accreditation, but to align all its work with the standards in preparation for this.

Occupational Health Workforce – Resourcing, Planning and Development

Successful recruitment to the Occupational Health Nurse Team Lead role added to the staffing complement in June 2021. Work commenced in January 2022 to recruit to the Head of Service post which becomes vacant in 2022/23. In addition, there have been challenges to recruit to the qualified Occupational Health Advisor role, and it has taken several advertising campaigns to secure a successful candidate, demonstrating the difficulties being experienced across Scotland to recruit appropriately trained practitioners. The deficit has affected the skill mix of the team and impacted on Service delivery.

Learning and training remain an important part as OH recognises our staff are integral to everything we do. Induction and training programmes for new team members and ongoing development and supervision sessions for existing staff are in place. This is delivered via regular team huddles and case management meetings and during 2021 in-house training sessions have been re-introduced, providing staff with information and training on a variety of topics.

Performance Monitoring

The Service's performance against Key Performance Indicators (KPIs) is reported on a rolling three-monthly basis and the current, agreed historical KPI compliance rate is 95%. Performance is measured in terms of compliance with achieving 95% of management referral appointments offered within the agreed timeframes (10 days) and 95% reports dispatched following appointments (within 5 days). Comparative data with the previous year's activity has been included within the appendices below, for ease of reference.

The data presented within **Appendices 2a, 2b, 3a, 3b and 3c** relates only to the Service delivered to NHS Fife employees, excluding the work / activity done for the other organisations outlined above.

Appendix 4 details the activity data of all other organisations the Service delivers OH support to under agreed external contractual arrangements.

Compliance with Key Performance Indicators

KPI compliance has been affected by staff long term absence as well as the ongoing Service's need to respond to the pandemic timeously. This was seen with reduced capacity in January 2021 following the surge in calls and pandemic related activity associated with the emergence of COVID-19 variants. Despite this the Service prioritised and redirected activity that directly supported organisational need whilst maintaining Services such as recruitment of new staff at pace and management referrals, contamination injury assessments and delivery of occupational vaccination schedules.

The overall level of appointment activity (appointments that were carried out) for 2021/2022 has increased from that of the previous year (6,878 as compared to 6,501 in 2020/2021). This is an increase of 6% in activity (see Graph 1: green)

To fully support employees, line management and the organisation, COVID-19 related activities continue with provision of advice regarding employee's health risks in relation to possible workplace exposures. Telephone or email remains the key methods of contact to the Service. COVID-19 contact tracing and test calls / emails totalled 4439 were timeously responded to. This has demonstrated a 30% reduction in this level of activity; however, much of the COVID-19 work was reactive and so not possible to capture in the usual way, skewing the true level of activity.

As per previous reports, analysis of pre-placement figures has confirmed a rise in numbers of pre-placement appointments with an increase this year of 26% in face to face and telephone consultations (596 compared to 473 in 2020/21), with an increase by almost 300% of OH clinicians passing prospective employees 'fit' on paper screen (1330 compared to 340 in 2020/2021). This change may be explained by three factors:

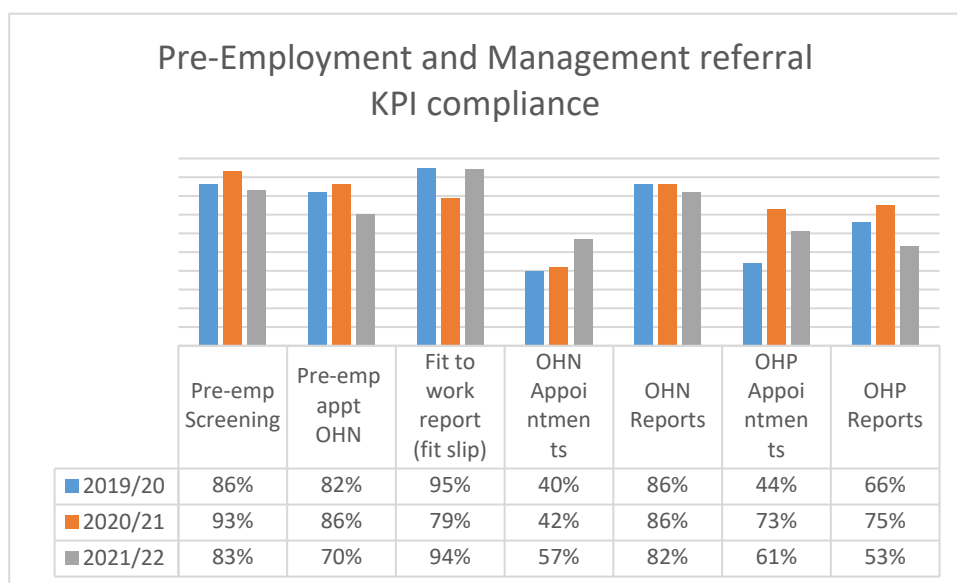
- A noticeable change in behaviour of prospective employees during pandemic ensuring they attached all evidence required at time of submission of their pre-placement questionnaire (PPQ) perhaps in response to new information to do so.
- The development of a revised, risk-assessed, more general pre-placement screening questionnaire which focused on function in the workplace rather than health diagnoses.
- Changed processes within OH with regards to contacting prospective employees by telephone if there were omissions in the information submitted rather than arranging an appointment.

It is also notable that the “Did Not Attend” (DNA) rate for face to face or telephone appointment for pre-placement assessment has increased by 21% (76 compared to 63 in 2020/2021). The reasons for this are not clear but may be a function of aspects of the pandemic and its impact on other industry sectors.

Analysis of the activity report highlights that DNA rates have remained elevated. Overall 10,149 total appointments were offered with 1,607 DNA'd (16%) and 941 (9%) cancelled which results in additional resource to follow these up. From this is noted that a portion of these are related to communicable disease activities. These form approx 60% of appointments offered with DNA rates at 17% and cancellations 11%. Vaccination remains an effective tool against communicable diseases; lack of protection poses risk to HCW and patients.

The average total KPI for Management Referrals (referrals appointed within 10 days of receipt) across Nurse and Physician has increased this year to 56% (for 2020-2021 was 41%). The impact of the Service’s need to focus on the response to the pandemic work as detailed above, has had an effect on this area of activity

Graph 1: Pre-Placement and Management Referral KPI Compliance



Further details of the 2021/22 KPI and activity information, per operational unit, are attached at **Appendices 2a and 2b**.

Appendix 1: Occupational Health and Wellbeing – Occupational Health Functions

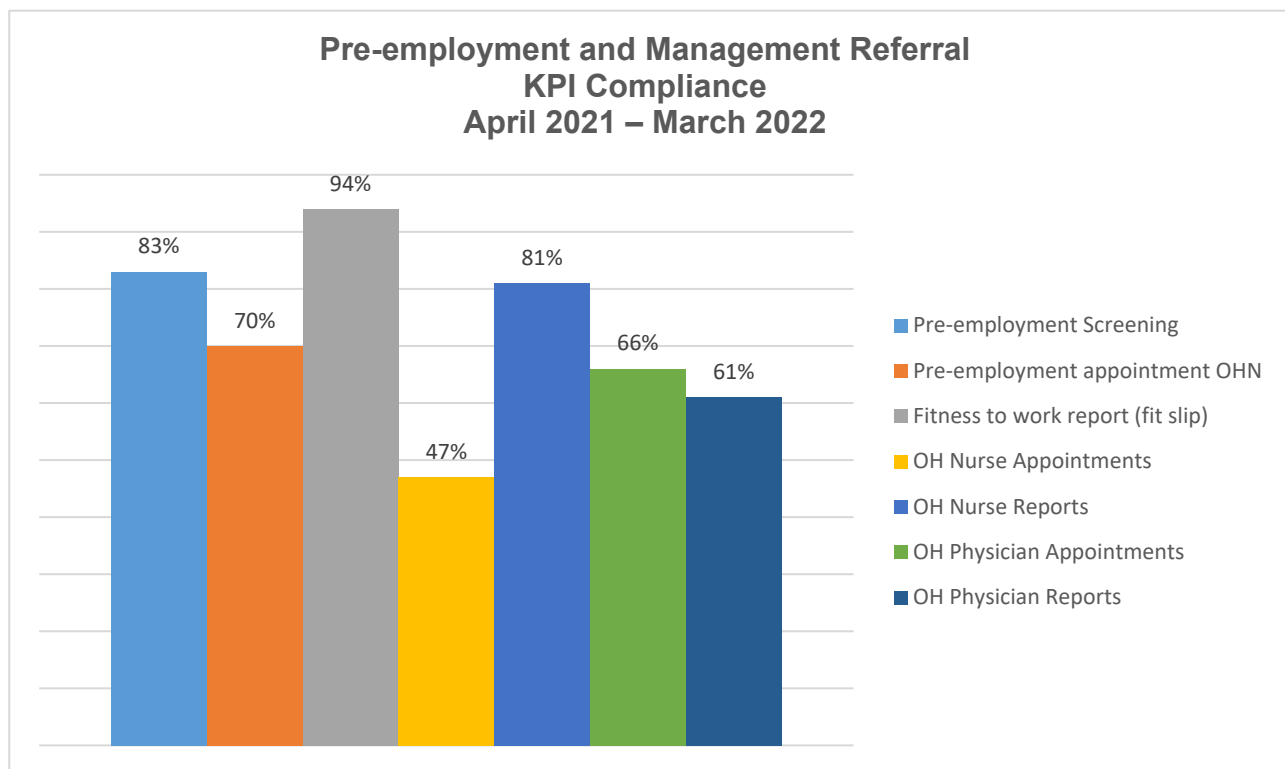
The functions provided by Occupational Health include a comprehensive Service for all NHS Fife employees. The OH team also delivers the same comprehensive Service to Fife General Practitioners and their staff, General Dental Practitioners and their staff, and local Fife-based independent Pharmacies under other contractual agreements.

A defined Service is provided to Scottish Ambulance Service employees referred under an NHS Scotland Procurement 'Consortium' agreement and under agreed external contractual agreements with St Andrews University for their medical students, with Fife College for their nursing students and for NHS Fife based employees of Equans (Phase 3 Estates Service contract).

The activities covered are

- Pre-placement screening to national standards and complying with Equality Act 2010 and Health and Safety at Work etc. Act 1974.
- Communicable diseases screening complying with the 'Green Book', and HPS guidance.
- Contamination incident risk assessment and follow up complying with national guidance.
- Problem Assessment Groups and Incident Management Teams for infectious diseases outbreak scenario. Risk assessment of staff and related follow up.
- Health Surveillance and Health Assessments complying with Control of Substances Hazardous to Health Regulations 2002 (COSHH) and 'fitness to work' (such as for occupational drivers, Exposure Prone Procedure Workers [EPP] and those entering confined spaces).
- Management referral appointments complying with GMC recommendations on transparency, confidentiality and consent, Faculty of Occupational Medicine 'Good Occupational Medicine Practice' and Ethics guidance.
- Expert OH Occupational Therapy assessments to support an employee in performing their work duties with a reduced risk for aggravating their existing medical condition. I.e. DSE; Workability or Job Evaluation assessments.
- Occupational Physiotherapy assessment and treatment.
- Workplace based assessments / visits.
- Support from Mental Health practitioner to support employees in managing their mental health.
- Staff Counselling Service provided by BACP accredited counsellors.

Appendix 2a: Occupational Health and Wellbeing Service – Pre-Employment and Management Referral KPI Compliance (April 2021 to March 2022)



KPI Compliance

Description	KPI Target	Ave days	Processed/ attended	Nos within KPI	KPI Compliance
Pre-Employments:	Within:				
Pre-employment Screening	3 working days	2	1300	1073	83%
Pre-employment appointment OHN	13 working days	8	1279	894	70%
Fitness to work report (fit slip)	21 working days of appt	5	677	633	94%
Management Referrals:	Within:				
OH Nurse Appointments	10 working days of receipt	10	648	303	47%
OH Nurse Reports	5 working days of appt	6	783	633	81%
OH Physician Appointments	10 working days of receipt	10	646	424	66%
OH Physician Reports	5 working days of appt	9	538	330	61%
Combined Dr/Nurse MRs:	Within:				
OH Nurse & Doctor Appointments	10 working days of receipt	10	1294	727	56%
OH Nurse & Doctor Reports	5 working days of appt	7	1321	963	73%

Appendix 2b: Occupational Health and Wellbeing – NHS Fife Activity Report (April 2021 to March 2022)

Pre-employment Questionnaires Received - 2,348 (1,966 in 2020 to 2021)
 Management Referrals Received - 1,496 (1,299 in 2020 to 2021)

Appointment Reason	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Pre-Employment Screening	596	92	6	11	76	42	823
Management Referrals	1463	94	8	16	151	101	1833
Self Referrals	131	3	0	0	20	4	158
Health Surveillance	544	51	1	5	187	41	830
Other Services	211	14	8	10	19	21	283
Communicable Diseases Screening	3748	649	76	241	1032	97	5843
Contamination Injury Assessments	185	38	5	25	122	5	380
TOTAL	6878	941	104	308	1607	311	10149

Divisional Activity Aligned to Above – 2021 to 2022:

Division	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Acute Services Division	3812	542	53	182	1030	165	5784
Corporate Services	1315	183	28	60	298	67	1951
HSCP	1751	216	23	66	279	79	2414
TOTAL	6878	941	104	308	1607	311	10149

Divisional Activity (for Comparison) – 2020 to 2021:

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Acute Services Division	2949	228	42	76	622	70	3988
Corporate Services	690	55	7	20	140	15	927
HSCP	1254	84	9	21	176	42	1586
TOTAL	4892	367	58	118	939	127	6501

PHYSIO / COUNSELLING SELF REFERRAL

Appointment Reason	Attended	
Physio Referral Sessions Via Discharge	999	Including DNA/ cancelled
Caps Referral Sessions Via Discharge	1044	Including DNA/ cancelled

COVID-19

Appointment Reason	Total
COVID-19 testing & Contract Tracing calls/emails	4023
COVID-19 managerial queries	416
TOTAL	4439

OCCUPATIONAL THERAPY

OH Occupational Therapist

Number of clients referred – 137

Number of Jobsite Evaluations (completed) – 43

Number of Computer Workstation Assessments (completed) – 47

Number of Work Ability Evaluations (completed) – 12

Number of Career Search Evaluations (completed) – 7

Number of cancelled appointments – 14

	Referred	Jobsite Evaluations	Computer Workstation Assessments	Work Ability Evaluations	Career Search Evaluations	Cancelled Appointments
OH Occupational Therapist	137	43	47	12	7	14

OT Fatigue Management Service

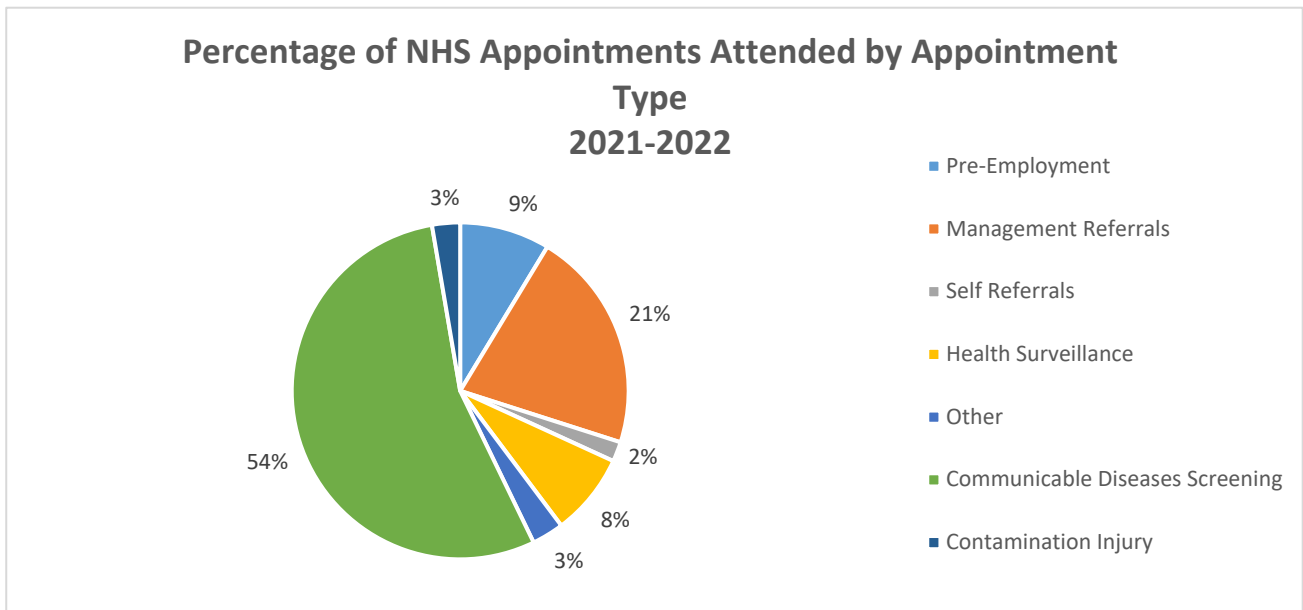
Referred – 38

Discharged – 8

In progress – 23

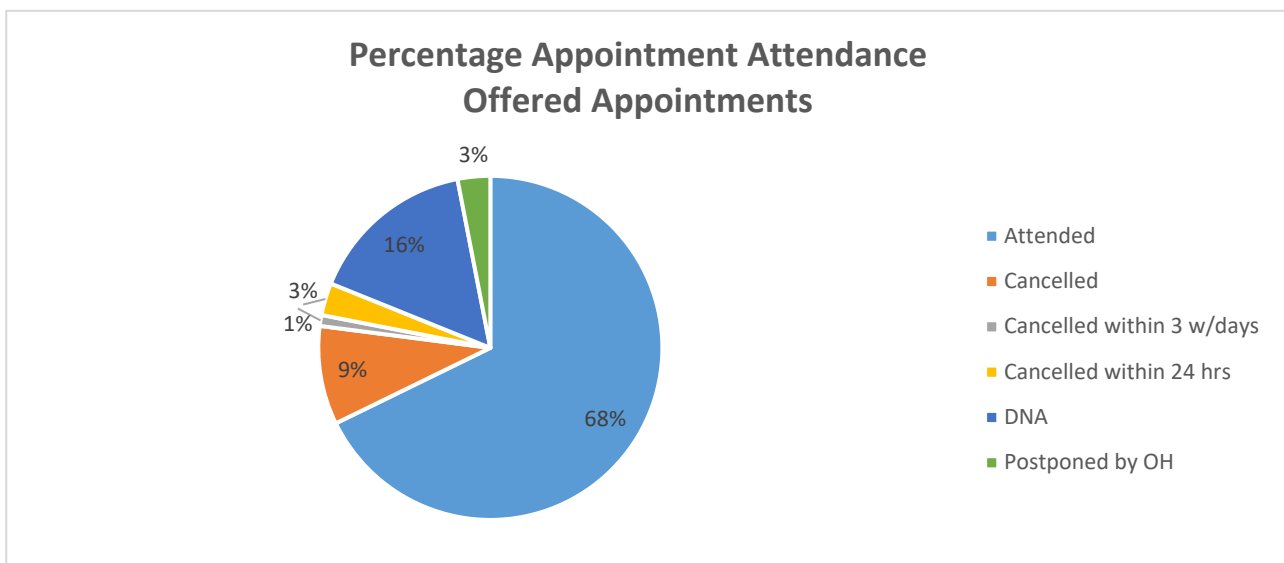
	Referred	Discharged	In Progress
OT Fatigue Management	38	8	23

Appendix 3a: Occupational Health and Wellbeing Service – Percentage of NHS Fife Appointments Attended by Appointment Type (April 2021 to March 2022)



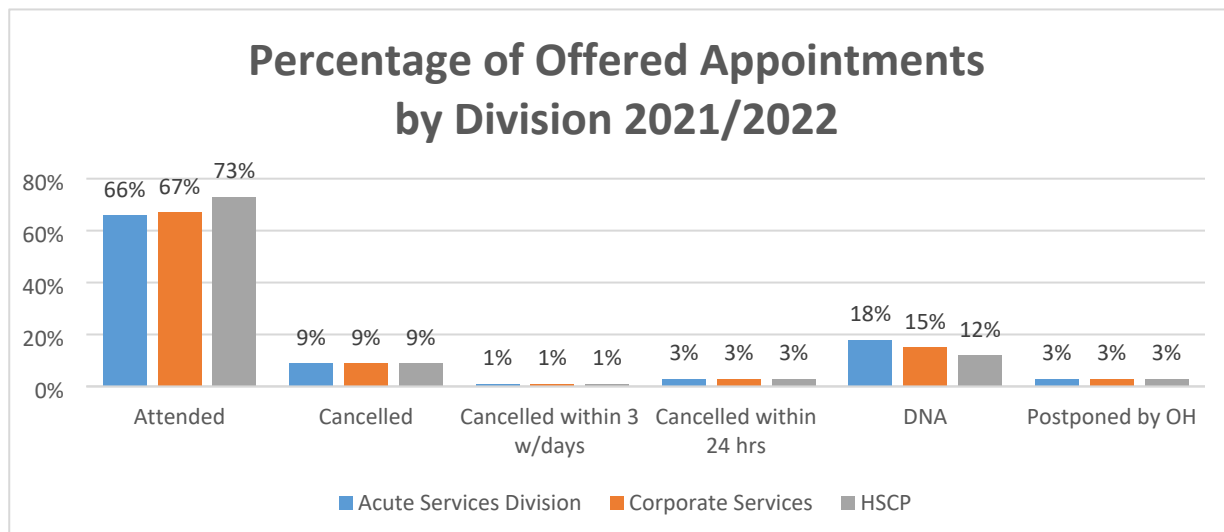
	Pre-Employment	Management Referrals	Self Referrals	Health Surveillance	Other	Communicable Diseases Screening	Contamination Injury	Total
Activity of those attending OH	596	1463	131	544	211	3748	185	6878
% of total number attended	9%	21%	2%	8%	3%	54%	3%	

Appendix 3b: Occupational Health and Wellbeing Service – NHS Fife Appointment Attendance – Percentage of Offered Appointments (April 2021 to March 2022)



	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH
Total	6878	941	104	308	1607	311
Percentage	68%	9%	1%	3%	16%	3%

Appendix 3c: Occupational Health and Wellbeing Service – NHS Fife Appointment Attendance – Percentage of Offered Appointments by Division (April 2021 to March 2022)



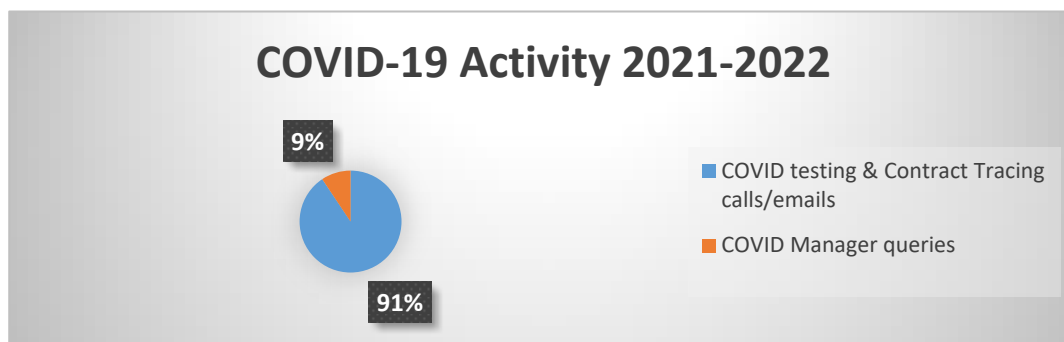
Total Activity By Division:

Division	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Acute Services Division	3812	542	53	182	1030	165	5784
Corporate Services	1315	183	28	60	298	67	1951
HSCP	1751	216	23	66	279	79	2414
TOTAL	6878	941	104	308	1607	311	10149

Percentage of Activity By Division:

Division	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH
Acute Services Division	66%	9%	1%	3%	18%	3%
Corporate Services	67%	9%	1%	3%	15%	3%
HSCP	73%	9%	1%	3%	12%	3%
TOTAL	6878	941	104	308	1607	311

Percentage of COVID-19 Activity



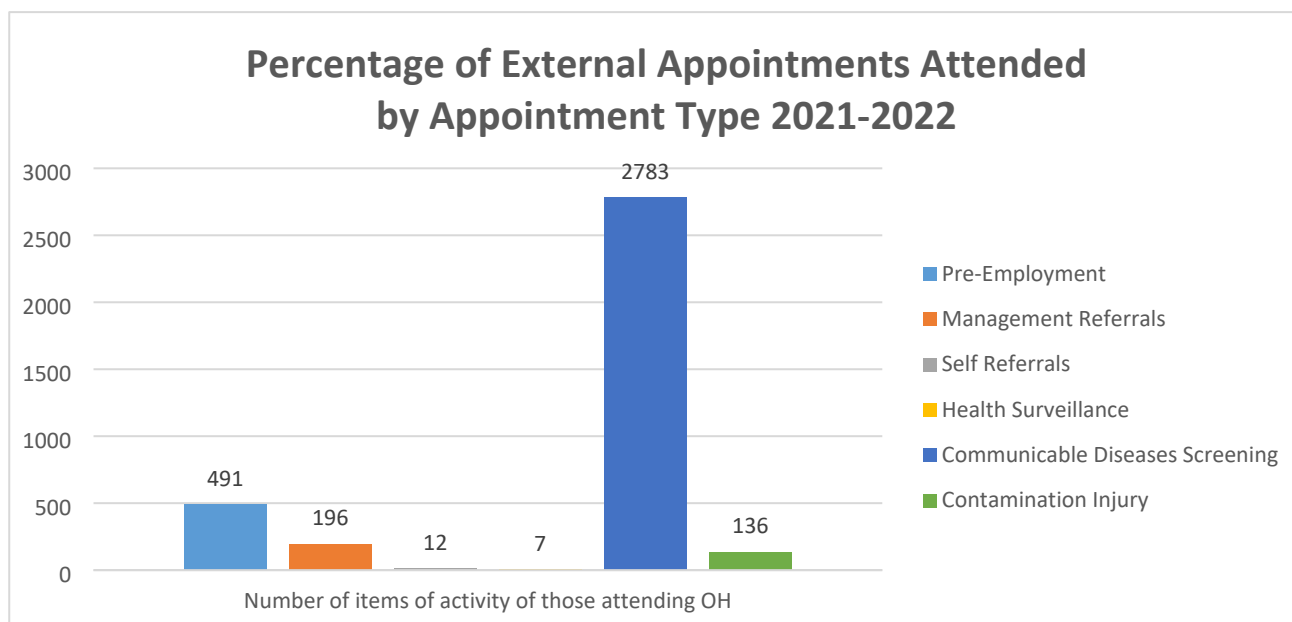
Appointment Reason	Total
COVID-19 Testing & Contract Tracing calls/emails	4023
COVID-19 Managerial queries	416
TOTAL	4439

Appendix 4: Occupational Health and Wellbeing Service – External Activity Report (April 2021 to March 2022)

Pre-employment Questionnaires Received: 364
 Management Referrals Received: 146

Appointment Reason	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Pre-Employment Screening	383	30	2	14	55	7	491
Management Referrals	150	15	0	3	15	13	196
Self Referrals	10	0	0	0	2	0	12
Health Surveillance	5	0	0	0	1	0	7
Communicable Diseases Screening	2490	104	9	21	140	19	2783
Contamination Injury Assessments	77	16	1	7	35	0	136
TOTAL	3115	165	12	45	248	39	3624

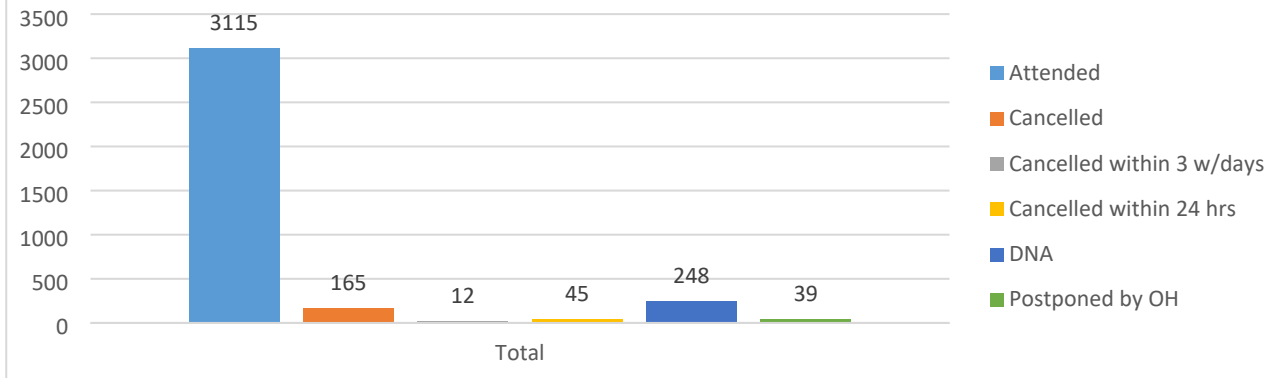
External Activity includes the following organisations: Doctors & Dentists in training; Scottish Ambulance Service, Community Sharps, Dental Practices, GP Practices, Fife College, St Andrews University, University of Dundee & University of Edinburgh



Percentage of External Appointments Attended by Appointment Type 2021-2022

	Pre-Employment	Management Referrals	Self Referrals	Health Surveillance	Communicable Diseases Screening	Contamination Injury	Total
Activity of those attending OH	491	196	12	7	2783	136	3624
% of total number attended	13%	5%	0%	0%	77%	4%	

External Activity Percentage of Appointment Attendance Offered Appointments



External Activity - Percentage of Appointment Attendance Offered Appointments

	Attended	Cancelled	Cancelled within 3 w/days	Cancelled within 24 hrs	DNA	Postponed by OH	TOTAL
Total	3115	165	12	45	248	39	3624
Percentage	85%	4%	0%	1%	7%	1%	

NHS Fife

Hayfield House

Hayfield Road

Kirkcaldy, KY2 5AH

www.nhsfife.org

 facebook.com/nhsfife

 [@nhsfife](https://twitter.com/nhsfife)

 youtube.com/nhsfife

 [@nhsfife](https://youtube.com/nhsfife)

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 September 2022
Title:	NHS Fife Workforce Information Overview
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Brian McKenna, HR Manager – Workforce Planning

1. Purpose

This is presented to Staff Governance Committee members for:

- Awareness

This report relates to:

- Local policy

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

- Effective

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

- Well Informed

2. Report Summary

2.1 Situation

The attached report provides the NHS Fife Workforce Information Overview, for the quarter to 30 June 2022 (more recent data is provided where the data source allows). In addition, Performance Development Plan and Review and Staff Experience and Engagement data has been included for the first time within Sections 11 and 12 of the NHS Fife Workforce Information Overview.

2.2 Background

As reported previously to the Committee, there are several data sources and methods to produce workforce information to inform specific Staff Governance agenda items. The development of workforce management information capability within NHS Fife to produce workforce data for enhanced decision making continues to progress and has enabled the production of the requested and on-going high level overview for the Committee. This activity is underpinned by access to workforce statistics produced and

maintained by National Education Scotland, plus the continued rollout of the Tableau Regional Workforce Information Dashboard.

Appendix 1 attached to this report provides an overview of the NHS Fife workforce information at 30 June 2022. The information has been taken from a range of workforce systems, including those maintained by National Education Scotland or generated from other reporting solutions, such as Tableau Regional Workforce Dashboard. In addition, work is continuing with other Directorates to refine measures and consider additional data options for future systems developments.

Workforce information presented at different hierarchical levels appropriate to operational remit and purpose is available to managers on a routine basis.

2.3 Assessment

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

The ability to produce timeous and relevant workforce information will support organisational ability to deliver our strategic workforce aspirations.

This report contributes to the well informed strand of the NHS Scotland Staff Governance Standard.

2.3.3 Financial

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

2.3.4 Risk Assessment / Management

Information governance issues have been considered as part of the implementation of the Tableau reporting solution. This report contributes to the well informed strand of the NHS Scotland Staff Governance Standard.

2.3.5 Equality and Diversity, including health inequalities

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

The systems development activity mentioned within this report is part of on-going internal and Regional collaboration. The content of this report has been developed by the Workforce Information Team in collaboration with colleagues in Digital & Information.

2.3.8 Route to the Meeting

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

2.4 Recommendation

This paper is provided to the Staff Governance Committee for **Assurance** and members are invited to **note** the contents of the:

- Overview of the NHS Fife workforce information at 30 June 2022 and summary of the Staff Health and Wellbeing Support activities and statistics for April to June 2022

3. List of Appendices

- **Appendix 1:** Overview of the NHS Fife workforce information at 30 June 2022 and summary of Staff Health and Wellbeing Support activities and statistics for April to June 2022

Report Contact:

Brian McKenna
Workforce Planning, Workforce Systems and Data Intelligence Lead
e-mail: brian.mckenna@nhs.scot



Workforce Information Overview

30 June 2022



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1. Introduction

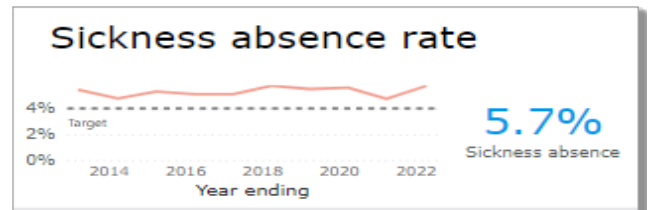
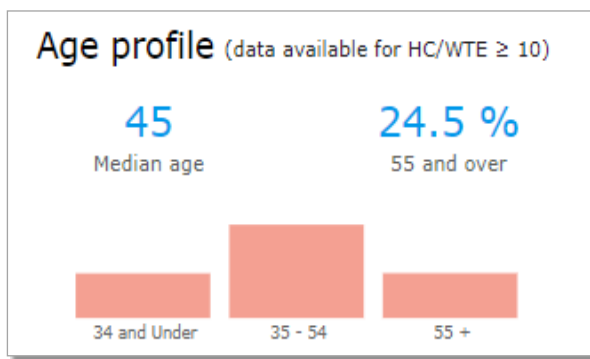
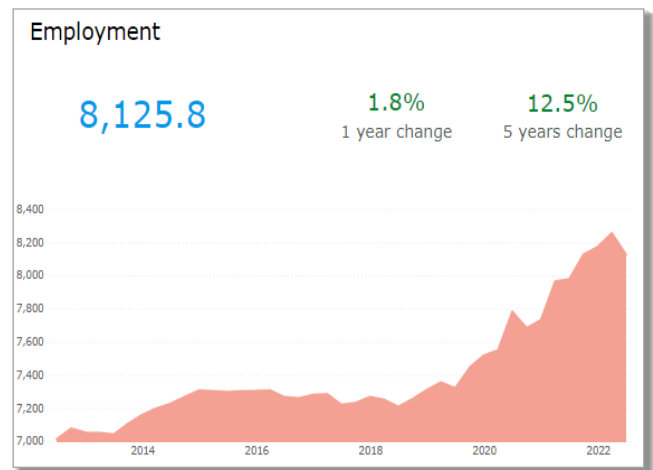
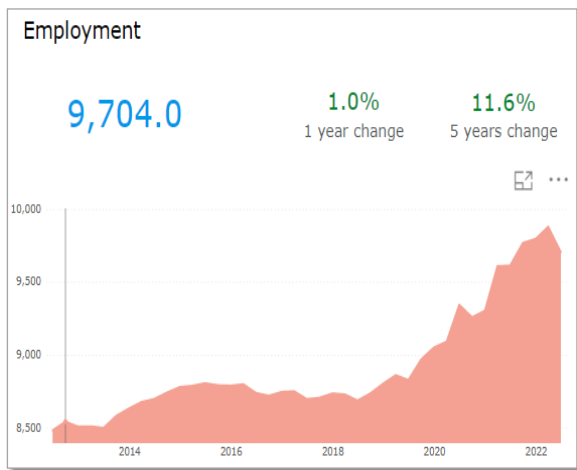
This report provides an overview of workforce data at organisational level. Work continues with other Directorates to refine measures and inform development of workforce data. This information is publicly available via the NES portal or is already routinely shared on a National basis. This is the latest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

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

2. Overview

At 30 June 2022, NHS Fife employed 9,704 employees (8,125.8 WTE). There has been a marked increase in the number of employees within the previous 5 years, correlating to the start of the COVID-19 pandemic. This rise in staffing numbers has been driven by a greater prevalence of temporary contracts, and the utilisation of such contracts will increase the number of leavers at the planned expiry of their contracts. The percentage of staff on fixed term contracts was 9.9% in June 2022, compared to 4.4% in March 2020. Turnover figures have increased for the year ending 31 March 2022.

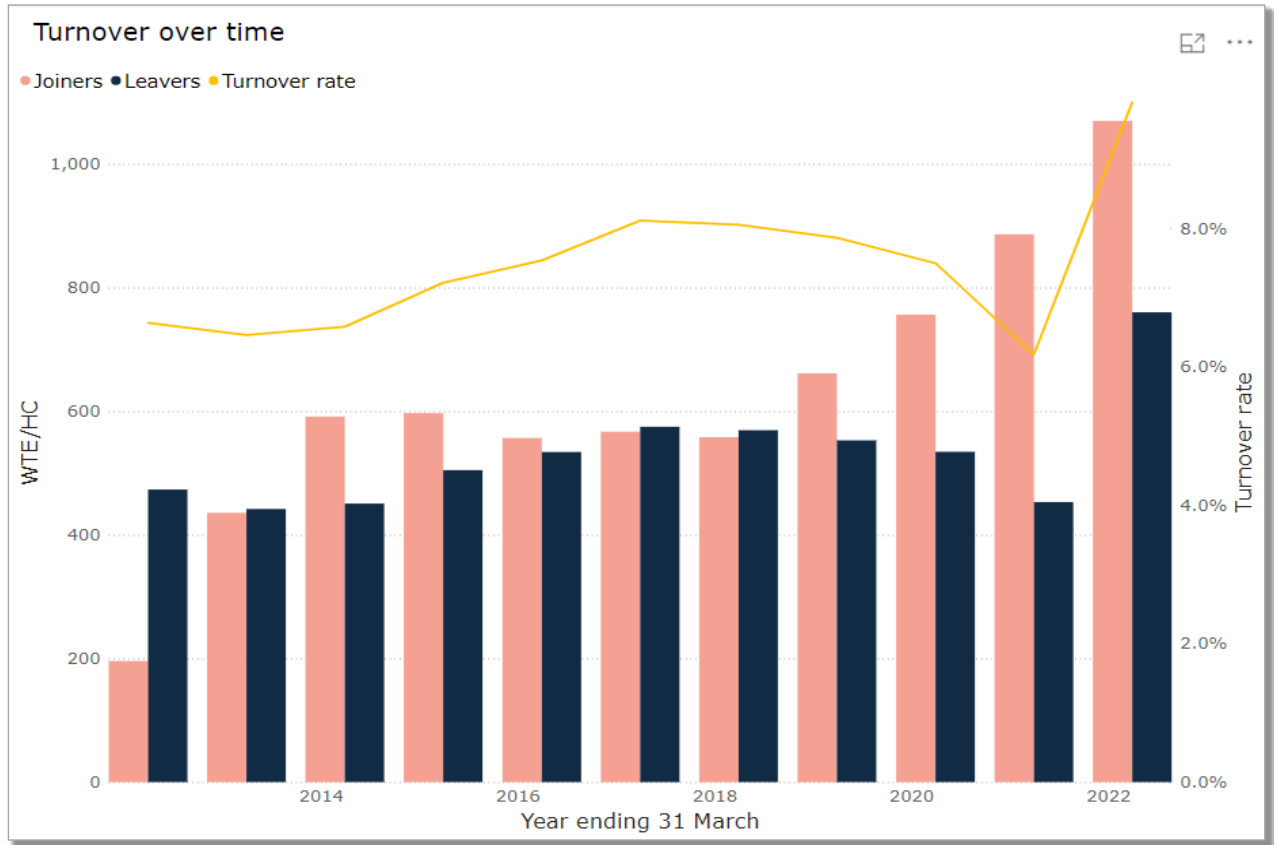
To note that turnover data and supplementary staffing spend are provided on an annual basis.



Source: turasdata.nes.nhs.scot

3. Recruitment: Joiners, Leavers & Turnover

The impact of the COVID-19 pandemic on recruitment activity and the overall available staffing resource is demonstrated in the chart below. The WTE number of joiners has increased steadily since the year ending 31 March 2019. The number of leavers had shown a reducing trend since 2018, only increasing in the 2020/2021 financial year.

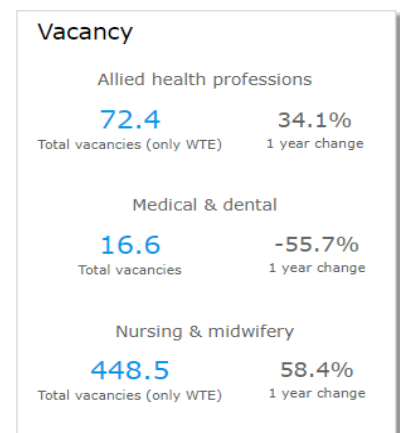


Source: turasdata.nes.nhs.scot

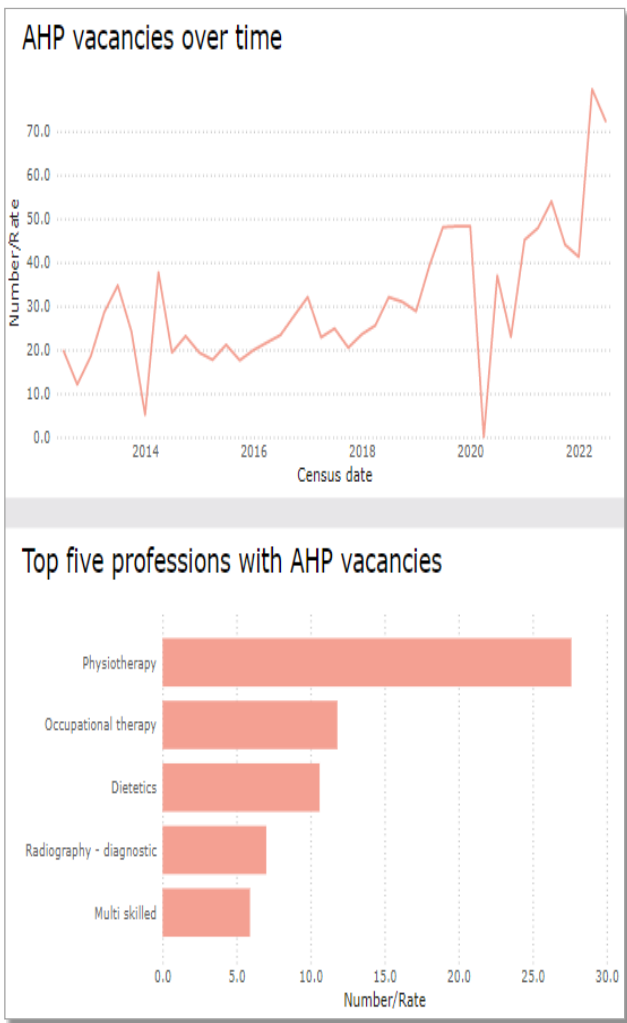
4. Recruitment: Vacancies

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

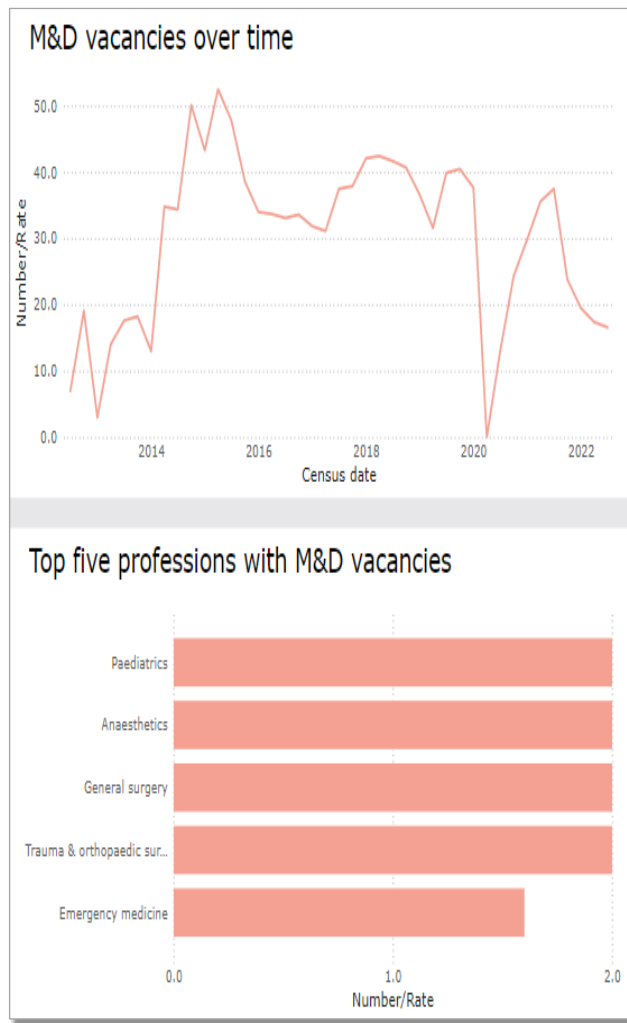
Further information on vacancy trends within these professional groups is outlined below. These graphs highlight changes within advertised vacancies since 2012, with vacancies at 30 June 2022 broken down by the main frontline professions for AHPs, Nursing and Midwifery posts, and Medical and Dental specialities.



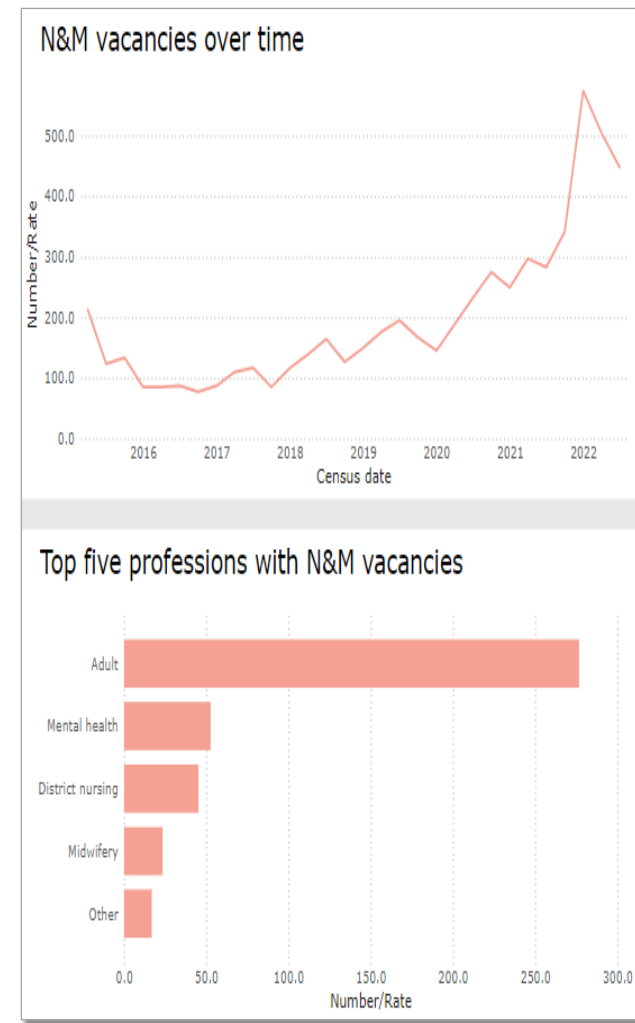
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Source: turasdata.nes.nhs.scot



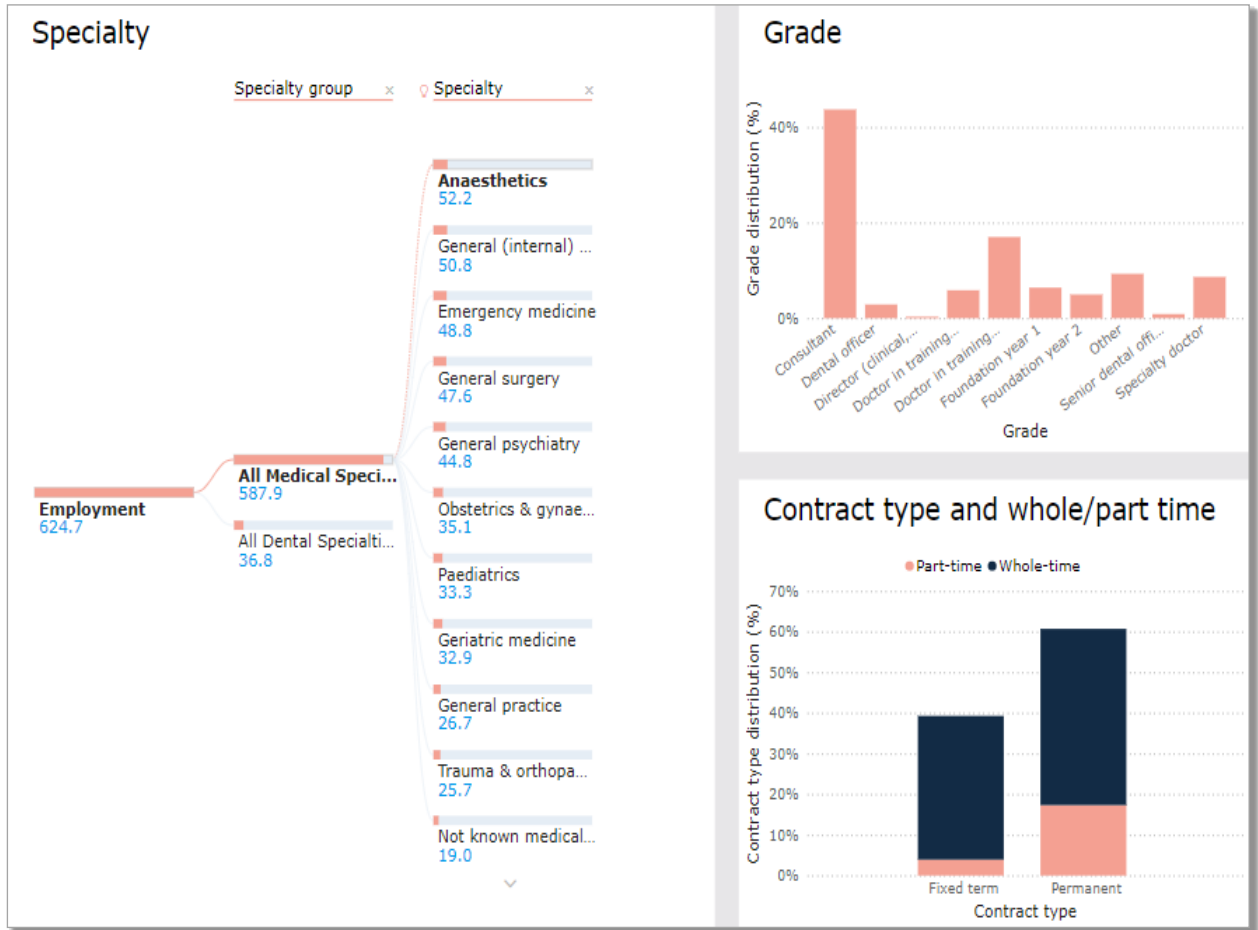
Source: turasdata.nes.nhs.scot



Source: turasdata.nes.nhs.scot

5. Workforce Composition: Medical & Dental Staff

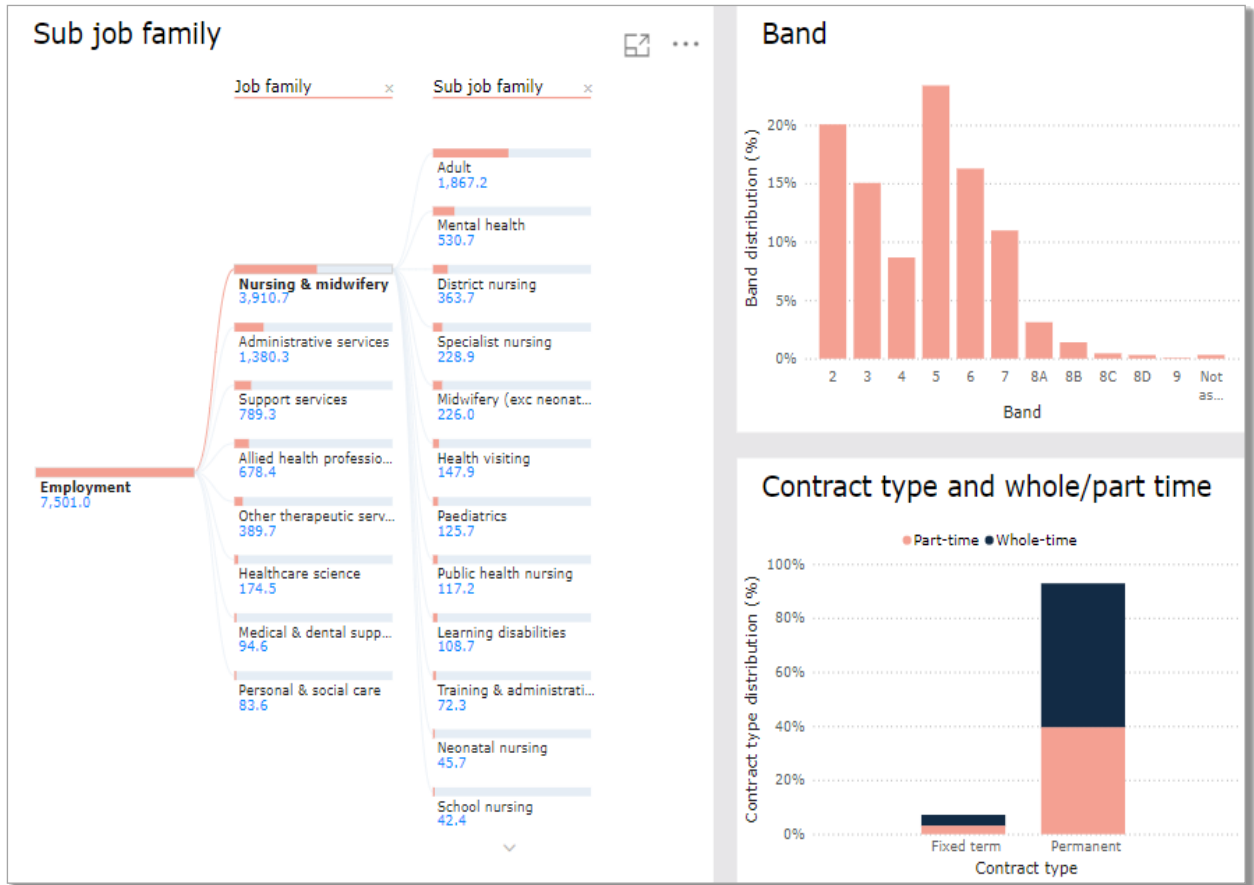
Inclusive of those engaged via the regional employment model for training grade Doctors and Dentists, the Medical and Dental Job Family represents 7.7% of the WTE workforce as at 30 June 2022, with Anaesthetics, Emergency Medicine and General (internal) Medicine having the greatest WTE staffing complement. Over 40% of those engaged within this job family are on the Consultant grade, with the working pattern in this job family heavily biased in favour of full time working.



Source: turasdata.nes.nhs.scot

6. Workforce Composition: Non-Medical & Dental Staff

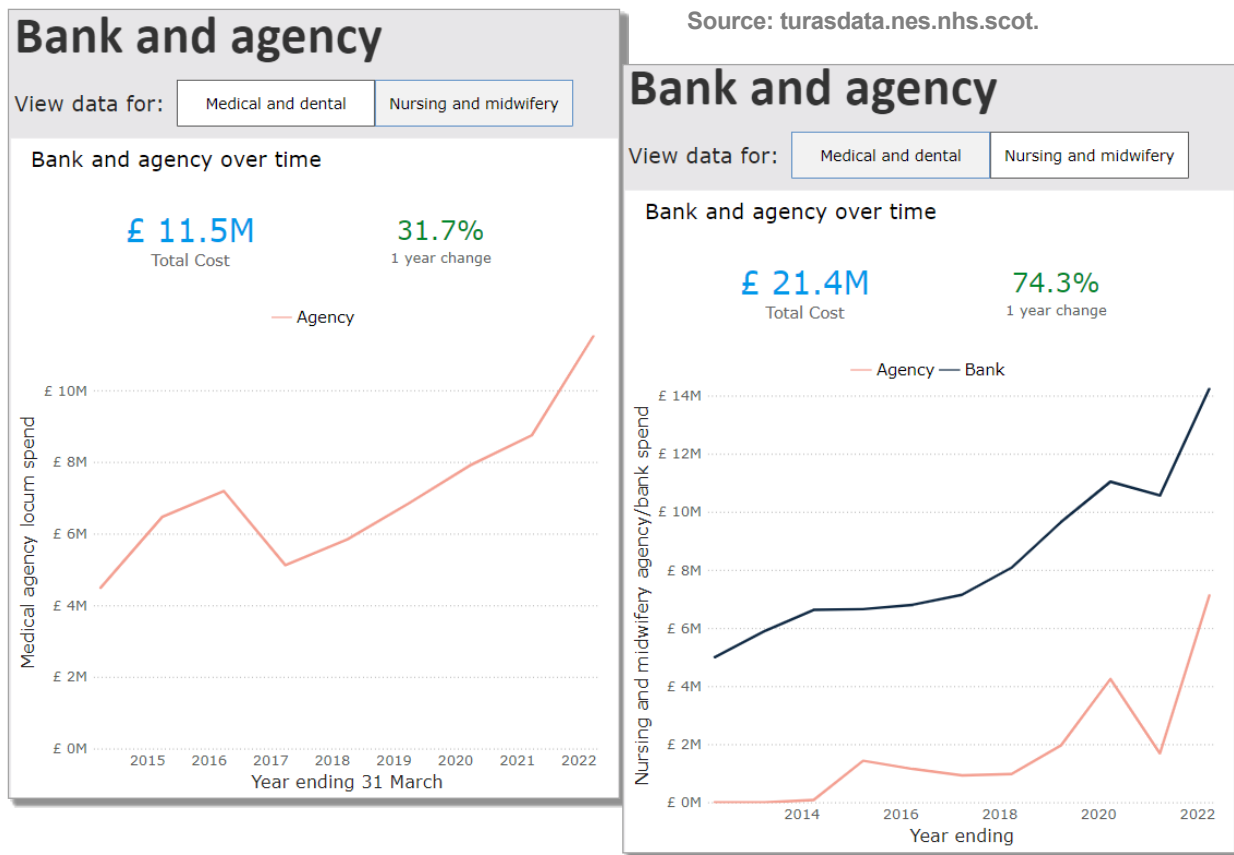
Those employees engaged on Agenda for Change Terms and Conditions, including those within the Executive / Senior Management cohort, represent 92.3% of the WTE NHS Fife workforce as at 30 June 2022. 52.1% of these employees are engaged within the Nursing & Midwifery Job Family. The mode value band (i.e. most frequently occurring value) is Band 5 with greater parity in working patterns between part time and full time working. The number of employees engaged on fixed term contracts was 7.1%, with this figure rising in the previous 3 years.



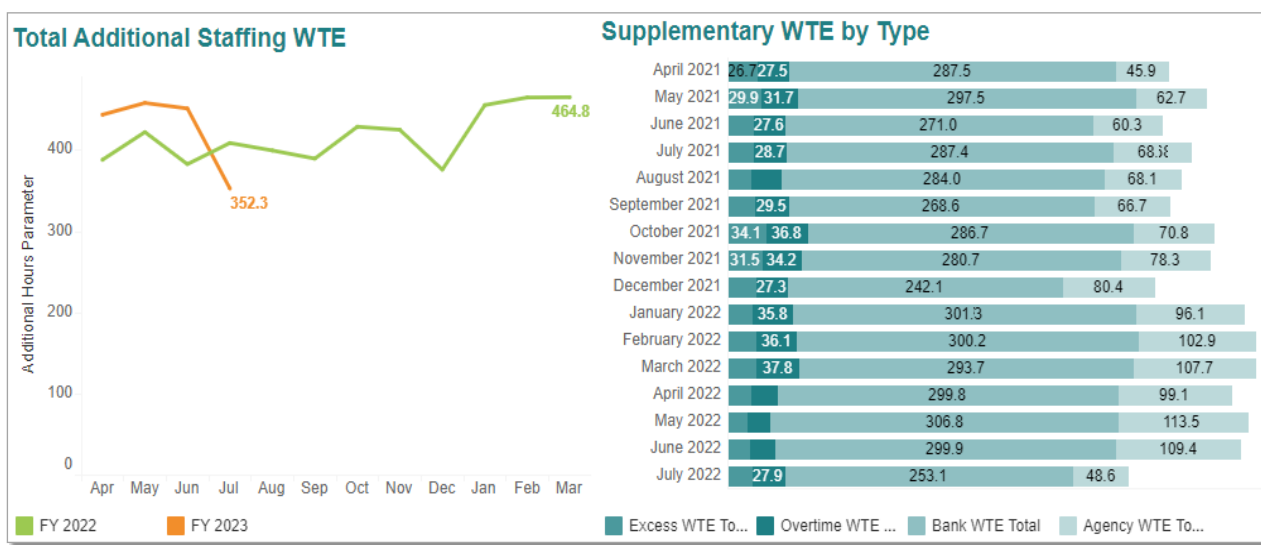
Source: turasdata.nes.nhs.scot

7. Supplementary Staffing

Total spend on Bank and Agency across the Medical & Dental and Nursing & Midwifery Job Families increased by 31.7% and 74.3% respectively.



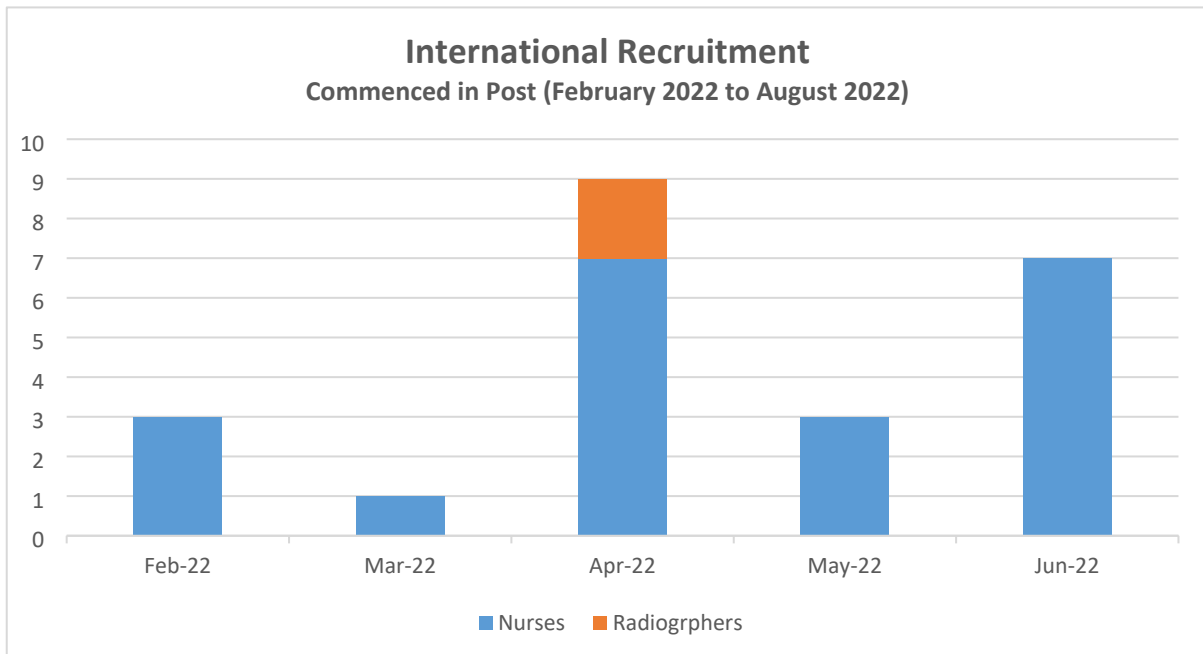
The information below focuses on supplementary staffing use within the Nursing and Midwifery Job Family. The information is extracted from the Regional Workforce Dashboard which provides monthly data, one month in arrears.



Source: Regional Workforce Dashboard

8. International Recruitment

As you will be aware, NHS Fife commenced a programme of international recruitment in November 2021, which will mean recruitment of an initial pilot of 40 Nurses and 3 Radiographers. To date NHS Fife have recruited 21 Staff Nurses and 2 Radiographers, as detailed in the graph below. A further 6 Staff Nurses and 2 Radiographers are due to commence over the coming months.

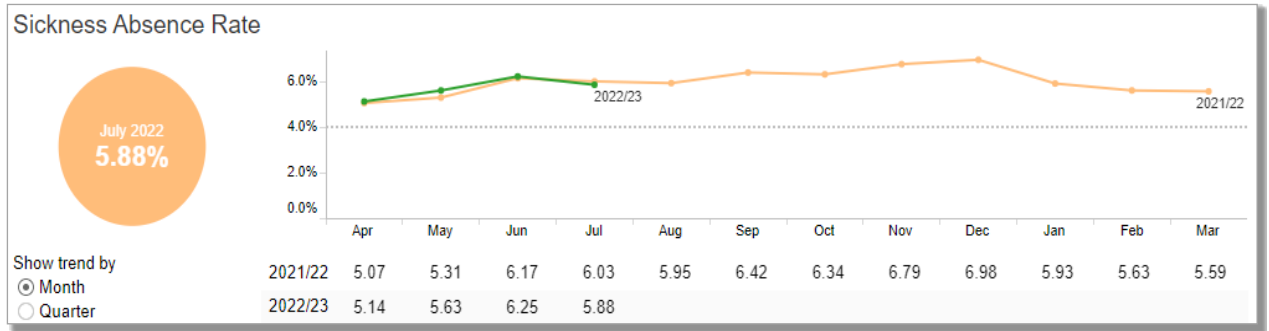


This has been a positive experience for both NHS Fife and the candidates and it is hoped that international recruitment will increase and expand to other professions over 2022/2023. The first 40 Nurses will be recruited to posts within the Acute Services Division. Unfortunately it will not be possible to recruit Midwives or Mental Health Nurses internationally due to incompatibilities with NMC requirements for training, for around another 6 to 9 months.

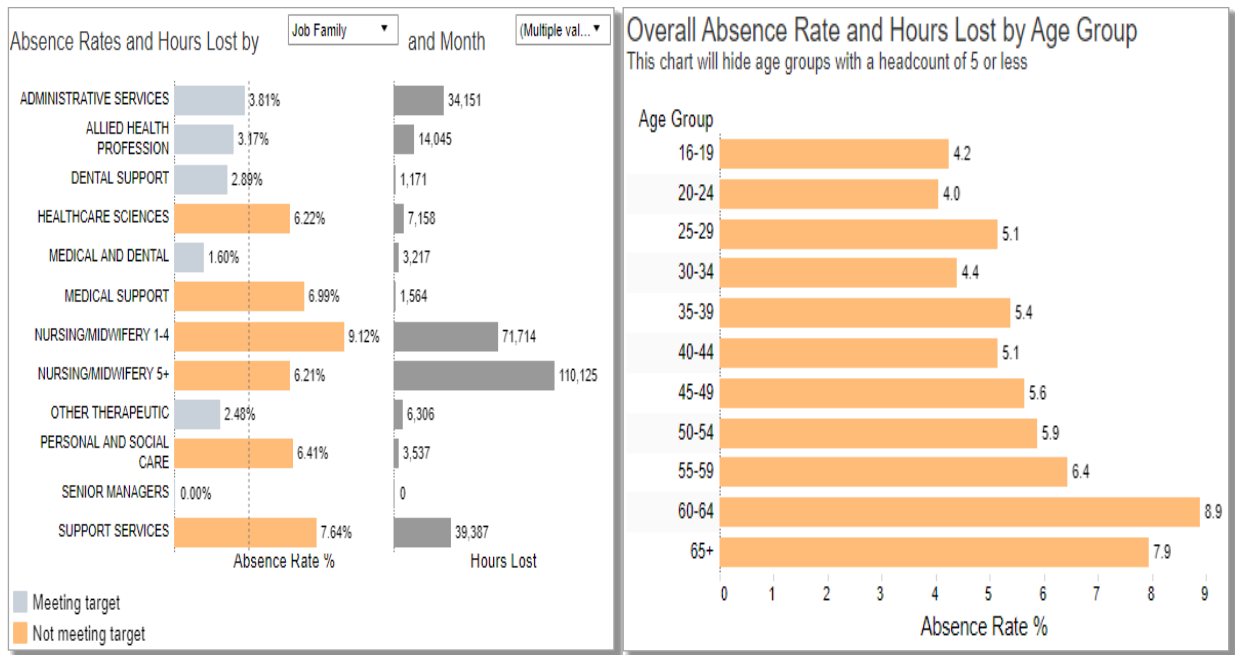
Pastoral support of overseas recruits and the welcome to Fife is crucial to the success of this initiative, and engagement of the NHS Fife's Volunteering Services, Fife Equalities and Fife Voluntary Action, as well as those with lived experience as overseas recruits, will inform the development of a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

9. Staff Availability

Monthly sickness absence levels during 2022/2023 are tracking at a rate higher than in 2021/2022. Those engaged within Nursing & Midwifery (Agenda for Change Bands 1 to 4) plus the Support Services Job Families had the highest average absence levels in 2022/2023 to date. There also appears to be a correlation between Sickness Absence Rate and Age, with the average sickness absence rate increasing with each age category. Closer analysis of this highlights that whilst those staff aged 55 and over have, on average, some of the lowest levels of short term absence, they have, on average, the highest levels of long term absence.

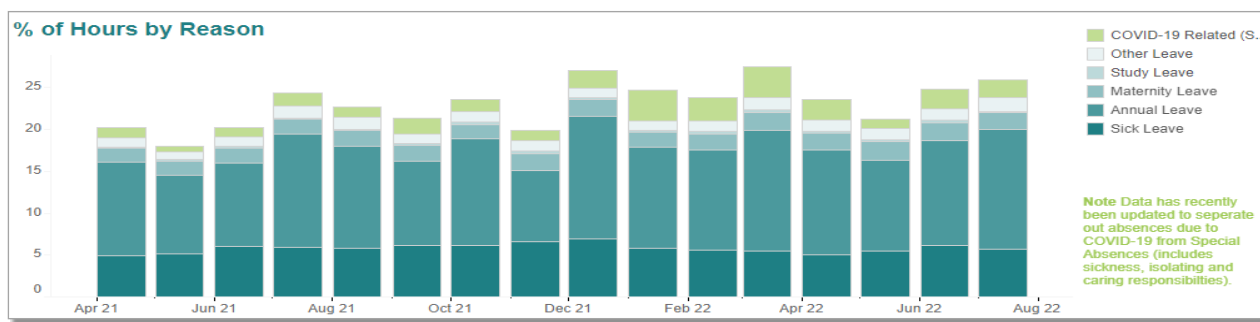


Source: Regional Workforce Dashboard



Source: Regional Workforce Dashboard

COVID-19 related special leave had a further impact on the available resource within NHS Fife, and remained a feature during the 2021/22 financial year.



Source: Regional Workforce Dashboard

10. Employee Relations

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

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Employee Conduct	13	2	4	1	20
Corporate Services Division (Div)	Employee Conduct	5	6	1		12
Fife H&SC Partnership (Div)	Employee Conduct	11	13	6		30
Total		29	21	11	1	62

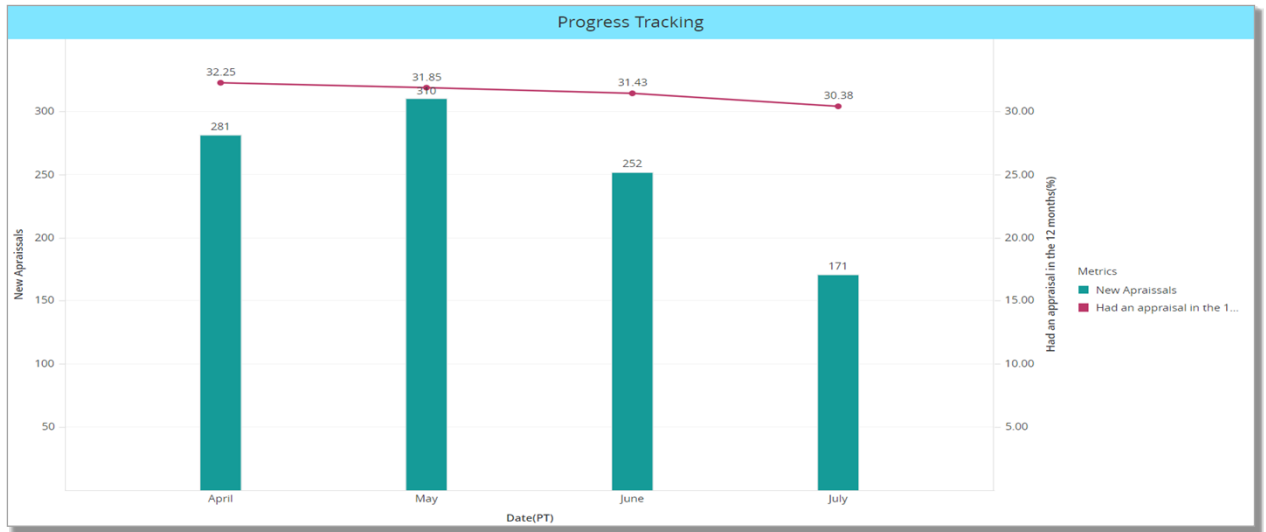
Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Bullying & Harassment	1	6	1	0	8
Corporate Services Division (Div)	Bullying & Harassment		1	1		2
Fife H&SC Partnership (Div)	Bullying & Harassment					0
Total		1	7	2	0	10

Division	Case Type	Timescales				Grand Total
		0 - 3 months	4 - 6 months	7 - 12 months	12 months >	
Acute Services Division (Div)	Employee Grievance	1		2		3
Corporate Services Division (Div)	Employee Grievance	1	1			2
Fife H&SC Partnership (Div)	Employee Grievance	3		0		3
Total		5	1	2	0	8

11. Workforce Development & Appraisal

With support from Digital & Information colleagues, externally generated TURAS reports have been linked to local information within the MicroStrategy visualisation tool to provide an overview of current Agenda for Change staff who have had an appraisal within the previous 12 months.

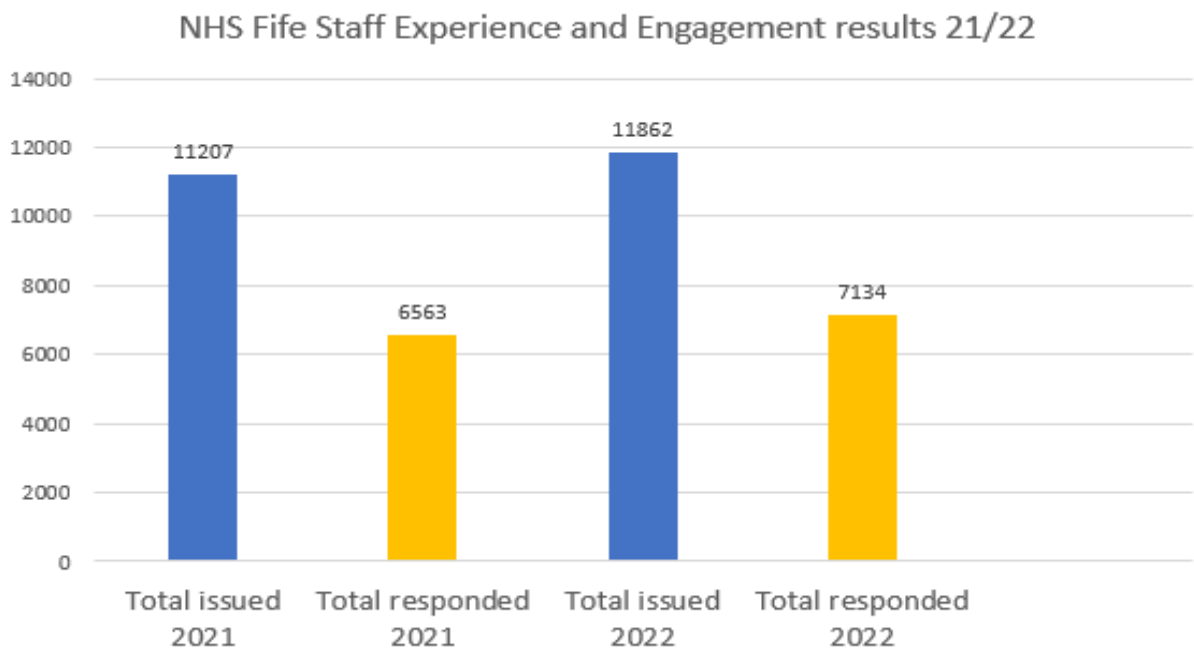
The monthly trend line for the percentage of employees who have had an appraisal within the previous year, along with the number of appraisals undertaken each month, is shown below:



Source: Bespoke MicroStrategy Dashboard

12. NHS Fife Staff Experience & Engagement Data

The Head of Workforce and Development and their team have collaborated to provide an overview of our staff experience and engagement data / results generated via the iMatter survey tool. The table below provides details of the comparative response rates between 2021 and 2022.



The improvement in the action planning completion process since 2017, noting that there was no iMatter survey in 2020, is detailed below:

iMatter Action Plan data 2017-2021 inclusive

Action plans completed within 8 weeks

Organisation	Action plan		Action plan		Action plan		Action plan	
	2017	Improvement	2018	Improvement	2019	Improvement	2021	
NHS Fife (C Potter EDG)	40%	↑	42%	→	42%	↑	52%	
NHS Fife	40%	↑	42%	→	42%	↑	52%	

An overview of the yearly employee engagement index since 2017, which reflects a static position for NHS Fife, is detailed in the table below:

Yearly Employee Engagement Index 2017 – 2022 inclusive

Organisation	2017	Improvement	2018	2019	Improvement	2020	2021	Improvement	2022
NHS Fife	75	↑	No report	76	↓	No report	75	→	75
NHS Scotland	75	↑	No report	76	↓	No report	75	↑	76

13. Summary of Staff Health and Wellbeing Support Activities and Statistics: April to June 2022

OCCUPATIONAL HEALTH

Staff Counselling / Management / Self Referrals

	Staff Counselling Referrals	Management Referrals	Self Referrals (inc Physio)
April 2022	24	161	49
May 2022	30	121	54
June 2022	29	135	39

Management / Self Referrals Spit by Operational Unit

Management Referrals	April 2022	May 2022	June 2022	Self Referrals	April 2022	May 2022	June 2022
Acute	92	54	69	Acute	7	5	4
Corporate	16	9	19	Corporate	3	2	1
H&SCP	53	58	45	H&SCP	7	4	3

GOING BEYOND GOLD

Mindfulness (8-week) Courses

Mindfulness 8-week courses (CAMHS Staff)	
Started 23 March 2022	4 completed full course

Care Space Sessions (30 minute sessions) Face-to-Face – Tarvit Ward, Adamson Hospital

Care Space Sessions (30 minute sessions) Face-to-Face	
April 2022	8

Outdoor Wellbeing Sessions

Outdoor Wellbeing Sessions (half day)	
10 May 2022	5

Growing a Culture of Wellbeing Champions in NHS Fife

Growing a Culture of Wellbeing Champions in NHS Fife Full day retreat session followed by two online sessions	
Online Session 1 (one hour) 19 April 2022	9
Course 3: Full Day 28 April 2022	10
3 May 2022 – Online Session 2 (one hour)	5
17 May 2022 – Course 4 (full day)	10
9 June 2022 (full day)	10

Wellbeing Retreat Days

Managing Change and Transitions (Half Day Online Course)	
21 April 2022	2
10 May 2022	10
24 May 2022	8

Self Care for Living and Working Sessions

Self-Care for Living and Working (Full day followed by 5 online sessions)	
Online Session 2 (5 April 2022)	5
Online Session 3 (12 April 2022)	4
Online Session 4 (19 April 2022)	6
Online Session 5 (26 April 2022)	5
Course 2- Full Day Session (12 May 2022)	8

Managing Change and Transitions

Managing Change and Transitions (Half day online course)	
21 April 2022	2
5 May 2022	13
19 May 2022	16
2 June 2022	12

NHS FIFE DEPARTMENT OF SPIRITUAL CARE

Spiritual Care Service Activity

Significant Staff Contacts	April 2022	May 2022	June 2022
Formal 1:1, Informal Support, Team Support and Staff Listening Service	187	198	118
Average Number of Contacts per week	47	50	30

Staff Support	April 2022	May 2022	June 2022
One-to-One Formal Support	20	34	39
One-to-One Informal Support	98	123	69
Team Formal Support	2	6	1
Team Informal Support	31	35	9

Values Based Reflective Practice Sessions

	April 2022	May 2022	June 2022
Values Based Reflective Practice Sessions	10	15	4

Pastoral Supervision

	April 2022	May 2022	June 2022
Pastoral Supervision	13	10	10

NHS FIFE PSYCHOLOGY STAFF SUPPORT SERVICE

Psychology Staff Support Service Referrals

	April 2022	May 2022	June 2022
Psychology Staff Support Service Referrals	7	19	9

Managers Information Sessions

	April 2022	May 2022	June 2022
Managers Information Session	12	8	11

Compassionate Connected Teams Workshops

	May 2022	June 2022
Compassionate Connected Teams Workshop	29	17

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

	April 2022	May 2022	June 2022
Peer Support Activity	3	6	2

NHS FIFE LEARNING AND DEVELOPMENT TEAM

TURAS eLearning Modules

Health and Wellbeing Courses Engagement Figures

eLearning Course	Go Live Date	Course Completions April 2022	Course Completions May 2022	Course Completions June 2022
Compassionate Leadership	15/10/2021	37	48	17
Resilience	15/10/2021	31	47	22
Self-Care	15/10/2021	39	37	25

NHS Fife

Hayfield House

Hayfield Road

Kirkcaldy, KY2 5AH

www.nhsfife.org

 facebook.com/nhsfife

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 youtube.com/nhsfife

 [@nhsfife](https://youtube.com/nhsfife)

Meeting:	Staff Governance Committee
Meeting Date:	Thursday 1 September 2022
Title:	Annual Workplan 2022 / 2023
Responsible Executive:	Linda Douglas, Director of Workforce
Report Author:	Rhona Waugh, Head of Workforce Planning and Staff Wellbeing

1. Purpose

This is presented to Staff Governance Committee Members for:

- Assurance

This report relates to a:

- Local Policy

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

- Effective

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

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

2. Report Summary

2.1 Situation

The Staff Governance Committee approved the Annual Workplan at the meeting on 3 March 2022. For assurance, the updated Annual Workplan, with amendments highlighted in yellow, attached at Appendix 1 will be presented to each future Committee meeting 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, endorse or take assurance from during 2022 / 2023.

2.3.1 Quality / Patient Care

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

2.3.2 Workforce

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

The Review of the Annual Workplan report 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 elements 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

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

2.3.6 Other Impact

N/A

2.3.7 Communication, Involvement, Engagement and Consultation

N/A

2.3.8 Route to the Meeting

The updated Staff Governance Committee Annual Workplan 2022 / 2023 has been considered by the Committee Chair, Director of Workforce and Board Secretary and takes account of items discussed at the meetings on 3 March, 12 May 2022, 14 July 2022 and planned for 1 September 2022.

2.4 Recommendation

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

- the updates made to the Staff Governance Workplan for 2022 / 2023 since it was presented to members on 14 July 2022.

3. List of Appendices

The following appendices are included with this report:

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

Report Contact:

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

STAFF GOVERNANCE COMMITTEE

ANNUAL WORKPLAN 2022 / 2023

Governance – General							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Minutes of Previous Meeting	Chair	✓	✓	✓	✓	✓	✓
Action List	Chair	✓	✓	✓	✓	✓	✓
Minutes of Other Committees & Groups	Chair	✓	✓	✓	✓	✓	✓
Escalation of Issues to Fife NHS Board	Chair	✓	✓	✓	✓	✓	✓
Governance Matters							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Corporate Calendar – Proposed Staff Governance Committee Dates 2023 / 2024	Director of Workforce			✓			
Annual Staff Governance Committee Workplan: Review of 2022 / 2023	Director of Workforce	✓	✓	✓	✓	✓	✓
Annual Staff Governance Committee Workplan: Proposed 2023 / 2024	Director of Workforce						✓
Annual Review of Staff Governance Committee Terms of Reference	Board Secretary						✓
Board Assurance Framework (BAF)	Director of Workforce	✓	✓	✓ Loss of Consultants within the Rheumatology Service	✓	✓ National Shortage of Radiologists	✓ N&M Staffing Levels

Governance Matters (Continued)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Staff Governance Committee Annual Statement of Assurance 2021 / 2022	Board Secretary	✓ (Draft)	Not required following SGC meeting on 12/5/22				
Staff Governance Committee Self Assessment Report 2022 / 2023	Board Secretary						✓
Update on Equality, Diversity and Human Rights, including BAME	Director of Nursing / Head of Workforce Planning & Staff Wellbeing	✓ (Presentation)					
Update on Implementation of Safe Staffing Legislation (The Health and Care (Staffing) (Scotland)) Act 2019	Director of Workforce			✓			
Whistleblowing – Quarterly Report	Head of Workforce Resourcing & Relations	✓ Quarter 3 Report	✓ Quarter 4 Report	✓ Quarter 1 Report	✓ Quarter 2 Report		✓ Quarter 3 Report
Strategy / Planning							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Corporate Objectives 2022 / 2023	Director of Finance & Strategy	✓					
NHS Fife Three Year Workforce Plan for 2022 to 2025	Head of Workforce Planning & Staff Wellbeing	✓ (Draft)	✓		TBC		
H&SCP Three Year Workforce Plan for 2022 to 2025	Director of Health and Social Care Partnership	Rescheduled to 14/7/22	✓		TBC		
Workforce Strategy 2022 to 2025	Deputy Director of Workforce						✓
Annual Workforce Projections for 2023 / 2024 – TBC	Head of Workforce Planning & Staff Wellbeing						

Strategy / Planning (Continued)								
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23	
Annual Delivery Plan 2022/2023	Director of Finance & Strategy		✓ Private Session	✓ Private Session				
NHS Fife Operational Delivery Plan 2022 / 2023, including Winter Plan	Director of Finance & Strategy	✓ (2021/2022 Update)	Annual Delivery Plan 2022 / 2023 has replaced this item					
NHS Fife Projects / Programmes								
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23	
Workforce Implications of Memorandum of Understanding (MOU2) Implementation	Director of Health & Social Care Partnership		✓		✓		✓	
Quality / Performance								
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23	
Integrated Performance & Quality Report	Director of Workforce	✓	✓	✓	✓	✓	✓	
Staff Governance & Staff Governance Standards								
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23	
Staff Governance Standards Overview	Contributors TBC			Now being considered for a future development session			Now being considered for a future development session	
<ul style="list-style-type: none"> • Appropriately Trained <ul style="list-style-type: none"> - Medical Appraisal & Revalidation Annual Report 2021 / 2022 - Nursing Midwifery and Allied Health Professionals (NMAHP) Annual Report 2021 / 2022 	<p>Medical Director</p> <p>Director of Nursing</p>				✓		✓	

Staff Governance & Staff Governance Standards (Continued)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
<ul style="list-style-type: none"> - Personal Development Planning & Review and Training Compliance Report 2021 / 2022 • Improved and Safe Working Environment • Well Informed – Communication & Feedback • Treated Fairly and Consistently <ul style="list-style-type: none"> - Workforce Policies Update • Involved in Decisions 	Head of Workforce Development & Engagement				✓		
	Director of Property & Asset Management		Rescheduled to 1/9/22	✓	✓		✓
	TBC						
	Head of Workforce Resourcing & Relations					✓	
TBC							
iMatter Report	Head of Workforce Development & Engagement					✓	
Annual Reports / Other Reports							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Internal Audit Annual Report 2021 / 2022	Director of Finance & Strategy		✓				
Staff Governance Annual Monitoring Return 2021 / 2022	Head of Workforce Resourcing & Relations	Rescheduled to 14/7/22	Rescheduled to 1/9/22	✓ (Including 2020 / 2021 Feedback)	✓		
Acute Services Division and Corporate Directorates Local Partnership Forum Annual Report 2021 / 2022	Co-Chairs of LPF			✓			

Annual Reports / Other Reports (Continued)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Health and Social Care Partnership Local Partnership Forum Annual Report 2021 / 2022	Co-Chairs of LPF			✓			
Whistleblowing Annual Report 2021 / 2022	Head of Workforce Resourcing and Relations			✓			
Volunteering Annual Report 2021 / 2022	Director of Nursing				✓		
Occupational Health and Wellbeing Service Annual Report 2021 / 2022	Head of Workforce Planning & Staff Wellbeing			✓	Presented on 1/9/22		
Workforce Information Overview	Deputy Director of Workforce	✓	✓	✓ Q1 (to reflect data availability)		✓ Q2 (to reflect data availability)	

Additional Agenda Items (Not on the Workplan e.g. Actions from Committee)							
	Lead	12/5/22	14/7/22	1/9/22	10/11/22	12/1/23	9/3/23
Risk Management Improvement Programme Progress Update	Director of Finance and Strategy	✓		✓			
Integrated Performance and Quality Report Review Progress Report	Director of Finance and Strategy		✓				
Promoting Attendance Update	Head of Workforce Resourcing and Relations			✓	✓	✓	✓
Development of Assistant Practitioner Role	Director of Nursing			✓			

Briefing Sessions	
Session 1: Date to be confirmed	Lead(s)
<ul style="list-style-type: none"> Staff Governance Standard 	Employee Director, LPF Chairs and Co-Chairs, or Partnership Co-ordinators, with possibility of Staff Governance external input.
<ul style="list-style-type: none"> Aligned to above – Once for Scotland Policy update and showcase web platform etc. 	HR Manager / Team Leader / Partnership representative/s.
Session 2: Date to be confirmed	Lead(s)
<ul style="list-style-type: none"> Recruitment, resourcing and resilience, covering modern apprenticeships and youth employment, building up a picture of careers and posts within NHS / NHS Fife, covering the how. This will be a multifaceted approach. 	Input from Nursing leadership, Practice Development, International recruitment and the potential for a staff story.
<ul style="list-style-type: none"> Immunisation Team journey to substantive workforce. 	Service leads; Lisa Cooper, Immunisation Programme Director; Karen Nolan, Clinical Services Manager; and Simon Fevre, LPF Co-Chair, H&SCP.
Session 3: Thursday 16 February 2023 at 2.00 pm	Lead(s)
<ul style="list-style-type: none"> Health and wellbeing approaches – various to select from to complement the staff story below. 	Head of Workforce Planning & Staff Wellbeing, plus Dr Wendy Simpson.
<ul style="list-style-type: none"> An employee story – Speech & Language Therapy employee with complex management of attendance / return to work plan. 	Head of Service to present and employee has agreed to their case being covered.

STAFF GOVERNANCE COMMITTEE
(Meeting on Thursday 1st September 2022)

The main focus of the Area Partnership Forum meeting held on Wednesday 20th July 2022 was on the ongoing workforce and financial challenges, and staff health and wellbeing.

No issues were raised for escalation to the Staff Governance Committee.

UNCONFIRMED MINUTES OF NHS FIFE AREA PARTNERSHIP FORUM MEETING HELD ON WEDNESDAY 20TH JULY 2022 AT 13:30 HRS VIA MS TEAMS

Chair: Wilma Brown, Employee Director

Present:

Indranil Banerjee, Local Negotiating Committee	Wendy McConville, UNISON (Chair)
Kirsty Berchtenbreiter, Head of Workforce Development & Engagement	Neil McCormick, Director of Property & Asset Management
Claire Dobson, Director of Acute Services	Chris McKenna, Medical Director
Linda Douglas, Director of Workforce	Maxine Michie, Deputy Director of Finance
Simon Fevre, British Dietetic Association	Louise Noble, UNISON
Fiona Forrest, Deputy Director of Pharmacy	Janette Owens, Director of Nursing
Lynne Garvey, Head of Community Care Services, H&SCP	Carol Potter, Chief Executive
Mary Ann Gillan, Royal College of Midwives	Sandra Raynor, Head of Workforce Resourcing & Relations
Neil Groat, Society of Radiographers	Caroline Somerville, UNISON
John Hackett, UNISON Regional Officer	Joy Tomlinson, Director of Public Health
Joy Johnstone, Federation of Clinical Scientists	Rhona Waugh, Head of Workforce Planning & Staff Wellbeing
Chu Chin Lim, British Medical Association	Mary Whyte, Royal College of Nursing
Kirsty MacGregor, Head of Communications	

In Attendance:

Catherine Penman, PA to Head of Workforce Resourcing and Relations (Minutes)

Actions

01. WELCOME AND APOLOGIES

W Brown welcomed colleagues to the meeting and apologies were noted from S Adamson, J Bell, V Bennett, N Connor (L Garvey attending), K Egan, B Hannan (F Forrest attending), P Hayter, A Kopyto, Roddy Macewan, M McGurk (M Michie attending), C Murray, A Nicoll, L Parsons, J Pickles, K Reith, S Robertson and A Verrecchia.

02. MINUTES OF PREVIOUS MEETING AND ACTION LIST

The Minutes of the meeting held on 25th May 2022 were reviewed and the following items were discussed:

International Recruitment

W Brown noted that whilst the minute noted her “disappointment that the number of international staff currently recruited is less than anticipated”, she thought that she had also asked for feedback on the progress of International Recruitment which was previously reported via the Workforce Resilience Group in relation to monitoring the situation, to be an item on the APF agenda.

L Douglas advised that if there is a requirement to stand back up the Silver Resilience Group, an update will be routinely provided at this meeting. EDG members are also provided with regular updates. It was agreed that the information would be provided within the Workforce Information Overview report going forward.

RW

Workforce Resourcing & Resilience (including Staff Health & Wellbeing)

W Brown asked when the Infographic on workforce resourcing, resilience and wellbeing would be circulated to the APF.

L Douglas confirmed that the Infographic is produced quarterly, and would be circulated as soon as it is available. R Waugh advised that she had been in discussions with R Connor, Communications Officer, and agreed to incorporate the infographics within the Workforce Information Overview report going forward.

RW

Outstanding Discussions

W Brown said that there were a number of discussions referred to within the minutes that should have taken place “out with the meeting” and asked if these could be picked up with respective members, and that these be clearly recorded within the Action List.

The minutes were then accepted as a true and accurate record. The Action List was reviewed and agreed.

03. MATTERS ARISING

iMatter

Noting that iMatter had not been included in the agenda W Brown asked for an update on staff uptake now that the iMatter questionnaire was closed. L Douglas advised that an update will be provided at a future APF to consider and invited K Berchtenbreiter to provide a verbal update on the current position.

K Berchtenbreiter advised that the final statistics will not be available until next week (w.c. 25 July) we currently await the paper copies submitted being recorded. NHS Fife are currently sitting above 60%, which is higher than the National average of 57%. However, it should be noted that this is a tentative figure, as not all Boards have completed their iMatter cycle.

An iMatter Roadshow recently took place to promote the survey and assist staff with completing their survey, which was supported by Simon Fevre and H&SCP staff. There was a good response to the new SMS option available to staff, which allowed them to undertake the survey via their mobile device, and we are currently awaiting the results of this uptake.

W Brown was concerned that there did not appear to be as much involvement with staff side colleagues when engaging with staff to complete the survey when compared to previous years. She noted she had not been contacted personally and it appeared to have been more of an organisational approach, than a partnership approach.

K Berchtenbreiter confirmed that staff side colleagues had been involved and good discussions had taken place but would take on board W Brown's comments for future years. W Brown noted K Berchtenbreiter's update, but advised that staff side colleagues felt that they had not been appropriately involved. S Fevre reiterated W Brown's point and expressed his view that this was an organisational effort rather than in conjunction with staff side colleagues, acknowledging the current pressures within the service. Although

it was good to see that staff engagement had improved, it felt like the organisation had “bought into it” rather than individuals. S Fevre recognised the huge effort from N Connor and her team to drive this forward in the H&SCP; however, staff side did not feel that this exercise had been as collaborative as it has been in previous years.

K Berchtenbreiter was happy to take on board the points raised and will take learning from this.

04. UPDATE / ISSUES FOR ESCALATION FROM LOCAL PARTNERSHIP FORUM (LPF)

a. Acute Services Division and Corporate Directorates

C Dobson advised that the ASD&CS LPF had met on 23 June 2022. Discussions were dedicated to the current staffing challenges being faced due to the increase in Covid-19 absence, summer holidays and sickness absence levels. Staffing issues are significant and we are working hard to look at ways in which to address this.

An update had been provided by Lynn Campbell in relation to the recruitment and retention challenges currently being faced, focussing on Newly Qualified Practitioners, International Recruitment and recruitment to the Band 4 Practitioner roles. Retraction plans are in place within some outpatient areas.

The OPEL (Operational Pressures Escalation Levels) framework position for Nursing is currently at “Purple” and we continue to work together to help to support staff, in what is an extremely difficult time.

The ASD&CS LPF Annual Report 2021 / 2022 is currently being prepared.

W Brown advised that feedback during her visits to staff groups over the last few weeks included staff feeling helpless about working in unsafe conditions and asking when they should whistle blow W Brown advised staff that they are able to whistle blow at any point, however, she encouraged them to speak to their Line Manager in the first instance to escalate their concerns.

Staff turnover is of concern with some staff having indicated that they are currently favouring agency working, as they this would give them less responsibility and they would be financially better off. Comments were expressed that it felt that we are in a precarious position and need to consider what else we can do to ensure that staff feel supported and valued.

W McConville echoed W Brown’s views as staff appear to be broken, exhausted and are frightened about their own registration.

W Brown suggested both staff side and management members of APF reach out to colleagues across NHS Scotland to seek new ideas to try and support staff more effectively. Although it is hoped that the current situation improves over the coming weeks, it remains extremely challenging and it is difficult to see what else we can do as an organisation. In the meantime it is recognised that we need to do

something. W Brown commented there was feedback that staff are unable to take breaks; wards are extremely short staffed and are encountering unsafe staffing levels; with Registrants are being asked to move at short notice to cover wards who would otherwise have little or no Registrants on shift. Staff are being advised to escalate their concerns to their line managers as a Datix may be required.

C McKenna acknowledged the concerns being raised and advised that to reduce the burden on staff, we need to improve the rate of discharging patients into the Community who no longer require hospital treatment. In this respect S Fevre queried what else we should be doing to support staff.

W McConville stated that although we are using all the resources available within NHS Fife, this is a huge piece of work to allow patients to be safely discharged from hospital into the Community. The situation is being exacerbated as the public are unable to get appointments with their GPs, and it would appear they are presenting themselves at A&E, which has an impact on staff. There requires to be a behavioural change from the public to ensure they are accessing the correct services available to them.

C McKenna advised that work is already underway to address some of the issues highlighted. However, other aspects require a licence to move this to the next level. He noted that if we have been unsuccessful in recruiting more staff, then we need to look at alternatives.

C Potter reflected on the issues being highlighted as it is apparent that all members of the APF share the same concerns. It was acknowledged how difficult it has been for all staff, not just those within the Acute Service Division and H&SCP. Consideration requires to be given to what we are missing as an organisation and what we can do differently. The wellbeing of our staff and patients is at the core of what we do.

W Brown advised that the staff at the front door would not share the view that we were all in this together and that management have their backing. She offered feedback that staff feel exhausted and things need to change. Small gestures, such as cold drinks, water, food being delivered were acknowledged as being positive.

F Forrest commented that there is a lot of duplication of effort. Discussions need to take place with staff to establish what they think needs done differently, what will make a difference, do they have specific ideas in mind, and what is it that staff are asking for.

W Brown confirmed that a key issue is movement of staff between different wards and teams. Staff are desperate to remain in their own wards where they feel supported and are able to work with staff they know. As a result, staff are not offering to pick up extra shifts, as they don't want to move from their own area of work to cover shifts within other wards.

C Potter referred to W Brown's earlier comments regarding staff at the front door and took the opportunity to share that she was in receipt of

an e-mail from a senior clinician, recognising the support that staff were receiving from managers and that staff do feel supported and their efforts are recognised.

W Brown recognised how hard C Dobson and her team are working, but this is not what staff are saying to her.

John Hackett, UNISON Regional Officer, was welcomed to the meeting.

J Hackett advised that various issues had been raised with the UNISON Fife Branch. Recruitment is not going to deliver what we need to resolve this situation. The feedback from front line is to ensure that service users access at the right place at the right time. He commented that we need to consider what we can do differently to ensure that we deliver real change for staff and how the public receive their care when seeking help from the Board.

APF noted the update.

b. Health & Social Care Partnership

S Fevre advised that two meetings of the H&SCP LPF had taken place since the last APF and highlighted the following issues:

iMatter

S Fevre was pleased to report that there had been a good performance in relation to the survey update. The H&SCP had a 63% response rate. N Conor thanked staff for their efforts in completing the survey, managers for allowing staff the time to complete the survey.

LPF Annual Report

S Fevre advised that the draft LPF Annual Report had been presented to the LPF for approval on 20 July 2022. This has previously been considered and approved by the Finance, Performance & Scrutiny Committee on 8 July 2022. The final report will be presented to the Integration Joint Board meeting on 29 July 2022 and the Staff Governance Committee on 1 September 2022.

S Fevre took the opportunity to thank all contributors in ensuring that the Annual report was completed on time.

Workforce Pressures

S Fevre advised that the main issue within the H&SCP is absence and the recent rise in COVID-19 cases, which compounds the issues being faced. The issue of staffing was discussed and how we can speed up the recruitment process. There is currently a recruitment campaign being advertised on TV promoting working within the H&SCP and encouraging this as a career choice for the younger generation. There has been a good response to the advert.

L Garvey recognised that the pressures being faced by staff within the H&SCP are similar to those being described within the Acute Services

Division. The movement of patients from hospital into the community impacts on community staff.

It was noted that Mr Bryan Davies, Head of Primary and Preventative Care Services, is moving on to a new post.

APF **noted** the update.

05. REPORTS FOR DISCUSSION

a. Attendance Management Taskforce Progress Report

C Potter provided an update on the Attendance Management Taskforce. Although the work has not progressed as quickly as we would have liked due to COVID-19 absence and other factors, Nicky and Claire have produced Hot Spot / Lessons Learned within their respective services.

L Douglas added that the Attendance Management Operational Group have been tasked with identifying ideas that focus on preventing absence from the Hot Spot / Lessons Learned and provide a Highlight Report for the Attendance Management Taskforce, to keep up the momentum.

i Terms of Reference

C Potter referred to the Terms of Reference which have been provided to APF members for comment. Consideration requires to be given to extending the lifespan of the Taskforce into the winter period.

In response to W Brown, L Douglas confirmed that as a member of the Attendance Management Operational Group, the Head of Workforce Resourcing and Relations will support progressing any actions from the Attendance Management Taskforce, as they attend both groups.

APF **noted** the update.

b. Band 2-3 HCSW's Review Update

SR referred to the release of the revised profiles for Clinical Support Workers on 5 August 2021 and the requirement to review the existing job descriptions of Band 2 Clinical Support Workers.

The NHS Fife Band 2/3 HCSW Oversight Group, which includes representatives from Acute Services, H&SCP, Communications, Staff Side and the Workforce Directorate, are agreeing a local process to review all existing Band 2 Nursing Clinical Support Workers job descriptions to ensure that they are up to date and reflect the role and responsibilities of the postholder as of 1 October 2021.

The main focus of the group is to approve the local process, Band 2 and Band 3 job descriptions, flowchart and communication materials, which have been prepared and are in the process of being finalised. There is an implementation plan to deliver this process within the current financial year.

W Brown noted her disappointment at the length of time this process was taking and suggested it should be a lot quicker. Her belief was that the majority of the staff affected are currently working above their grade, taking on extra work and are not being recognised for what they do. There is a financial impact for these staff who are predominately low paid workers, although it was acknowledged that the implementation had a retrospective effective date of October 2021.

S Raynor shared W Brown's disappointment and suggested that with partnership support this be brought forward to the end the calendar year, rather than the financial year, and sought partnership views and, if agreed, their support to accomplish this.

W Brown asked if the appropriate people were involved in the membership of the Oversight Group. S Raynor confirmed that the membership was appropriate however this can change and adapt as necessary.

APF **noted** the update.

c. Band 4 Assistant Practitioner Update

J Owens provided a verbal update, confirming that the Band 4 Assistant Practitioner role is currently being developed to assist in achieving a more sustainable workforce and ease workforce pressures within health and social care. A Clinical Band 4 Assistant Practitioner Workforce Group has been established (a successor group to a sub group of the Nursing and Midwifery Workforce Planning Group) and is meeting fortnightly. A paper has been prepared and will be presented to EDG on 21 July 2022. J Owens said she would provide a further update at the next APF.

W Brown raised staff side's concerns on how these posts will be funded. C Potter advised that paper was being presented to EDG on 21 July 2022, which she had not had an opportunity to review but understood the financial position would be clarified within this. C Potter also noted that M McGurk was not present at the meeting and would wish to be part of any discussion.

W Brown noted that this is not the first time that the Band 4 Assistant Practitioner role had been discussed and raised staff side's concerns of the lack of consultation with the staff directly affected and concerns that these staff will not be released to undertake the training course to progress. W Brown commented that September 2022 is too long to wait for a further update.

J Owens advised that there is a lot of work being undertaken to progress this initiative and is currently looking at the workforce tools to determine the staffing model. This would inform further discussion.

S Fevre suggested the proposal would need to come back to the APF to be discussed before this is progressed further.

W Brown reiterated her concern that there has been no consultation with the staff affected and that there isn't sufficient information contained within the Workforce Plan.

L Douglas acknowledged the concerns being raised and emphasised

the new role is part of a national framework and will provide development opportunities for staff. The proposal recognises the importance of providing solutions to ensure a sustainable workforce, given the national shortage of Band 5 registrants, with the appropriate skill mix for the organisation.

In response to the funding of the posts, M Michie advised that we currently have significant vacancies resulting in an underspend across nursing budgets. There are a number of implications which require to be considered, such as the cost of temporary staffing, Band 2/3 HCSW regrading, turnover, and winter pressures.

W Brown raised her concern with regards to using the Band 5 monies to fund the Band 4 posts and queried where the money would be coming from to fund the Band 5 posts once the money is no longer available.

W McConville asked that EDG members be open and honest about this matter and the impact that this will have on staffing in the areas where these staff will be placed.

C Potter indicated that she could not accept the suggestion that the Directors are not being open and honest. This is not the case. J Owens has outlined the process that we plan to undertake, and that the Directors, with the Employee Director need the opportunity to scrutinise the paper referred to and discuss this further. C Potter noted that we do not yet have all the answers to the questions being raised, but we will continue to have these discussions in partnership at EDG or at an extraordinary meeting of the APF, if this is required.

C Potter commended the efforts of everyone who has contributed to this piece of work and invited staff side to offer any suggestions on the way forward.

W Brown stated that it was a question of where the money was coming from and felt that the discussion has been shut down. W Brown noted that the issue has previously been discussed at EDG. The Staff Governance Standard states that staff should be Well Informed, however, this subject did not feature in the Work Plan for APF. W Brown noted that the Associate Practitioner role will be a great enhancement and complement to our registrants, but should not be a replacement for the Band 5 role, nor should there be any risk of reducing the number of posts. It was suggested that Boards across Scotland are not taking a consistent approach. Concern was expressed that the financial information was not available.

W Brown agreed further discussion could take place at an extra meeting of APF, as appropriate.

APF **noted** the update.

d. Workforce Plan 2022-2025 Update

R Waugh referred to the draft Workforce Plan 2022-2025 presented at the last APF meeting, noting the work to produce the draft three year workforce plan for the Board and the H&SCP plan and strategy

prepared for the same time period, covering the delegated services within the partnership.

The final draft Workforce Plan circulated to APF, takes account of feedback from various parties and includes updated workforce data as at 31 March 2022. R Waugh took the opportunity to thank service colleagues, in particular Brian McKenna, for their contributions to the development of the plan.

The draft has been presented to the Staff Governance Committee and Portfolio Board meetings last week and will be considered at NHS Fife Board meeting later in July 2022, prior to submission to the Scottish Government by 31 July 2022. The Board and H&SCP will then receive feedback on the plans and we will have the opportunity to revise the content prior to publication by October 2022.

The draft Plan satisfies the principles and requirements set out in the recent Scottish Government guidance DL 2022/09 and the six step workforce planning methodology. It covers the main professional groupings and details the demands and challenges these areas are facing over the period of the plan, alongside the workforce risks and recognises the backdrop and legacy of the pandemic at this point in time.

Finally, we recognise that this is an iterative process and that there will be revisions in future to take account of changes to the workforce profile, the emerging Population Health and Wellbeing Board and Workforce Strategies later this year.

W Brown asked for clarity in relation to the publication date of October 2022. R Waugh confirmed that following the submission of the Plan on 31 July 2022, the Scottish Government will provide feedback to the Board and we will have the opportunity to revise the content prior to publication by October 2022.

W Brown asked if the Staff Governance Committee comments had been incorporated within the final draft. R Waugh confirmed that all comments received to date had been taken into account and the any final comments will be incorporated in advance of presenting the draft final version to the Board.

L Douglas clarified that the version of the Plan that is presented to the Board is the version that will be submitted to the Scottish Government.

APF **noted** the update.

e. Workforce Information Overview

R Waugh advised that the Workforce Information Overview report provides information regarding our workforce, with details on the composition of the workforce, sickness absence and COVID-19 absence, turnover, health and wellbeing activities. The establishment gap information is currently a work in progress and will be incorporate into the report. It was also noted that PDPR reporting will also be brought to the group.

W Brown referred to the first paragraph within the Overview section of the report that states “the Turnover figures has also increased for the year ending 31 March 2022, reflecting in part a number of employees who delayed life events during the emergency response to the pandemic and choosing to retire as we move into the endemic phase of the virus” and asked if information was available to back up this statement. W Brown asked if the Exit Interview information reflects why we are losing staff.

R Waugh confirmed that the turnover data is sourced from the Information Services Division (ISD) and National Education for Scotland (NES) on a quarterly basis, hence why this is at 31 March 2022.

Brian McKenna and colleagues analyse the data available and review the reasons for leaving providing the narrative to accompany the data. Exit Interview information is limited and limits our ability to gain insights from the data, however there is work on business system functionality to improve reporting.

S Fevre referred to the increase in staff leaving and turnover within the Immunisation Team and COVID-19 workforce, and the significant impact that this could have on the overall turnover figure.

R Waugh suggested that local data could be interrogated to identify trends. This would be shared outwith the meeting. W Brown confirmed that the information would be welcomed.

N Groat referred to the Exit Interview information and asked why are we asking staff to complete them when leaving if we are unable to extract the information.

R Waugh confirmed that Exit Interviews are carried out when terminating staff via the eESS system and feedback is escalated to the relevant Manager to allow them to take any necessary action. Staff may also choose not to provide this information. Therefore information is available locally and as indicated work ongoing to improve data quality and reporting from business systems.

W Brown stated that Managers may well be undertaking Exit Interviews with staff, but the information is not necessarily being passed on. It is important to hear why staff are leaving the organisation.

L Douglas advised that Exit Interviews contain quantitative data, but qualitative data is hard to extract. However, we should encourage staff to undertake Exit Interviews.

Employee Relations: L Douglas referred to the Employee Relations update and proposed a piece of work be undertaken to review the cases that have been on-going for over six months. A meeting to take place in August 2022 including representatives from the service, HR, Staff Side colleagues, within the potential engagement from the member of staff.

LD

Recruitment: Vacancies: W Brown noted the rise in vacancies within the AHP and Nursing professions and referred back to earlier discussions about what we are going to do to ensure that we retain staff, taking into account information contained with the Exit Interview. R Waugh confirmed that she would discuss this with colleagues.

Supplementary Staffing: W Brown referred to the supplementary staffing information and noted that the total spend on bank and agency nursing was £24.1m and asked how we reduce this level of spend.

S Fevre stated that previously we were not allowed to use agency staff to cover shifts and asked if there had been national discussion in relation to this issue. C Potter confirmed that various discussions were taking place nationally to address these issues and referred back to earlier discussions, recognising the challenging staffing levels and the need for the use of supplementary staffing.

W Brown stated that if staff were not being moved to different parts of the organisation to cover shifts they may be more likely to take on additional shifts reducing expenditure and to help increase staff's resilience levels.

J Owens confirmed that we are doing everything we can to support ward staff to remain in their place of work. However, sometimes staff movement is necessary due to the huge pressure caused by levels of absence. W Brown noted that we do not have enough staff and something else needs to be done.

C Dobson confirmed that Senior Charge Nurses are finding it extremely challenging to ensure that there are enough staff within wards to ensure the safety of our staff.

Absence: W Brown referred to the minutes of the last meeting where R Waugh had indicated the intention to broaden sickness absence reporting, however, this information is not contained within this report.

R Waugh advised that this had been an oversight on her part and would arrange for this information to be circulated with the minutes.

RW

Employee Relations: W Brown referred to the Employee Relations section of the report and asked if the more than 12 months could be broken down further to tell us more.

L Noble asked, on behalf of A Verrecchia, for feedback with regards to the cases identified for discussion with the Director of Workforce in March 2022 noting concern about the length of time taken. L Douglas confirmed that work was on-going with the cases referred to and separate discussions had taken place with A Verrecchia outwith the meeting.

S Raynor confirmed, in the absence of K Reith, that a further meeting was being arranged to progress this action. However, due to leave, this has not taken place yet. An update report is currently being prepared and will be shared with colleagues in advance of the meeting. L Douglas referred to the proposition she outlined under

Employee Relations section of the discussion and sought staff side's views/comments outside the meeting. If agreed the action could be progressed.

Workforce Development and Appraisal: W Brown referred to the scope of the Regional Workforce Dashboard project being paused and asked why we don't have anything we can report on. K Berchtenbreiter advised that work is on-going to ensure that the data is accurate. This is currently a manual task, and it is anticipated that within the IPQR for the period ending September 2022.

W Brown referred to PDPs as there appears to be more staff who have signed off their PDPs than are in the system. K Berchtenbreiter confirmed that this may be due to PDPs being partially signed off. The manager has access to the system to obtain this level of detail, but unfortunately there is no report at Directorate level available. PDP&R reporting through the IPQR review was noted and a will be brought back to APF.

Staff Hubs: W Brown asked N McCormick for an update in relation to the new Staff Hub on the Victoria Hospital site. N McCormick confirmed that the initial source for funding, the NHS Fife Charity, due to the costs involved, was not a viable option. Alternative options within the main hospital are currently being considered rather than within the grounds of the hospital. In reply W Brown's expressed concerns about there was little or no movement on establishing the new Hub. Neil McCormick agreed to take this forward via the next meeting of the Accommodation Planning Group.

NMcC

e(i) NHS Fife Staff Health & Wellbeing Framework

R Waugh advised that the NHS Fife Staff Health and Wellbeing Framework has been further developed in partnership with the Staff Health and Wellbeing Group and sets out the direction of travel for staff health & wellbeing provisions over the next 3 years. This should be viewed alongside other documents, e.g. the Annual Delivery Plan, and will be complemented by Delivery Plan.

It was noted that the content of the draft framework requires to be updated, as the Healthy Working Lives Award scheme has ceased. However, we will demonstrate the foundations in place with the work that we have already undertaken within the Board, which was recognised by the Gold Award

R Waugh asked for comments to be provided by 12 August 2022.

APF

e(ii) Live Positive Toolkit

R Waugh advised that the Staff Health and Wellbeing Group, together with colleagues within HR and OH, have looked at the content of the **Live Positive Toolkit** and has now been modernised, with the help of our Comms colleagues.

R Waugh asked for comments to be provided by 12 August 2022.

APF

e(iii) Withdrawal of the Healthy Working Lives Award Programme

R Waugh confirmed that the Healthy Working Lives Award programme has ceased and therefore our letterhead is being updated to remove the logo.

APF **noted** the update and associated appendices.

f. Finance Update from the Integrated Performance & Quality Report (IPQR)

M Michie provided an update on the current financial position, highlighting the key issues as at the end of May 2022.

The Board reported an overspend of just under £6.5m; with a Health & Social Care Partnership underspend of just over £1m; which adjusted the overall overspend for the Board to £5.5m, due to a £2m financial gap and unfunded covid costs of £2.5m to date.

The Board has been allocated additional funding from the Scottish Government to support the additional Covid spend; £2m for operations; £1m for the Acute Services Division; and £1m slippage against approved savings. There is a £3m target for financial savings for the Board in June 2022.

The Scottish Government are repeatedly telling Boards that there is no further monies available to Boards.

The anticipated Capital expenditure is just under £2.5m. The capital position is £1.5m, to date.

The Board has been successful in obtaining funding and has recently placed a further bid to try and secure additional funding for £1.5m to secure capital funds.

APF **noted** the update.

g. Staff Governance Monitoring Return 2020/2021

S Raynor referred to Staff Governance Monitoring Return 2020/2021 update which provides feedback received from the Scottish Government in relation to the 2020/2021 Staff Governance Monitoring Return submitted in September 2021. Whilst the Scottish Government do not have any questions for the Board, they have highlighted areas that the Staff Governance Plan should consider when planning the subsequent return for 2021/2022.

W Brown referred to the Staff Governance Audit report which identified a number of areas that we could improve on and asked if this could be circulated to APF members for information.

S Fevre recognised the Scottish Government's decision to take a different approach to review the 2020/2021 Staff Governance Monitoring return due to the pressures being faced by Boards. However, this strand of the NHS Governance framework looks at how staff are managed and how they feel they are being managed and the

light touch approach to the feedback received is concerning. He noted disappointment about the level of monitoring the Scottish Government wants us to report on. As an organisation, we have done a lot more than is detailed within the report.

L Douglas agreed to circulate the Staff Governance Internal Audit report to members of the APF. The feedback received is being taken forward, and this does not dilute the work that we already do. APF were asked to remember that the feedback received was not based solely on the Monitoring Return and reflected other submissions provided during the COVID-19 pandemic, such as the Remobilisation Plans and Interim Workforce Plan.

LD/JM

C Potter referred to feedback received within the Internal Audit report in relation to the Staff Governance Standards and confirmed that this was in relation to the presentation of how the work we are undertaking is appropriately aligned to the Standard within reports.

Mr John Burns, Chief Operating Officer, Scottish Government recently visited the Board, and, it may be beneficial to have a further conversation about the reflections made in relation to the Staff Governance strands. W Brown agreed with this approach.

CP

APF **noted** the report for awareness.

h. Whistleblowing Annual Report 2021/2022

S Raynor advised that this is the first Whistleblowing Annual Report presented to the APF. Within the report we are required to provide an update in relation to the lessons learned and actions taken during 2021/2022. However, this has not been possible as the whistleblowing concerns received (during Quarter 4 of 2021/2022) have not yet reached a conclusion and we are unable to report on our performance in relation to the handling of these whistleblowing concerns within the 2020/2021 Annual Report.

Staff raising concerns are given the opportunity to feedback on their experience of using the Whistleblowing procedure in order that we can learn and make any improvements in our processes. Staff will also be offered a follow up conversation with Kirstie MacDonald, Non-Executive Whistleblowing Champion, should they wish to discuss their experience of the process. Any learning from the 2020/2021 Annual Report will be taken on board within future quarterly and annual reporting.

W Brown referred to concerns she raised at the Staff Governance Committee in relation to who approves extensions to the timeframe for completing investigations and what the criteria is for considering concerns as Whistleblowing. She suggested the review of good practice could be considered when dealing with Employee Relation cases. W Brown commented that staff are getting to the point that Whistleblowing is seen as a way forward to deal with their concerns or write to the press and we need to move away from this approach.

L Douglas agreed with the suggestion to review Employee Relation cases using the same methodology adopted for Whistleblowing and

referred to her comment under Employee Relations at item 5e. We need to identify what else we can do generally to ensure that staff know the options available to them to allow them to raise their concerns.

S Fevre confirmed that we need to consider how we encourage staff to come forward and speak out in order to raise their concerns to gain an insight into staff's thoughts on how to resolve the issues being encountered. Staff feel that they are not being listened to and their only option is to escalate their concerns.

S Raynor advised that a National Speak Up Webinar campaign is taking place between 3-7 October 2022, which provides an opportunity for the Board to promote and celebrate speaking up. L Parsons had been given the materials for staff side.

W Brown asked if there was only one place available for staff side. S Raynor confirmed that this would be open to all staff side colleagues and agreed to provide W Brown with the e-mail to circulate to staff side colleagues.

SR / WB

APF **noted** the report for awareness.

i. Timetable for Implementation of the Health and Care (Staffing) (Scotland) Act 2019

L Douglas referred to the Timetable for implementation of the Health and Care (Staffing) (Scotland) Act 2019 report and invited staff side colleagues to participate in the Strategic Workforce Planning Group to be involved the work as it was being developed and taken forward.

APF **noted** the report.

j. Director's Letter - DL(2022)21 - Removal of Temporary Covid Polices (Enclosed)

S Raynor advised the removal of the temporary COVID policies guidance had been discussed at the Partnership meeting, noting the majority of the Covid interim guidance ceased on 30 June 2022. Further changes to Covid coding for special leave due to end on 31 August 2022. The Partnership Group are reviewing the Workforce Guidance in light of this further guidance.

APF **noted** the update for awareness.

07. COMMUNICATIONS UPDATE

K MacGregor reported that there were 76% active users on StaffLink in July 2022, which was encouraging to see. The Hub development work is on-going with services to develop and refine their areas and content, There were over 115,000 opens of 5,786 documents / pages in the Hub.

There has been positive feedback from the users in relation to the New dynamic carousel feature on both the desktop and mobile versions of StaffLink which was launched May 2022. Further work to refine and improve the layout is on-going.

Improvements have been made for Android Users of StaffLink to allow easier access to features of the app. Currently 41% of users in NHS Fife, who open StaffLink on average 3 times per day, are encountering a more user friendly experience.

Other improvements to back end operation have been progressed to support our development plans including recently launched analytics features and a bulk upload which allows us to create and manage Teams efficiently. Planned developments include an improved search function; embedding videos to stream directly from Hub areas on StaffLink to avoid the need to host on Youtube; customised Hub folder icons; improvements to Admin permissions and to the newsfeed layout.

Future developments include reactions; comment management system; and improved Hub experience for users.

APF **noted** the update.

08. ITEMS FOR NOTING

The following items were **noted** by APF:

- a. H&SCP LPF – Minutes of 11 May 2022
- b. AS&CD LPF – Unconfirmed Minutes of 23 June 2022
- c. NHS Fife Staff Health & Wellbeing Group – Minutes of 26 April 2022
- d. Decommissioning of COVID-19 Partnership Statement
 - (i) Annex - Prior Partnership Statement (17-11-2020)

W Brown confirmed that the Decommissioning of Covid-19 Partnership Statement should have been an agenda item for discussion, had it been received sooner.

S Raynor confirmed that she is progressing the drafting of a statement from W Brown and L Douglas for issue to the workforce. Once agreed by W Brown and L Douglas the statement will be published.

**SR/WB/
LD**

09. AOB

C Potter proposed that the next meeting of the APF should take place in person, rather than on-line to support more effective working relationships and to provide an opportunity for members to meet colleagues who they may not have met in person due to changes during the pandemic. W Brown suggested that a hybrid approach be considered to allow staff who wish to participate via MS Teams.

There was no other business.

DATE OF NEXT MEETING

The next Area Partnership Forum meeting will be held on Wednesday 21 September 2022 at 13:30 hrs (venue to be confirmed).

**ACUTE SERVICES DIVISION & CORPORATE DIRECTORATES
LOCAL PARTNERSHIP FORUM**

(Thursday 23 June 2022)

No issues were raised for escalation to the Staff Governance Committee.

MINUTES OF THE ACUTE SERVICES DIVISION AND CORPORATE DIRECTORATES LOCAL PARTNERSHIP FORUM HELD ON THURSDAY 23 JUNE 2022 AT 2.00 PM VIA MICROSOFT TEAMS

Present:

Claire Dobson (CD), Director of Acute Services (**Chair**)
 Andrew Verrecchia (AV), Unison
 Andrew Mackay (AM), Deputy Chief Operating Officer
 Lynn Campbell (LC), Associate Director of Nursing
 Donna Galloway (DG), General Manager – Women, Children & Clinical Services
 Miriam Watts (MW), General Manager – Emergency Care
 Belinda Morgan (BM), General Manager – Emergency Care
 Neil McCormick (NM), Director of Property & Asset Management
 Benjamin Hannan (BH), Director of Pharmacy & Medicines
 Susan Young (SY), HR Team Leader
 Caroline Somerville (CS), Unison
 Joy Johnstone (JJ), FCS
 Dr Sue Blair (SB), BMA
 Neil Groat (NG), SoR
 Mary Ann Gillan (MG), Royal College of Midwifery

In Attendance:

Siobhan McIlroy (SM), Clinical Nurse Manager (shadowing L Campbell)
 Gillian McKinnon (GMck), PA to Director of Acute Services (**Minutes**)

		Action
1	<p>WELCOME & APOLOGIES</p> <p>CD opened the meeting and welcomed everyone.</p> <p>Apologies were received from Sally Tyson, Anne-Marie Marshall, Louise Noble and Paul Bishop.</p>	
2	<p>MINUTE OF PREVIOUS MEETING – 28 APRIL 2022</p> <p>The Minutes of the Meeting held on 28 April 2022 were accepted as an accurate record.</p>	
3	<p>ACTION LIST & MATTERS ARISING</p> <p>3.1 <u>Operations Pressure Escalation Level (OPEL)</u></p> <ul style="list-style-type: none"> • OPEL presentation shared via email on 29/04/22. Close action. <p>3.2 <u>Broken Lift in Hayfield House</u></p>	GMck

- NM advised the works have been complete by the contractor. Earlier this week we were just waiting on commissioning to happen to put the lift back into use. Close action.

GMcK

3.3 **Feedback from NHS Fife Board & Executive Directors**

- Milestone Plan shared via email on 29/04/22. Close action.

GMcK

3.4 **Terms of Reference**

- CD advised feedback received from BH and those changes have been reflected in the Terms of Reference.
- There will be a bi-annual review of the Terms of Reference. Close action.

GMcK

3.5 **East Region Recruitment Service**

- Newsletter shared via email on 29/04/22. Close action.

GMcK

3.6 **Date of Next Meeting**

- CD advised we did attempt to secure a room booking for the June meeting however we were unsuccessful.
- GMcK advised the 18 August 2022 meeting will be held in Training Room 1, Dining Room, VHK. Close action.

GMcK

4 **HEALTH & SAFETY:**

4.1 **Health & Safety Update Report (including RIDDOR Update)**

- The Health & Safety Update Report was distributed and noted, for information.
- There were no issues for feedback to AM-M.

5 **STAFF GOVERNANCE 2019/20**

A **Well Informed**

5.1 **Director of Acute Services Brief – Operational Performance**

- AM advised the hospital remains significantly pressured across the whole system, both staffing and overall hospital capacity.
- AM advised in May 2022 we saw the highest monthly attendances to ED we have ever had, and that trend is continuing to increase through June.
- AM advised pre-pandemic we would usually average between 160-180 presentations per day into ED and attendance over 200 would be exceptional. The average attendances this week was 246 and Monday was our second highest daily

attendances ever at 293. This is a significant change in patient demand coming into ED.

- AM advised our occupancy levels continue to be extremely high. We require additional contingency capacity at the start of the week, reducing that occupancy through the week, then filling up over the weekend. Occupancy has come down a little over the last couple of days which has been helpful.
- AM advised over the last couple of months we did see really high numbers awaiting transfer out to HSCP settings. That has come down but there is still a backlog in the low 30s in patients, but we are seeing better flow through HSCP which is helping the position.
- AM advised the COVID numbers are steadily rising and is reflected in staff absence. Yesterday morning we had 44 COVID positive patients across the hospital and a week prior to that it was 25. We are seeing peaks and troughs from day-to-day, but the overall trend is an increase in the number of COVID positive patients. The majority of these patients are Medicine of the Elderly. We have had whole system discussions with our HSCP colleagues, and they are expecting a number of those patients to require community transfer as they come through their isolation period.
- CD noted the site remains under pressure and the pressure is now unabating and continuing. We have already started discussions on what we can start to do differently and how the system needs to look for the future as we recognise we cannot continue as we are. Staff-side colleagues will be involved in discussions as we go through that process.

5.2 Attendance Management Update

- The Attendance Management Report was distributed and noted for information.

NHS Fife

- SY advised the sickness absence figure for NHS Fife was 5.14% in April 2022 and a slight increase in May 2022 to 5.63%.
- SY advised on top of that the COVID absence was 2.46% in April 2022 and reduced to 1.16% in May 2022. We anticipate an increase in the June figures.

Acute

- SY advised Acute Services Division was higher in April and May 2022 in both sickness absence and COVID absence than the NHS Fife average. The sickness absence figure was 5.44% in April 2022 and 5.93% in May 2022.
- SY advised COVID absence was 2.77% in April 2022 and 1.33% in May 2022.

- SY advised May 2022 was the highest sickness absence rate we have seen in the past three months and higher than the same month last year. It was however the third consecutive month below 6%. The COVID absence was down from the previous reporting period but appreciate this is likely to rise in June 2022.
- SY advised for May 2022 ECD were highest at 7.76%, PCD at 5.5% and WCCS at 4.07%.
- SY advised anxiety, stress and depression remains the reason for the highest number of hours and episodes of sickness absence followed closely by gastro, cough, cold and flu. There appears to be an increase in cough, cold and flu across NHS Fife.
- SY advised long-term absence has increased and short-term absence has reduced during the reporting period.
- SY advised there are 13 areas within Acute above 10%. Colleagues to consider whether they wish to see this data for areas with 5% and above going forward.

Corporate Services

- SY advised Corporate Services Directorates was lower than the NHS Fife absence at 4.59% in April 2022 and 4.99% in May 2022.
- SY advised COVID absence was lower than the NHS Fife average at 1.85% in April 2022 and 0.89% in May 2022.
- SY advised there was an increase in May 2022, but this was the second month below 5% and similar to the same month last year. COVID absence was down. Consistent with previous sickness absence reports the Facilities Directorate was highest at 7.85% in terms of absence episodes and hours lost.
- SY advised similar with Acute gastro absence is high, however this is the second time reported that anxiety, stress, depression was not the highest reason for absence on that chart. It does have the highest number of hours lost but a reduction in the number of episodes.
- SY advised consistent with Acute, long-term absence has increased and short-term absence has reduced.
- SY advised there are 8 areas within Corporate Services over 10% or above absence.

General

- SY advised colleagues may be aware there is an EDG and Operational Attendance Taskforce SLWG that have been commissioned to provide senior leadership to practice and process with an aim to reducing absence and ensuring staff support and wellbeing. The EDG group has met twice, and the operational group meets for the first time on Monday.

- SY advised we still await an updated decision from Scottish Government regarding whether we are moving COVID absence to sickness absence and moving it away from special leave. This will be shared as and when received. **Post Meeting Note: Director's Letter - DL(2022)21 - Removal of Temporary Covid Polices which relates to the re-classification of covid special leave to sickness absence as well as other covid-related matters was shared via email with LPF colleagues on 24 June 2022.**
- SY advised the Attendance Management Training is being reviewed. NHS Scotland staff now have the TURAS Learn Attendance Module which is comprehensive. Attendees will be asked to undertake this short training session in advance of coming to the session to allow the session to be more interactive for those attending with a focus on the areas managers would most like support with. We are looking to introduce 4 scenarios: 1) patterns of absence; 2) mental health absence; 3) staff who are struggling at work; 4) moving to formal stages and target setting.
- SY advised that a mental health checklist is being developed, which is a tool helpful for managers and staff when managing that type of absence. This is being taken from a Chartered Institute of Personnel and Development toolkit and we will try and mirror and adapt it for NHS Fife use. We can look at agreeing an appropriate name for the checklist once this document is ready.
- CD advised the EDG Taskforce has met once and will meet again tomorrow. An action for Acute Services was to identify three areas of good practice around attendance management and three areas where performance could be improved.
- LC advised Gillian Malone, CNM had shared a Wellness Action Plan from the mental health charity Mind. This is a helpful tool for managers and staff and ends with an action plan template.
- CD advised she liked the terminology used which is much more helpful and much more positive. Some individuals may find this tool helpful.
- AV advised he had not seen the document referred to, however felt this would not have any impact on our staff would want or need this and did not think this is where we are as an organisation at this time.
- LC noted it is about strategies rather than us applying an action plan but happy to discuss further with AV once he had the opportunity to read the document.
- LC agreed for the Wellness Action Plan to be shared with LPF colleagues for information and to help support our recovery.

LC

5.3 Feedback from NHS Fife Board & Executive Directors

NM advised key updates from the recent NHS Fife Board included:

- NHS Scotland are no longer on an emergency footing. We no longer have a Gold Command structure but do have an EDG Huddle and supporting groups are meeting in a slightly different capacity.
- The Kincardine and Lochgelly Outline Business Cases were presented and approved by the NHS Fife Board. These will go to the Scottish Capital Investment on 29 June 2022.
- The Board Assurance Frameworks will be replaced after the next NHS Fife Board meeting with a Corporate Risk Register.
- The Director of Public Health report was presented with a key look at the health of the population of Fife.
- There was a briefing paper on the NHS Scotland Policy for Climate Emergency and Sustainable Development. This is starting the process of the NHS acknowledging the climate emergency and how it becomes a key part of the Board's corporate objectives for the year. We need the support and input from a wide range of people in making sure the services we deliver are as sustainable as possible going into the future.
- A greenspace workshop took place yesterday with attended by a number of agencies across Fife.
- There was also an update on the Population Health and Wellbeing Strategy and public and staff engagement to date.

BH advised:

- The milestone plan from the Population Health and Wellbeing Strategy was circulated after the last LPF meeting and a strategy update given to NHS Fife Board in terms engagement.
- Alistair Morris has been appointed as Vice-Chair of NHS Fife Board replacing Rona Laing in that role, providing continuity as Tricia Marwick is stepping down at the end of this year.
- There will be a Board Development Session taking place on 28 June 2022 with an update on Risk Management and Risk Appetite together with an update on Integrated Planned Care: Elective Recovery and the Further Development of Day Surgery in NHS Fife.

6 B Appropriately Trained

6.1 Training Update

- MW advised due to ongoing staffing shortages staff were unable to be released for training at the moment. A meeting was held this week around our staffing concerns within ECD and the impact this is having on staff training.
- AV asked if there was an update from the individual Directorates on current training numbers.
- CD advised we do cover training numbers as part of our monthly Directorate Performance Review and these are

monitored however we recognise the staffing challenges that we are facing at the moment.

- MW advised the training figures are variable. For May 2022 there are 13 key elements that are measured on the scorecard, 11 of them have had an improvement on the previous month and 2 of them have remained amber and static. The figures are still significantly below what they should be and vary between 20% up to 45-48%.
- LC advised there would be a focus on new staff to ensure they have the appropriate training in place. Practice and Professional Development continue to work with us in relation to ensuring staff are kept up to date. We have a local risk assessment approach to training that is critical.

6.2 Turas Update

- CD advised that unfortunately with current pressures that it will be challenging to have the same momentum around TURAS as we would have pre-pandemic.

7 C Involved in Decisions which Affect Them

7.1 Annual Report

- AV advised following on from the success of last year's Annual Report a similar exercise will take place this year.
- CD advised the Annual Report would be completed over the summer and submitted for awareness to the Staff Governance Committee and APF at the end of the summer.
- CD advised an email will come out shortly with timescales asking for contributions to the development of the report. Colleagues should get in touch if they feel there is anything else that we should include within the annual report.
- CD advised we would hope to have a first draft of the Annual Report at the August LPF meeting.

**CD/AV/
GMcK**

7.2 Staff Briefings & Internal Communications

- CD advised she has a schedule of walkabouts arranged with AV. These have been really successful and positive in terms of meeting staff and hearing their feedback, but also on occasion resolving individual matters for staff who have perhaps got stuck in the processes of the organisation.
- CD advised if there is a particular area that colleagues would like them to visit, something to celebrate or are concerned about then they should get in touch.

7.3 iMatter

- SY advised iMatter has gone live and surveys should have been received this week via email.
- SY advised there have been a number of lunchtime Q&A sessions delivered by the training team and also an eLearning module.
- SY advised staff should be encouraged to take part following the challenging times we have all experienced. Visits can be arranged to individual areas by Kirsty Berchtenbreiter and her team together with staff-side colleagues to encourage uptake in areas.
- AV asked about the process for gatherings within the hospital noting there were still COVID measures in place. AM advised there have been discussions around this through the SLWG and this would go to HCT for final approval next week. It would be appropriate to have a stand-up briefing with small numbers of individuals but with the continued use of face masks as a mitigation measure.
- SY advised the iMatter survey can be now accessed on your mobile phone by SMS which may help in terms of engagement.
- NM advised any engagement with staff was top of their agenda in terms of importance and Estates and Facilities would welcome any visit subject to COVID rules and regulations.
- NM advised within Estates and Facilities they have managed to get 150 staff off the paper version of the iMatter survey and on to SMS. We should however still be encouraging those staff wishing to compete via paper copy to ensure they have an opportunity to have their say.

8 D Treated Fairly & Consistently

8.1 Current/Future Change Programmes/Remobilisation

- CD asked the GMs for an update around the population of the Annual Delivery Plan (ADP) from Scottish Government.
- DG advised it has been a good exercise and WCCS had received a lot of help from Bryan Archibald's team. It is a large dynamic document. There are some things that cannot be moved on as we have not received funding for them; some can be moved on in a smaller way but not in the scale we would have liked; and others we will deliver at some point but possibly not this year.
- BM advised this has been a huge piece of work to complete. ECD were able to identify what outcomes they had achieved and what they still had to achieve and what their priorities are moving forward. There were lots of things that demonstrate we are unable to take forward due to funding issues and this will continue. This will be joined up with the redesign of urgent care.
- MW advised it has been interesting to note that following a review of our objectives from 21/22 to now and how many of

them were really operational and there is a much more strategic focus now.

- BH advised is has been a good exercise but has been tough to get staff engagement but grateful to the team in pulling the information together.
- BM advised there had been an indication there would be new monthly accountability reviews with Susan Fraser's team and directors and asked whether these would replace our monthly Acute Directorate performance reviews.
- CD advised the directors give assurance to the CEO and the Board and Carol Potter is quite clear we will not move back to the historical performance and accountability reviews. They would however meet as a group of directors to measure how they were performing against the corporate objectives. This would not replace the monthly Acute Directorate performance reviews.

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.
- SY advised there would soon be a new Head of Service of Occupational Health now that Mandy Mackintosh has retired.
- SY advised recruitment is underway for a new Case Manager to support staff with mental health conditions.
- SY advised there was really good feedback from staff who had participated in the outdoor sessions. There has been some difficulty for staff given approval to leave their work areas to attend these sessions. There is also a good opportunity for team development at these sessions.
- BM reiterated there had been really positive feedback on the outdoor sessions from teams and CNMs. Some of the senior team within AU1 are going to attend one of the sessions as part of their ongoing development to support healthy wellbeing.
- SY advised the Staff Travel Survey 2022 is currently live on StaffLink until 9 July 2022. AV asked for more details on this survey. SY advised this survey is undertaken each year and gathers information and data on our methods of travel for our staff.
- SY advised staff should continue to be encouraged to use the many health and wellbeing supports available.
- DG advised 1:1 meetings have changed focus and are protected and are now more supportive than performance related. This will continue as sometimes this is the only protected space a member of staff has.
- CD advised she was also struck by the feedback from physiotherapy and therapies in general in Acute as they highlighted as an area of positive performance around attendance. They

have a mantra that they start ever 1:1 with “how are you” and they are successful in how they are managing and supporting staff to be at work.

- DG advised the “how are you” question is one that is asked twice because the second time you receive the real answer.
- SY advised she has already heard some areas that have introduced walking 1:1s and seems to work really well and some positive feedback in the areas that have introduced it.

9.2 **Capital Projects Report**

- The May 2022 Capital Projects Report was noted for information.
- NM advised the report outlines the items that we have been approved with the NHS Fife budget.
- NM advised we received £7.5m of capital. There was a £2m capital to revenue transfer to try to help the overall financial position within NHS Fife and to recognise the additional monies that we received last year from Scottish Government from capital. The rest was split up into the high-risk areas.
- NM advised we received £1.5m for equipment. We got just under £2.5m for the key statutory compliance work that needs to be done and a £250k for clinical prioritisation and half of that has now been allocated.
- NM advised this year we have lobbied the Scottish Government to try and get additional allocations of funding earlier on in the year. We have been successful, and we have been given a further £1.5m allocation for equipment. This will address a lot of issues around larger pieces of radiology equipment which will help the resilience of the organisation to aid the recovery and remobilisation efforts.
- NM advised we are spending some money on Lochgelly and Kincardine. The Elective Orthopaedic Centre is still on track with handover at the end of October 2022.

9.3 **Acute & Corporate Adverse Events Report**

- The Acute & Corporate Adverse Events Report for the period June 2021 to May 2022 was noted, for information.
- LC advised the last report was the first time Corporate had been included. Corporate had not previously been reflected in any of the partnership meetings however by adding it in, it changes the overall illustration of the data. The discussion therefore has this caveat in the interpretation.
- LC advised infrastructure as a theme has continued to reduce with unwanted behaviours and violence and aggression rising. This has a big impact on how the chart looks with higher attendances into ED and staff vaccination clinics.
- LC advised we continue to promote the reporting of any staffing concerns and as part of the staffing OPEL Brag status there are

actions for a site wide Datix to also be submitted. Although it has come down on this chart the staffing level incidents have increased since the last reporting period as well as the activities to staff ratio.

- LC advised it is difficult to make any real assumptions about this report because of that change in the data presented.
- LC advised it would be sensible to split the Corporate and Acute data out so we see those presented separately and would welcome feedback on how future reports should look.
- NM advised this was a useful report and a split report would be helpful as long as it did not expose individual areas to undue scrutiny, however it was essential that we addressed any safety concerns that we have across the organisation.
- LC agreed to ask Paul Smith to provide a split report for the next meeting to see what this would look like and can adjust as necessary going forward.
- BM advised we have been across the site seeing an increase in violence and aggression. There was one specifically within ED against a member of staff that was racially motivated. This incident was reported, CCTV evidence viewed, and statements taken. Police Scotland have investigated but unfortunately have come back today directly to the member of staff advising that whilst the behaviour is clearly unacceptable the patient and relative have not broken any specific laws and therefore no action will be taken. The member of staff and the wider ED team are really disappointed.
- BM advised a SLWG is being set up with HR support and various stakeholders to look at risk assessments within the ED. There will also be a social media campaign around our zero tolerance against violence and aggression and have taken advice from the Communications Team around messaging.
- CD advised she was disappointed to learn of the outcome but grateful for the actions being taken forward in terms of the SLWG and the communications campaign. The individual that was impacted by this incident has also taken on a piece of work linking in with NHS Lothian in terms of looking at the impact of verbal and physical abuse on staff and how we can learn from that and what we can do as an organisation.
- CD advised she has also taken a specific action to speak and link in with the community police officer for NHS Fife. It is likely that a lot of our patients are feeling frustrated at the moment as they are having to wait longer and demand is high but feeling frustrated is not a valid excuse for verbal abuse.
- NG noted if the incident was racially motivated then surely it breaches the equality act. CD advised we do not understand this and is why she would link in with the community police officer for NHS Fife to try understand it better.
- AV advised he was disappointed with the outcome but noted staff do not come to work to be treated like that by colleagues

LC

or members of the public however we have to trust the decision made by Police Scotland.

- CD advised there is an opportunity for her and AV to work together on this with Police Scotland any to take forward any actions in partnership.

10 ISSUES FROM STAFF-SIDE

10.1 Staffing Challenges

- AV advised he had been involved in discussions around staffing challenges within the Emergency Care Directorate and asked if colleagues could provide an update.
- BM advised the vacancy and absence rate within the Emergency Care Directorate has been increasing to the highest we have seen. We are continuing to operate all of our services and as part of our action plan was to prioritise what were our critical functions to try and release some staff, but also were aware of the increased demand.
- BM advised we are coming into the summer holiday period. We have a 7-week summer holiday period starting next week when we know staff have requested annual leave and additional numbers of staff requesting parental leave on top of an increase in the number of staff absence with COVID.
- BM advised the Directorate was aware the risks to us were greater than they have been in the past and wanted to speak to AV around any other actions they should be taking and to formally record this risk on the risk register.
- CD advised this has been a really important conversation between the Directorate and AV and was important to log this as a risk within the risk register but to ensure the wording and the risk is articulated the severity and nature of the risk. If we need to stop other activities to support this, then we need to go back into retraction planning and look at what we will be able to deliver over this period.
- LC advised we have talked about all of the actions ongoing at previous meetings and none of these are overnight fixes. It is consideration of different ways of working and the model in clinical areas that will require to be different.
- LC advised there are several discussions every day in relation to how we manage the risk across the whole site and how we balance and manage the very small resource that we have in terms of staffing. We have a number of NQPs coming in later this year however they will not fill the extant vacancy gap.
- LC advised the development of Band 4 practitioners is critical however was unsure whether the Annex 21 had yet been agreed. Any assistance in progressing this would be helpful to allow the first cohort into Fife College in August.

- LC advised she continued to have conversations with CNMs and all of the senior nursing team engaging with staff at a clinical level around alternative ideas and creative thinking.
- SY advised the Annex 21 had not yet been approved but was working hard to get this approved in partnership before the end of this week. AV agreed he would do what he could to progress the approval of the Annex 21.
- BH advised he was supportive of the Band 4 role and critical we get the underpinning knowledge correct to protect the registrants at Band 5. BH advised he was working through some of the medicine governance aspects with Janette Owens.
- CD advised if there were retraction plans Directorates required to put in place over the summer period, we should start to bring these forward now to avoid impact on other staff.

AV

11 MINUTES FOR NOTING:

11.1 Capital Equipment Management Group

- The Minutes of the Capital Equipment Management Group meeting held on 3 March & 21 April 2022 were noted, for information.

12 TERMS OF REFERENCE

- CD advised feedback received from BH and those changes have been reflected into the Terms of Reference.
- The ASD & CD Local Partnership Forum accepted the terms of reference and agreed a bi-annual review of it.

13 HOW WAS TODAY'S MEETING?

13.1 Issues for Next Meeting

- Agreed further discussions required on the Annual Report and on the current staffing challenges.

CD/AV

13.2 Issues for Escalation to Area Partnership Forum

- Agreed to escalate staffing challenges and staff training to APF.

CD/AV

14 ANY OTHER COMPETENT BUSINESS

14.1 Regional Recruitment Team Lead

- SY advised Sharon Rushford has been appointed to the post of Regional Recruitment Team Lead. Sharon joins the team with significant HR and medical recruitment experience.

- SY advised on 25th July 2022 we will commence the transition into an East Region Recruitment Service with a view to this being completed by the end of September 2022.

15 DATE OF NEXT MEETING

Thursday 18 August 2022 at 2.00 pm in Training Room 1, Dining Room, VHK.

GMcK/ASD & Corporate Directorates Local Partnership Forum Minutes 2022/230622

**HEALTH AND SOCIAL CARE PARTNERSHIP FORUM
LOCAL PARTNERSHIP FORUM**

(Thursday 21 June 2022)

No issues were raised for escalation to the Staff Governance Committee.



Fife Health & Social Care Partnership

Supporting the people of Fife together

HEALTH AND SOCIAL CARE LOCAL PARTNERSHIP FORUM TUESDAY 21 JUNE 2022 AT 4.00 PM AM VIA TEAMS (VIRTUAL MEETING)

PRESENT: Nicky Connor, Director of Health & Social Care (Chair)
 Simon Fevre, Staff Side Representative
 Eleanor Haggett, Staff Side Representative
 Debbie Thompson, Joint Trades Union Secretary
 Alison Nicoll, RCN
 Bryan Davies, Head of Primary & Preventative Care Services
 Elaine Jordan, HR Business Partner, Fife Council
 Elizabeth Crichton, Project Manager – Wellbeing & Absence
 Kenny McCallum, UNISON
 Lynne Garvey, Head of Community Care Services
 Mary Whyte, RCN
 Morag Stenhouse, H&S Adviser, Fife Council
 Rona Laskowski, Head of Complex & Critical Care Services
 Roy Lawrence, Principal Lead Organisation Development and Culture
 Sally O'Brien, NHS Fife (for Lynn Barker)
 Susan Young, HR Team Leader, NHS Fife
 Wendy McConville, UNISON Fife Health Branch
 Wendy Anderson, H&SC Co-ordinator (Minutes)

APOLOGIES: Angela Kopyto, Dental Officer, NHS Fife
 Anne-Marie Marshall, Health & Safety Officer, NHS Fife
 Audrey Valente, Chief Finance Officer, H&SC
 Dr Chuchin Lim, Consultant Obstetrics & Gynaecology
 Fiona McKay, Head of Strategic Planning, Performance & Commissioning
 Frances Baty, Director of Psychology, NHS Fife
 Hazel Williamson, Communications Officer, H&SC
 Helen Hellewell, Associate Medical Director, H&SC
 Kenny Grieve, Health & Safety Adviser, Fife Council
 Lynn Barker, Associate Director of Nursing
 Lynne Parsons, Society of Chiropodists and Podiatrists
 Susan Robertson, UNITE
 Vicki Bennett, NHS Fife
 Wilma Brown, Employee Director, NHS Fife

NO	HEADING	ACTION
1	APOLOGIES As above.	
2	PREVIOUS MINUTES	
2.1	Minute from 11 May 2022 The Minute from the meeting held on 11 May 2022 was approved as an accurate record of the meeting.	

2.2 Action Log from 11 May 2022

The Action Log from the meeting held on 11 May 2022 was approved as accurate.

iMatter Survey

Nicky Connor advised that the iMatter survey is now live and thanked managers for getting team information updated for this. The partnership had a 61% response rate last year and it is hoped to exceed this in 2022. The Director's Brief will promote the survey and LPF colleagues are asked to support this and to encourage employees to complete it. Simon Fevre advised that NHS HR are looking to do roadshow events to help the promotion of the survey and assist employees to complete it if needed. All Senior Leadership Team will actively promote i-matter to encourage as many staff as possible to be involved.

System Pressures

Nicky advised that there has been a rise in Covid-19 cases in recent weeks both within the community and our workforce. This is difficult to quantify in relation to COVID numbers given that large scale testing no longer takes place. Nicky extended thanks to all staff working across the Health and Social Care Partnership as it continues to be challenging for staff and there are whole system pressures. Although we are no longer in the command structure used during the height of the pandemic, a daily huddle still takes place and there is escalation in to Senior Leadership Team and Nicky attends Council Exec Team and NHS Fife Exec Team which enables escalation of key issues.

Lynne Garvey confirmed that there are still pressures in the partnership and acute services. Surge beds are still open, several Care Homes have been closed recently and referrals to H&SC have increased approximately 25% recently.

Bryan Davies updated on the large number of staff from his area who had been deployed during the pandemic and who are now back in their substantive roles and working on trying to support remobilisation of service delivery. Absence rates and recruitment continue to be challenging.

Rona Laskowski confirmed that absence rates and recruitment are challenging within her services.

Debbie Thomson raised the issue of stress on staff with absence rates being high and the school holidays starting soon. Lynne Garvey advised of the recruitment campaign will be undertaken in the near future to try and mitigate this. Work is ongoing with health staff in community care to alleviate some of the risks associated with staff shortages.

Discussion took place around staff relationships in Home Care and it was agreed that Lynne Garvey and Debbie Thompson would meet with others to discuss how best to resolve these issues. Roy Lawrence updated on work being undertaken in conjunction with Hull University and a meeting held with this staff group, which can be built on.

National Care Service Bill

Nicky Connor shared a link to the Bill which has just been published. This is primary legislation and further information will be published at a future date.

NO	HEADING	ACTION
3	LPF ANNUAL REPORT	
	<p>Simon Fevre had circulated the draft Annual Report prior to the meeting and he thanked everyone who had contributed to this. The draft report will be taken to the Finance, Performance & Scrutiny Committee on 8 July 2022 and the LPF meeting on 20 July 2022, with the final report going to the Integration Joint Board meeting on Friday 29 July 2022.</p> <p>Discussion took place around some of the language in the report and including links to the appendices rather than having them as separate documents.</p> <p>Overall the reaction to the draft report was positive but it was felt that highlighting some information on previous challenges and forthcoming pressures would make the report more balanced.</p> <p>Debbie Thompson asked if it would be possible to provide printed copies of the final report for staff who did not use e-mails on a regular basis. There was suggestion that even having this as a higher-level highlight report would be helpful. It was agreed that this would be possible once it is approved. Simon and Roy will lead on this.</p> <p>The report will be circulated to LPF members following the meeting and further comments are requested by 27 June 2022. Simon will then update the report ready for the Finance, Performance & Scrutiny Committee and for the report to be endorsed at LPF on 20 July 2022.</p>	
	<p>Discussion took place around some of the language in the report and including links to the appendices rather than having them as separate documents.</p>	
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	<p>The report will be circulated to LPF members following the meeting and further comments are requested by 27 June 2022. Simon will then update the report ready for the Finance, Performance & Scrutiny Committee and for the report to be endorsed at LPF on 20 July 2022.</p>	WA
4	AOCB	
	<p>Nothing was raised under this item.</p>	
5	DATE OF NEXT MEETING	
	<p>Wednesday 20 July 2022 – 9.00 am – 11.00 am</p>	